Renal Autotransplantation

1. Which of the following is a correct definition of renal autotransplantation?
   a. The method of removing a deceased donor’s kidney and transplanting it into a living recipient.
   b. The method of removing a kidney from a related or unrelated living person and transplanting it into a living recipient.
   c. The method of removing a kidney from the place of origin, repairing it and transplanting it into another location of the same patient.
   d. The method of removing a kidney from a deceased or living animal and transplanting it into a living human recipient.

2. In 1963, this man performed the first open renal autotransplantation.
   a. Andrew Novick  c. Indibir Gill
   b. James Hardy    d. A. M. Meraney

3. Of the following, which is not an indication for renal autotransplantation?
   a. Renal artery aneurysm
   b. Complex urological reconstruction
   c. End-stage renal disease
   d. Loin-pain hematuria syndrome

4. Which organ preservation solution was used in all of the case studies to preserve the kidney during renal autotransplantation?
   a. Collins solution
   b. University of Wisconsin (ViaSpan®)
   c. HTK
   d. Sterile Water

5. In which case studies did the patient suffer from Gardner’s Syndrome?
   a. Case One and Case Three
   b. Case One and Case Two
   c. Case Two and Case Three
   d. None of the above

6. In Case Four, how many branches of the renal artery had to be reconstructed?
   a. One  c. Three
   b. Two  d. Four

7. The first successful human laparoscopic autotransplantation was performed in…
   a. 1963  c. 2006
   b. 2001  d. 1985

8. While performing the laparoscopic autotransplantation, what was used to perfuse the kidney?
   a. 2.5 uncuffed endotracheal tube
   b. 14-gauge Angiocath catheter
   c. An angioplasty balloon catheter
   d. None of the above

9. Renal autotransplantation is still a last resort procedure.
   a. True  b. False

10. In Table One, which case had the lowest amount Total Ischemic Time?
    a. Case Three  c. Case One
    b. Case Six    d. Case Seven
1. Which of the following is not a retractor commonly used in aural surgeries?
   a. Jansen          c. Taylor
   b. Senn             d. Weitlaner

2. The ___ allows for pressure equalization within the middle ear.
   a. Auricle         c. Stapedius
   b. Cilia            d. Eustachian tube

3. ______ scissors are shaped like a bayonet.
   a. Glasscock       c. Strabismus
   b. Bellucci         d. Busch

4. ______ is an indication for tympanoplasty tube insertion.
   a. Cholesteatoma
   b. Tympanic membrane perforation
   c. Otosclerosis
   d. Chronic otitis media

5. The ____ fascia is typically used as graft tissue in tympanic membrane reconstruction.
   a. Obturator        c. Tyrrell’s
   b. Temporalis       d. Visceralis

6. A ____ should be used to clean microsurgery instruments.
   a. Chamois          c. Micro wipe
   b. Gauze            d. None of the above

7. Which of the following tubes is designed for long-term use?
   a. T-tube           c. Lewis
   b. Grommet          d. Martin

8. The three auditory ossicles include all of the following except…
   a. Stapes           c. Mastoid
   b. Malleus          d. Incus

9. Nitrous oxide may be stopped during tympanoplasties, due to the risk of…
   a. Effusion
   b. Reperforation
   c. Bone necrosis
   d. Pressure on tympanic membrane

10. ______ often occurs following repeated tube placement.
    a. Tympanosclerosis
    b. Excess cerumen
    c. Desquamation
    d. Effusion
1. A PORP is used when the _____ is intact and functioning properly.
   a. Stapes         c. Malleus
   B. Tympanic Membrane   d. Incus

2. A _____ requires significant patient preparation prior to surgery.
   a. Mastoidectomy   c. Cochlear implant
   b. Stapedectomy   d. Tympanoplasty

3. A potential complication of entering the sigmoid sinus during a tympanomastoidectomy is _____.
   a. Nerve damage   c. Otosclerosis
   b. Blood loss   d. All of the above

4. _____ is possible following a TORP implant.
   a. Cholesteatoma
   b. Tympanic membrane perforation
   c. Otosclerosis
   d. Perilymph Leak

5. _____ may be required prior to ossicular reconstruction.
   a. Cholesteatoma
   b. Incus interposition
   c. Antibiotics
   d. Cochlear reconstruction.

6. The surgeon may take a cartilage graft from the _____ to support the tympanic membrane.
   a. Tragus         c. Semicircular canals
   b. Auricle       d. Nasopharynx

7. Which of the following is a reason to abort a stapedectomy?
   a. Otosclerosis
   b. Dehiscent facial nerve
   c. Excess cerumen
   d. Perilymph leak

8. The _____ nerve runs through the mastoid and the middle ear.
   a. Facial         c. Cochlear
   b. Vestibular     d. None of the above

9. Patients with chronic mastoiditis may require an _____.
   a. Endolymphatic shunt
   b. Ossicular reconstruction
   c. Exploratory tympanotomy
   d. Enlarged auditory meatus

10. The _____ prosthesis resembles a piston.
    a. Incus           c. Stapes
    b. Mastoid        d. Malleus
Total abdominal hysterectomy

1. Treatment options for fibroids include…
   a. Laser removal
   b. Induction of LHRH
   c. Cryoablation
   d. All of the above

2. The medical term for the removal of a uterine fibroid is…
   a. Wertheim procedure
   b. Myomectomy
   c. Anterior & posterior repair
   d. Hysterotomy

3. Which of the following occurred after irrigation of the abdominal cavity?
   a. The vaginal cuff was closed.
   b. The uterus was freed.
   c. The tissue specimen was removed from the sterile field.
   d. The ureters were inspected.

4. The abdominal approach was indicated due to…
   a. Quality of life issues
   b. Size of uterus
   c. Surgeon preference
   d. All of the above

5. As many as ___ of women have fibroids.
   a. 75%
   b. 30%
   c. 50%
   d. 25%

6. Common postsurgery complications include all of the following except…
   a. Bladder injury
   b. Bowel obstruction
   c. Ureteral damage
   d. Damage to the rectum

7. The position used during this procedure was…. 
   a. Trendelenburg
   b. Fowler’s
   c. Prone
   d. Lithotomy

8. The retroperitoneum was opened to visualize the….
   a. Infundibulopelvic ligament
   b. Iliac vessels
   c. Uterine artery
   d. Ovary

9. Which of the following is not true?
   a. Fibromata are larger during a woman’s reproductive years.
   b. Sonohysterography confirmed the fibromata diagnosis.
   c. The cervix was not sterile in this procedure.
   d. Endometriosis is not an indication for a hysterectomy.

10. The rectus muscles were dissected…
    a. Longitudinally
    b. Transversely
    c. Vertically
    d. None of the above
1. _____ are essential when using double-armed polypropylene sutures.
   a. DeBakey vascular clamps
   b. Rubber shod
   c. Bulldogs
   d. Castroviejo needle holders

2. _____ is the material of choice for distal bypasses of a lower extremity.
   a. Knitted polyester
   b. Polytetrafluoroethylene
   c. Knitted velour
   d. Autogenous saphenous vein

3. Approximately _____ of saphenous vein were exposed for graft procurement.
   a. 35 cm
c. 40 cm
   b. 20 cm
d. 25 cm

4. If the patient is in the supine position, the surgical team members must always….
   a. Place a pillow between the knees
   b. Confirm neck area is padded
   c. Place a pillow under the knees
   d. Confirm ankles and legs are not crossed

5. Diabetic patients are at greater risk of _____ during lengthy procedures.
   a. Femoral and peroneal nerve injury
   b. Hypertension
   c. Pressure ulcers
   d. Expansional dyspnea

6. Which of the following statements is incorrect?
   a. Retinal ischemia is a serious complication of the prone position.
   b. The surgical technologist never aids in transferring the patient to the stretcher for transport to PACU.
   c. Protamine sulfate may be given to reverse the effects of heparin.
   d. 5-0 or 6-0 size suture is commonly used for anastomosis of the popliteal artery.

7. Which artery is most prone to occlusion in the lower extremities?
   a. Femoral
c. Peroneal
   b. Popliteal
d. Axillary

8. To avoid decubitus ulcers,
   a. Place rolls under ankles for support
   b. Place safety strap 2” above knees
   c. Slightly lower foot section of table
   d. Place legs in frog-leg position

9. Which of the following is not true about this procedure?
   a. A second scrub was necessary after repositioning.
   b. Sterility could be compromised when placing the perineal towel.
   c. The graft was rotated 180 degrees prior to anastomosis.
   d. All of the above are false.

10. Which of the patient’s preoperative exam results was higher than normal?
    a. Blood pressure
c. Respiration
    b. Glucose FBS
d. Pulse
1. Autotransfusion is commonly performed…
   a. Preoperatively
   b. Intraoperatively
   c. Postoperatively
   d. B and C

2. Autotransfusion is useful for patients with…
   a. Rare blood types
   b. Religious objections to donor blood
   c. Malignant tumors
   d. A and B

3. _____ of fluid are typically required for washing transfused blood during orthopedic procedures.
   a. 0.5-1L
   b. 1-1.5L
   c. 1.5-2L
   d. None of the above

4. Contraindications for autotransfusion include…
   a. Bowel contamination
   b. Malignancy
   c. Presence of amniotic fluid and/or meconium
   d. All of the above

5. _____ technology helped advance development of blood salvage systems in the 1950s.
   a. Spinal fusion
   b. Cardiopulmonary bypass
   c. Plethysmography
   d. Angioplasty

6. Which of the following is the primary disadvantage of autotransfusion?
   a. Depletion of white blood cells
   b. Elimination of plasma-free hemoglobin
   c. Depletion of plasma and clotting factors
   d. High levels of 2, 3 diphosphoglycerate

7. Considerations during autotransfusion do not include…
   a. Coagulopathy
   b. Nephrotoxicity
   c. Preoperative donation
   d. Red cell damage

8. Which component is returned to the body with autotransfused blood?
   a. Red blood cells
   b. White blood cells
   c. Platelets
   d. Plasma

9. Autotransfusion…
   a. Increases the risk of infectious disease transmission
   b. Reduces the drain on hospital blood banks
   c. Is contraindicated in gunshot wounds
   d. Is rarely successful in patients with type O negative blood.

10. In which of the following is autotransfusion contraindicated?
    a. ORIF of pelvic fractures
    b. Liver transplant
    c. Extremity reimplantation
    d. Cesarean section
A teamwork approach to quality patient care

1. *Res ipsa loquitur* means…
   a. first, do no harm
   b. for the good of the patient
   c. to thine own self be true
   d. the thing speaks for itself

2. The uterine arteries branch off from the ____ artery(ies).
   a. Internal iliac
   b. Femoral
   c. Inferior pudendal
   d. Middle sacral

3. The patient’s admission data indicated…
   a. History of uterine cancer
   b. Morbid obesity
   c. Significant drug allergies
   d. Racing pulse

4. An area of underlying ____ is optimal for placement of the ESU patient return electrode.
   a. Bone structure
   b. Adipose tissue
   c. Scar tissue
   d. Muscle

5. The ____ ligaments connect the cervix and vaginal to the pelvic wall.
   a. Round
   b. Uterosacral
   c. Cardinal
   d. Broad

6. Which of the following is true?
   1. A patient’s lung function can be compromised while in the lithotomy position.
   2. Rubber catheters may be used as sheaths on active ESU electrodes.
   3. Nerve damage may occur if vasopressin is injected directly into the blood vessel.
   4. Current leakage is not a safety consideration related to electrosurgery.

7. In ____-degree uterine prolapse, the cervix can be seen outside the introitus.
   a. Second
   b. Third
   c. First
   d. Fourth

8. Which of the following is not a theoretical model of quality patient care?
   a. APUD
   b. CARE
   c. A POSitive CARE
   d. A-PIE

9. ____ is not a benefit of using Trendelenburg’s position in this procedure.
   a. Reduced blood flow to pelvis
   b. Improved venous drainage
   c. Greater visualization for surgeon
   d. Stabilized blood pressure

10. Which of the following is not part of the CARE acronym?
    a. Communication
    b. Assessment
    c. Research-based
    d. Execution
1. The number of living donors has increased ___ since 1988.
   a. 45%  c. 71%
   b. 56%  d. 84%

2. Which of the following is not a subject of current bioethical debate?
   a. Organ donation should require authorization from a family member.
   b. Split pancreas transplants should be performed only if the donor and recipient are related.
   c. Performing surgery on a living donor violates the Hippocratic Oath
   d. The potential for psychological side effects makes xenotransplantation a risky option.

3. A living donor may donate all of the following except:
   a. Kidney  c. Split liver
   b. Lung  d. Cornea

4. US House Bill 710 and US Senate Bill 487 would…
   a. Facilitate more paired exchange living donations
   b. Guarantee life-time insurance coverage for donors
   c. Eliminate the need for family authorization prior to donation
   d. Create a standardized informed consent for living donors

5. Xenotransplantation first became the subject of ethical debate in…
   a. 1958  c. 1972
   b. 1963  d. 1984

6. ____ percent of transplant candidates die prior to receiving an organ.
   a. Seven  c. Six

7. Organ allocation is influenced by…
   a. Distance between donor and candidate
   b. Age of candidate
   c. Availability of an alternative, such as an artificial organ
   d. Cause of candidate’s organ failure

8. The number of waiting candidates compared to the number of donors is:
   a. 5:1  c. 4:1
   b. 7:1  d. 9:1

9. Which of the following are not considered marginal donors?
   a. Children younger than 5 years
   b. HIV-positive adults
   c. Non-heart beating donors
   d. Adults younger than 55 years

10. Cantarovich recommends all of these except:
    a. Dispelling myths and superstitions
    b. Educating the general public
    c. Convincing young people that organ donation is an obligation to society
    d. Improving insurance coverage
1. Ginger and ___ were tested for their effectiveness in treating chemo-therapy-induced nausea.
   a. Pyridoxine hydrochloride
   b. Metoclopramide
   c. Vitamin B6
   d. Cyclophosphamide.

2. Ginger was shown to be effective in decreasing the frequency of nausea related to motion sickness in which of the studies?
   a. First and second
   b. Fourth
   c. Fifth
   d. None of the above

3. In the Thailand study, patients were given ginger...
   a. Before each meal
   b. At bedtime and before each meal
   c. One hour before each meal
   d. None of the above

4. Historically, ginger has been used to treat...
   a. Arthritis
   b. Psoriasis
   c. snake bites
   d. All of the above

5. The edible part of ginger is called the _____.
   a. Rhizome
   b. Stem
   c. Pestle
   d. None of the above

6. The fifth study reviewed in the article evaluated ___-induced nausea.
   a. Pregnancy
   b. Chemotherapy
   c. Motion sickness
   d. Neuralgia

7. Chocolate’s medicinal qualities include all of the following except:
   a. Antioxidant
   b. Diuretic
   c. Sedative
   d. Expectorant

8. In the study performed in India, complete nausea control was achieved in ___ of patients who were given ginger.
   a. 86%
   b. 58%
   c. 62%
   d. 74%

9. The Louisiana study found that ginger was equally effective as ___ in controlling gastric function.
   a. Scopolamine
   b. Ondansetron
   c. Metoclopramide
   d. None of the above

10. ____ is the primary producer and exporter of ginger today.
    a. India
    c. China
    b. Jamaica
    d. Japan
1. Which word in this list does not belong?
   a. Palatoschisis
   b. Palatognathous
   c. Palatinate
   d. Staphyloschisis

2. Surgical repair of a cleft lip or palate may be delayed until…
   a. Three months after birth
   b. Between seven and 18 months after birth
   c. May not be delayed; must be performed immediately after birth
   d. None of the above

3. Facial features begin to form during the ___ week of human embryonic development.
   a. Eight
   b. Third
   c. Twelfth
   d. Fifth

4. ___ is a suspected nongenetic cause of cleft palate.
   a. Radiation exposure
   b. Infection
   c. Insufficient iron intake during pregnancy
   d. None of the above

5. Which of these treatments may be indicated in the years following a palatoplasty?
   a. Orthodontia
   b. Speech therapy
   c. Ear tubes
   d. All of the above

6. Cleft palate…
   a. Can be bilateral or unilateral
   b. Is usually caused by genetic factors
   c. Is more prevalent in females
   d. Occurs in about 1 in 8,000 births

7. In the article, ____ was/were performed prior to the palatoplasty.
   a. Dental extractions
   b. Rhinoplasty
   c. Cheilorrhaphy
   d. Nasal fistula repair

8. When applying iodine during skin preparation, caution should be taken to avoid...
   a. Pooling in the ears
   b. Contacting the patient’s eyes
   c. Both of the above
   d. None of the above

9. The patient in this article still must undergo which of the following?
   a. Bilateral sagittal split osteotomy
   b. Temporomandibular joint arthroscopy
   c. Radical neck dissection
   d. All of the above

10. Autogenous bone grafts used in maxillofacial surgery are often harvested from all of the following except...
   a. Iliac crest
   b. Mandible
   c. Calvarial bone
   d. Ribs
1. The outer part of the sphenoid bone is known as the:
   a. Medial sphenoid wing
   b. Lateral sphenoid wing
   c. Arachnoid plane
   d. Fissure of Sylvius

2. Which of the following is not a category of benign meningiomas?
   a. Fibroblastic
   b. Syncytial
   c. Angioblastic
   d. Transitional

3. Most meningiomas adhere to the…
   a. Falx
   b. Tentorium
   c. Olfactory groove
   d. Dura

4. Compression of the accessory nerve (XI) can cause…
   a. Loss of trapezius muscle function
   b. Facial numbness
   c. Loss of eye movement
   d. Loss of vision

5. Meningiomas represent about ___ of all primary intracranial tumors.
   a. 20%  c. 50%
   b. 40%  d. 75%

6. Immediate hospitalization was advised due to the risk of:
   a. Increase in ICP
   b. Stroke
   c. Hemorrhage
   d. All of the above

7. For which potential side effect associated with Decadron was the patient monitored?
   a. Hemorrhage
   b. Increased blood sugar levels
   c. Dehydration
   d. Fluctuation in vision

8. Which of the following was administered prior to the first incision?
   a. Mannitol  c. Lidocaine
   b. Amiodarone  d. Heparin

9. When folding back the scalp flap, blood supply to the ___ must be maintained.
   a. Brain stem
   b. Frontal lobe
   c. Temporalis muscle
   d. Dura

10. The preoperative CT scan revealed that the meningioma was compressing the…
    a. Hypoglossal nerve
    b. Trigeminal nerve
    c. Accessory nerve
    d. Optic nerve
1. Currently, approximately ____ children are living in poverty in the United States.
   a. 235,000    c. 20 million
   b. 600,000    d. 18 million

2. _____ is one of the biggest problems that affect access to health care services.
   a. Complicated applications
   b. Parental unemployment
   c. Lower child age
   d. Insurance

3. The official poverty level for a family of four is:
   a. $40,000    c. $60,000
   b. $20,650    d. $16,000

4. _____ is the ability to see or know in advance, the ability to reasonably anticipate that harm or injury may result because of certain acts of omissions.
   a. Doctrine of Corporate Negligence
   b. Doctrine of Foreseeability
   c. Doctrine of Personal Liability
   d. Doctrine of the Reasonably Prudent Man

5. Primum non nocere means:
   a. The thing speaks for itself
   b. Let the master answer
   c. Above all, do no harm
   d. Any civil wrong

6. SCHIP has been used to:
   a. Try to achieve universal health for all children

b. Include the individuals with critical health care conditions
   c. Exclude families earning over $25,000
   d. Include families with incomes up to 400% above the federal poverty level

7. When a health institution is negligent for failing to ensure that an acceptable level of care is provided falls under:
   a. Doctrine of Personal Liability
   b. Respondeat superior
   c. Doctrine of Corporate Negligence
   d. Res ipsa loquitur

8. When several states turned their Medicaid programs over to HMOs, the following resulted:
   a. Decreases in covered therapy
   b. Longer wait times to see physicians
   c. Elimination of some services
   d. All of the above

9. In the United States, ____ children use Medicaid as their primary insurance.
   a. 700,000    c. 25 million
   b. 20 million    d. 235,000

10. Physician participation in public programs reached ____;____ accepted all Medicaid/SCHIP patients.
    a. 30%, 45%    c. 89%, 67%
    b. 65%, 70%    d. 48%, 50%
### Renal Autotransplantation

Mark one box next to each number. Only one correct or best answer will be selected for each question.

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### Ear Surgery – An Overview, Part 1

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### Ear Surgery – An Overview, Part 2

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### Total Abdominal Hysterectomy

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### Bilateral Femoral – Popliteal Bypass – From Supine to Prone

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### Intraoperative Autologous Blood Transfusion

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### A Teamwork Approach to Quality Patient Care in the Operating Room

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### Bioethics in Solid Organ Transplantation

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### Antiemetic Properties of Ginger

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### Palatoplasty for Repair of Cleft Lip and Palate

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### Left Frontotemporal Craniotomy for Sphenoid Wing Meningioma

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### Improving Access to Health Care for Children

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