CE Exams

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

Ear surgery – an overview, part 1 1. Which of the following is *not* a retractor commonly should be used to clean microsurgery used in aural surgeries? instruments. a. Jansen c. Taylor Chamois c. Micro wipe b. Senn d. Weitlaner b. Gauze d. None of the above The ___ allows for pressure equalization within the 7. Which of the following tubes is designed for long-term middle ear. use? a. Auricle c. Stapedius a. T-tube c. Lewis b. Cilia d. Eustachian tube Grommet d. Martin scissors are shaped like a bayonet. 8. The three auditory ossicles include all of the following a. Glasscock c. Strabismus except... b. Bellucci d. Busch Stapes c. Mastoid Malleus d. Incus _____ is an indication for tympanoplasty tube 9. Nitrous oxide may be stopped during tympanoplasties, insertion. a. Cholesteatoma due to the risk of... b. Tympanic membrane perforation a. Effusion Reperforation Otosclerosis d. Chronic otitis media c. Bone necrosis d. Pressure on tympanic membrane

10. __

a.

Tympanosclerosis

b. Excess cerumenc. Desquamationd. Effusion

___ often occurs following repeated tube placement.

5. The ____ fascia is typically used as graft tissue in

c. Tyrrell's

d. Visceralis

tympanic membrane reconstruction.

Obturator

Temporalis

₹	ar surgery – an ov	erview, part 2			
1.	A PORP is used when the functioning properly. a. Stapes B. Tympanic Membrane	c. Malleus d. Incus	6.	O	
2.	to surgery.	nt patient preparation prior c. Cochlear implant d. Tympanoplasty	7.	Which of the for stapedectomy? a. Otosclerosi b. Dehiscent f	s
3.		f entering the sigmoids sinus		c. Excess ceru d. Perilymph l	imen
	C	c. Otosclerosisd. All of the above	8.	The nermiddle ear. a. Facial	rve runs through the mastoid and the c. Cochlear
4.	is possible following. Cholesteatoma	g a TORP implant.		b. Vestibular	d. None of the above
	b. Tympanic membrane poc. Otosclerosisd. Perilymph Leak	erforation	9.	a. Endolymph	hronic mastoiditis may require an attic shunt econstruction
5.	may be required preconstruction. a. Cholesteatoma	ior to ossicular			tympanotomy aditory meatus
	b. Incus interpositionc. Antibioticsd. Cochlear reconstruction	1.	10.	a. Incus b. Mastoid	•

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

- 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%
- c. 50%
- b. 30%
- 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
- c. Prone

b. Fowler's

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

Bilateral femoral-popliteal bypass are essential when using double-armed polypropylene sutures. a. DeBakey vascular clamps b. Rubber shod c. Bulldogs d. Castroviejo needle holders 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 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 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. Respirations
- b. Glucose FBS
- d. Pulse

Intraoperative Autologous Blood Transfusion

- 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
- c. 1.5-2L
- b. 1-1.5L
- 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
- c. Preoperative donation
- b. Nephrotoxicity
- d. Red cell damage
- 8. Which component is returned to the body with autotransfused blood?
 - a. Red blood cells
- c. Platelets
- b. White blood cells
- 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.	Kes ipsa ioquitat means							
	a. first, do no harm		6.	Wh	ich of the fol	lowing is t	rue?	
	b. for the good of the patient	1.	Αp	atier	nt's lung funct	tion can be	compromised while i	in the
	c. to thine own self be true		lith	oton	ny position.			
	d. the thing speaks for itself	2.	Rul	ber	catheters may	be used as	sheaths on active ES	SU
			elec	ctrod	es.			
2.	The uterine arteries branch off from the _	3.	Neı	ve d	amage may o	ccur if vaso	pressin is injected di	rectly
	artery(ies).				blood vessel.			•
	a. Internal iliac	4.	Cui	rent	leakage is no	t a safety co	onsideration related to	O
	b. Femoral		elec	ctros	urgery.	-		
	c. Inferior pudendal							
	d. Middle sacral		7.	In	-degree	iterine pro	olapse, the cervix car	n be seen
					side the intro	_	• ′	
3.	The patient's admission data indicated			a.	Second	c. Fi	rst	
	a. History of uterine cancer			b.	Third	d. Fo	ourth	
	b. Morbid obesity							
	c. Significant drug allergies		8.	Wh	ich of the fol	lowing is r	not a theoretical mod	del of
	d. Racing pulse				ality patient o	_		
				a.	APUD		POSitive CARE	
4.	An area of underlying is optimal for	placement		b.	CARE	d. A-	-PIE	
	of the ESU patient return electrode.							
	a. Bone structure		9.		is not a be	enefit of us	sing Trendelenburg'	S
	b. Adipose tissue			pos	ition in this p	rocedure.		
	c. Scar tissue			a.	Reduced blo	od flow to	pelvis	
	d. Muscle			b.	Improved ve	nous drain	age	
				c.	Greater visus	alization fo	r surgeon	
5.	The ligaments connect the cervix an	d vaginal to		d.	Stabilized bl	ood pressu	re	
	the pelvic wall.							
	a. Round c. Cardinal		10.	Wh	ich of the fol	lowing is r	not part of the CARI	E
	b. Uterosacral d. Broad			acr	onym?			
				a.	Communic	ation	c. Research-based	1
				b.	Assessmen	t	d. Execution	

Bioethics in solid organ transplantation

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 form 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
- b. Eight
- d. Nine.

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

Ar	ntiemetic properties of ginger	
1.	Ginger and were tested for their effectiveness in treating chemo-therapy-induced nausea. a. Pyridoxine hydrochloride b. Metoclopramide c. Vitamin B6 d. Cyclophosphamide.	 6. The fifth study reviewed in the article evaluatedinduced nausea. a. Pregnancy b. Chemotherapy c. Motion sickness d. Neuralgia
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	 7. Chocolate's medicinal qualities include all of the following except: a. Antioxidant b. Diuretic c. Sedative
	c. Fifthd. None of the above	d. Expectorant8. In the study performed in India, complete nausea
3.	In the Thailand study, patients were given gingera. Before each mealb. At bedtime and before each mealc. One hour before each meald. None of the above	control was achieved in of patients who were given ginger. a. 86%
4.	Historically, ginger has been used to treat a. Arthritis c. snake bites b. Psoriasis d. All of the above	 9. The Louisiana study found that ginger was equally effective as in controlling gastric function. a. Scopolamine b. Ondansetron c. Metoclopramide
5.	The edible part of ginger is called the a. Rhizome c. Pestle	d. None of the above

10. _____ is the primary producer and exporter of ginger

c. China

d. Japan

today.

a.

India

b. Jamaica

d. None of the above

b. Stem

Palatoplasty for repair of cleft lip palate

- 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

Sphenoid wing meningioma

1.	The outer	part of	the	sphenoid	bone i	s 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%b. 40%c. 50%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. Mannitolb. Amiodaronec. Lidocained. 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

Improving health care access for children

1.	Currently approxim	ately children are living		b.	Include the individ	luals with critical health care
1.	in poverty in the Unit	•		υ.	conditions	idais with critical health care
	a. 235,000	c. 20 million		c.		earning over \$25,000
	b. 600, 000	d. 18 million		d.		rith incomes up to 400%
2.		biggest problems that affect		u.	above the federal p	*
۷.	access to health care		7.	Wh	•	ion is negligent for failing to
	a. Complicated app		,,			ble level of care is provided
	b. Parental unemple				s under:	bic level of care is provided
	c. Lower child age	syment.		a.	Doctrine of Person	nal Liability
	d. Insurance			b.	Respondeat superior	•
3.		evel for a family of four is:		c.	Doctrine of Corpor	
•	a. \$40,000	c. \$60,000		d.	Res ipsa loquitur	Tuto I logingone
	b. \$20,650	d. \$16,000	8.			rned their Medicaid
4.		see or know in advance, the	0.			Os, the following resulted:
		anticipate that harm or		a.		
		cause of certain acts of		b.	Longer wait times	* *
	omissions.	33.4 32.6 33.4 34.6 3		c.	Elimination of son	± •
		oorate Negligence			All of the above	
	b. Doctrine of Fore		9.			children use Medicaid
	c. Doctrine of Pers	•			heir primary insura	
		Reasonably Prudent Man		a.	700,000	c. 25 million
5.	Primum non nocere	•		b.	20 million	d. 235,000
	a. The thing speaks		10.	Phy		n in public programs
	b. Let the master ar					ted all Medicaid/SCHIP
	c. Above all, do no	harm			ients.	
	d. Any civil wrong			a.	30%, 45%	c. 89%, 67%
6.	SCHIP has been used	l to:		b.	65%, 70%	d. 48%, 50%
	a. Try to achieve un	niversal health for all children				
	•					

Answers ce credit PKG 9: 17 CONTINUING EDUCATION CREDITS

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Intraoperative Autologous Blood Transfusion

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2. 🗆 🗆 🗆	8. 🗆 🗆 🗆	or best answer will be selected for each question.
3. 🗆 🗆 🗆	9. 🗆 🗆 🗆	selected for each question.
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A Teamwork Approach to Quality Patient Care in the Operating Room

a b c d	a b c d	Mark one box next to each
1. 🗆 🗆 🗆	7. 🗆 🗆 🗆	number. Only one correct
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a b c d	Mark one box next to each
	number. Only one correct or best answer will be
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10. 🗆 🗎 🗎	
ir of Cleft Lip and Palate	
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Craniotomy for Sphenoid W	ing Meningioma
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-	
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Mark one box next to each number. Only one correct

or best answer will be

Bioethics in Solid Organ Transplantation

8.

a b c d

7.

| | | | | | | |

a b c d

1. \square \square \square \square

2.