FINAL EXAM
DECEMBER 2016

NATIONAL BOARD OF EXAMINATIONS

GENERAL SURGERY

PAPER – I

SURG/D/16/12/I

Time : 3 hours
Max. Marks : 100

IMPORTANT INSTRUCTIONS

- ***This question paper consists of 10 questions divided into Part 'A' and Part 'B', each part containing 5 questions.***
- ***Answers to questions of Part 'A' and Part 'B' are to be strictly attempted in separate answer sheet(s) and the main + supplementary answer sheet(s) used for each part must be tagged separately.***
- ***Answers to questions of Part 'A' attempted in answer sheet(s) of Part 'B' or vice versa shall not be evaluated.***
- *Answer sheet(s) of Part 'A' and Part 'B' are not to be tagged together.*
- *Part 'A' and Part 'B' should be mentioned only on the covering page of the respective answer sheet(s).*
- *Attempt all questions in order.*
- *Each question carries 10 marks.*
- *Read the question carefully and answer to the point neatly and legibly.*
- *Do not leave any blank pages between two answers.*
- *Indicate the question number correctly for the answer in the margin space.*
- *Answer all the parts of a single question together.*
- *Start the answer to a question on a fresh page or leave adequate space between two answers.*
- *Draw table/diagrams/flowcharts wherever appropriate.*

Write short notes on:

PART A

1. Wound healing with respect to: 3+3+4
   a) Factors affecting wound healing.
   b) Principles of negative pressure wound therapy.
   c) Types of wound dressings.

2. a) Causes of hyponatremia. 3+4+3
   b) Clinical manifestations of hyponatremia.
   c) Paradoxical aciduria.

3. a) Pathophysiology of Deep Vein Thrombosis (DVT). 3+3+4
   b) Principles of its prevention.
   c) Management of a patient with acute lower limb DVT.

4. a) Methods of surgical access to abdominal organs, with their advantages and disadvantages. 5+5
   b) Principles of antibiotic prophylaxis in surgical patients.

5. In a patient scheduled for elective abdominal surgery, write the: 5+5
   a) Assessment of preoperative risk factors.
   b) Risk reduction and patient optimization for surgery.

P.T.O.