

FINAL EXAM
 DECEMBER 2015

NATIONAL BOARD OF EXAMINATIONS

PERIPHERAL VASCULAR SURGERY

PAPER – II

PVS/D/15/33/II

Time : 3 hours

Max. Marks : 100

Important instructions:

- 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:

1.	a) Assessment (non-invasive) of pressure points in a diabetic foot. b) Options to off load a fore foot diabetic foot ulcer, under the 1 st metatarsal head.	5 5
2.	Axillary hyperhidrosis: a) Etiology b) Assessment c) Medical management d) Surgical management	 2 2 3 3
3.	A 35 year old, active male, presents with a pulsatile swelling in Zone II of the left side of his neck. a) Differential diagnosis of above clinical presentation. b) Shamblin classification c) What complications will be mentioned in the informed consent for surgery?	 3 3 4
4.	A 72 year old man presents to the emergency department with a left hemiparesis of four hours duration and is recovering. He has no other neurological deficiencies. a) What is your diagnosis? b) How will you investigate this patient? c) When would you offer to intervene? d) What did the CREST trial show, comparing carotid artery stenting with surgery?	 1 4 3 2
5.	An 18 year old boy presents with a non-healing ulcer of the arch of his left foot. A thrill is palpable around the ulcer and the foot is warm. There is no history of trauma. a) What is your diagnosis? b) How will you investigate this patient? c) Mention drugs / devices that can be used for embolization. d) Advantages and disadvantages of alcohol for embolization.	 1 3 3 3
		P.T.O.

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6.	<p>A 30 year old male presents with acute onset (10 days) left leg swelling. Duplex shows an ileo-femoral DVT. He was on a long flight 12 days prior to this presentation to hospital.</p> <p>a) Would you offer thrombolysis & why? 2</p> <p>b) What thrombolytic agents are available? 2</p> <p>c) What was the conclusion of the CaVenT trial? 2</p> <p>d) What steps would you take to prevent post-thrombotic syndrome? 4</p>
7.	<p>A 62 year old male has been referred to you with CT angiogram images, diagnosing a Type III Crawford aneurysm.</p> <p>a) Advantages and disadvantages of an open surgical repair Vs total endovascular option. 6</p> <p>b) When would you order a branched device? 1</p> <p>c) Mechanisms to prevent Spinal Cord Ischaemia. 3</p>
8.	<p>a) Advice you would give to a patient who has had a left brachio-cephalic fistula created by you. 3</p> <p>b) Rule of 6 for AV access fistula. 5</p> <p>c) Draw the DRIL procedure. 2</p>
9.	<p>A 28 year old male with varicose veins involving the left GSV/SFJ has a BMI of 40.1 and a non-healing, painless ulcer, over the gaiter area for 3 months.</p> <p>a) Draw an algorithm of your treatment plan for him. 7</p> <p>b) What is the evidence for use of micronised flavonoid derivatives and pentoxifyline in venous ulcer disease? 2</p> <p>c) What is the level of compression offered in mm of mercury by a 4 layer compression bandage? 1</p>
10.	<p>A 55 year old diabetic is scheduled for a Femoro-posterior tibial artery bypass on his right leg for a critically ischaemic foot.</p> <p>a) What precautions will you take while dissecting in the groin to get proximal control? 2</p> <p>b) What would help you decide to perform an in-situ bypass? 3</p> <p>c) Mention one critical (important) step prior to anastomosis. 2</p> <p>d) When would you consider dual antiplatelet therapy and or anticoagulation in this patient, post-operatively and for how long? 3</p>
