

SURGICAL GASTROENTEROLOGY**PAPER-III**

Time: 3 hours

GIS/D/20/46/III

Max. Marks:100

Important Instructions:

- You are provided with 5 answer sheet booklets. Each individual answer sheet booklet consists of 10 pages excluding the covering jackets.
- Answers to all the questions must be attempted within these 5 answer sheet booklets which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- 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) Indocyanine green in surgical gastroenterology. 5+5
b) Anorectal manometry.
2. a) Define sensitivity, specificity, relative risk and odds ratio. 4+3+3
b) Informed consent in the setting of a clinical trial.
c) Why are clinical trials required to be registered?
3. a) Tight control of blood sugar levels improves outcomes in critical care patients: Critique. 4+3+3
b) Surviving sepsis guidelines in the context of postoperative patients.
c) Non-specific ulcers of the small bowel.
4. a) Hirschsprung's disease in adults: Evaluation and management. 3+3+4
b) Retrorectal tumours: Outline the evaluation.
5. Evaluation and surgical decision making in a 32-year-old female with steroid dependent ulcerative colitis for the past 12 years. 4+6
6. a) Colonic diverticulosis: Classification. 3+7
b) Etiology, evaluation and management of a patient presenting with complaints of passing faecal matter in the urine.
7. a) Carcinoid syndrome. 6+4
b) Parastomal hernia.
8. a) Transanal total mesorectal excision. 5+5
b) Habr-Gama approach for rectal cancer.
9. Causes, evaluation and management of a 50-year-old patient who developed a fecal fistula 4 days after surgery for an enteric perforation. 2+3+5
10. Evaluation and management options in a patient presenting with left sided colon cancer with liver metastasis. 4+6
