

VASCULAR SURGERY

PAPER-II

Time: 3 hours

VS/D/20/33/II

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. Prevention, grading and management of steal syndrome in relation to a brachio-cephalic AV access surgery. 2+3+5
2. a) Biochemical basis of reperfusion injury. 5+5
b) Management of compartment syndrome of lower limb.
3. a) Various techniques of Endarterectomy. 5+5
b) Enumerate various shunts used and its advantages and disadvantages.
4. a) Outline clinical feature and management options for iliofemoral DVT. 6+4
b) Comment upon ATTRACT trial.
5. a) Classification of vascular malformations. 3+3+4
b) Indication of intervention.
c) Endovascular management of AVM.
6. a) Rutherford classification of acute limb ischemia. 3+4+3
b) Clinical workup of acute limb ischemia.
c) Endovascular options for management of class 1 acute limb ischemia.
7. a) Types and causes of Endoleak. (3+3)+4
b) Management in infrarenal EVAR.
8. Uses of: 5+5
a) IVC filter.
b) Cerebral protection devices.
9. a) Criteria for diagnosis of TAO. 4+3+3
b) Outline the medical management options for TAO.
c) Outline the surgical management options for TAO.
10. a) Retrograde cerebral perfusion. 3+4+3
b) Various types of guidewires.
c) Hybrid surgery.
