



**FACULTY OF MEDICINE, UNIVERSITY OF RUHUNA, GALLE**  
**Final Examination for Medical Degrees – NOVEMBER 2019**  
**SURGERY - PAPER I**

Thursday 28<sup>th</sup> November 2019

3 hours (1.00 p.m. to 4.00 p.m.)

Answer **ALL FIVE** Questions.

Answer each part in a **SEPARATE** answer book.

**Part A**

1. A 30-year-old car driver was admitted to the emergency department following a road traffic accident. He has been wearing the seat belt at the time of the accident. The car went head-on against a lorry.
  - 1.1 Name **five (05)** injuries you would anticipate giving reasons. (20 marks)
  - 1.2 Decision was made to initiate damage control resuscitation. List its components. (30 marks)
  - 1.3 During the running of ATLS protocol it has been decided to perform extended focused abdominal sonography for trauma (eFAST) scan. State **three (03)** findings you will look for. (15 marks)
  - 1.4 List **five (05)** factors which would contribute to trauma induced coagulopathy. (20 marks)
  - 1.5 Briefly explain **three (03)** areas which need to be addressed in order to prevent accidents giving an example for each. (15 marks)

**Part B**

2. A 45-year-old man was admitted to the casualty department with a history of passing red coloured urine for one week. He did not have pain. The analysis of his urine revealed the following:
  - Color : pink
  - Clarity: clear
  - pH : 7.3
  - Specific gravity: 1015
  - Glucose : nil
  - Ketone bodies : nil
  - Bilirubin : negative
  - Urobilin : very small amounts
  - RBC : > 100/high power field
  - WBC : 1 - 2/high power field
  - 2.1 List **six (06)** probable conditions that can cause this situation. (30 marks)
  - 2.2 Outline how the clinical history and physical examination would help to diagnose **two (02)** of the conditions mentioned above. (40 marks)
  - 2.3 State **six (06)** different Outline investigations / procedures which would help in the assessment giving reasons. (30 marks)

**Part C**

3. Describe the measures that can be taken by a House Officer to minimize post-operative wound infection in elective surgery. (100 marks)

**Part D**

4. A 30-year-old male was admitted to the surgical casualty with a diagnosis of right lower limb cellulitis. He has been prescribed intravenous co-amoxiclav 1.2g 8 hourly. Upon receiving the 1<sup>st</sup> dose of the antibiotic, the patient collapsed. There was no documented history of allergies to medications or food.
- 4.1 What is the most probable diagnosis? (10 marks)
- 4.2 Write **six (06)** clinical features (symptoms & signs) that you would see in the above condition. (30 marks)
- 4.3 Briefly explain the immediate management of this patient. (30 marks)
- 4.4 Explain mode of action of one of the drugs, given during the immediate management. (10 marks)
- 4.5 How would you arrange further management/follow up of this patient? (20 marks)

**Part E**

5. 5.1 List **three (03)** types of laxatives explaining their mode of action. (15 marks)
- 5.2 As a House Officer how will you prepare a patient for colonoscopy? (20 marks)
- 5.3 A patient who is consuming laxatives for the planned colonoscopy suddenly complains of severe abdominal pain, nausea and vomiting. How will you manage this patient? (25 marks)
- 5.4 List the routine medications that are used during colonoscopy and other relevant drugs that need to be in the emergency trolley. (15 marks)
- 5.5 A patient recovering after the colonoscopy in the ward complains of abdominal pain, shortness of breath and a has pulse rate of 100 beat/min. How will you manage this patient as a House Officer? (25 marks)