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Questions and answers

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Here you will find some questions drafted on the basis of the articles published in the Colombian Journal of Anesthesiology Vol. 40, No. 1. I accepted the challenge of putting your reading comprehension and knowledge to a test.

Instructions

- A. If a, b, and c are true.
- B. If a and c are true.
- C. If b and d are true.
- D. If only d is true.
- E. If all are true.

1. When using epidural morphine for post-partum analgesia:

- a. The most frequent side effect is nausea.
- b. The analgesic effect is stronger in primiparous, than in multiparous patients.
- c. With a two to three milligram dose, the incidence of respiratory depression is around 4 %.
- d. The incidence of urinary retention is close to 5%.

2. In 2011 the Colombian Society of Anesthesiology prepared the recommendations for sedation by non-anesthesiologists that included:

- a. Profound propofol sedation may be administered as long as capnography is available.
- b. Continuous use of pulse-oximetry.
- c. The Midazolam – narcotics combination may be used.
- d. Propofol alone can be used if the level of sedation is I or II.

3. With regards to preoperative anemia and its impact on patients undergoing cardiovascular surgery:

- a. The WHO definition of anemia in women is a hemoglobin level below 12 mg %.
- b. The WHO definition of anemia in men is a hemoglobin level below 13 mg %.
- c. Red blood cells transfusion increases the number of adverse outcomes and reduces the survival in patients following cardiovascular surgery.
- d. Preoperative anemia is a risk factor for mortality and morbidity in cardiovascular surgery.

4. The meta-analysis published by Rincón D., and Benavides A, on intraoperative supplementary oxygen to reduce morbidity – mortality in general anesthesia showed:

- a. Oxygen administered with FIO₂ >60% may decrease the incidence of operative site.
- b. The need for rescue antiemetic drugs and the incidence of unprogrammed ICU admissions are seriously affected by FIO₂ > 60%.
- c. FIO₂ values ranging from 30% and 80% have no influence on the incidence of atelectasis or post-operative pneumonia.
- d. Oxygen concentration > 60% irrefutably reduces the incidence of nausea and vomiting in abdominal surgery patients with excessive manipulation.

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5. The recommendation for a patient with warfarin anticoagulation who will undergo surgery is:
- If the surgery can be postponed for 12 to 24 h administer 2.5 - 5 milligrams of Vitamin K I.V. and confirm a preoperative INR <1.5.
 - In emergency non-deferrable surgery, administer Vitamin K and FFP (10 to 15 ml/kg).
 - If FFP is contraindicated, use prothrombin complex concentrate (PCC) at a dose of 25-50 IU /K.
 - Use recombinant Factor VII if FFP is not available.
6. Which of the following surgical procedures are considered minimum bleeding risk with full anticoagulation (INR therapeutic value):
- Pacemaker implantation.
 - Excisional biopsy.
 - Posterior chamber eye surgery under local anesthesia.
 - ERCP without sphincterotomy.
7. The clinical conditions requiring continuous warfarin anticoagulation are:
- Prosthetic heart valves.
 - Chronic atrial fibrillation.
 - History of venous or pulmonary thromboembolism.
 - History of CVAs.
8. The following factors are considered for stratifying thromboembolic risk in chronic nonvalvular atrial fibrillation patients:
- High blood pressure.
 - Diabetes Mellitus.
 - > 75 years old.
 - History of cerebrovascular events or transient ischemic attack.
9. The following statements are true with regards to sugammadex:
- Is a cyclodextrin that forms liposoluble inclusion complexes that engulf the molecule of rocuronium and direct it to be excreted in the bile.
 - The recommended dose of sugammadex for reversal of moderate rocuronium block is 4ml/kg.
 - The dose of sugammadex for reversal of cisatracurium with a 0.5 TOF response is around 1 mg/K.
 - Sugammadex may be used safely for reversing vecuronium.
10. The following statements are true with regards to the use of Dexmedetomidine (DMM) during labor:
- No grade I recommendations can currently be made for its use.
 - Case reports suggest its potential use to assist in labor anesthesia when epidural anesthesia is contraindicated and other options have failed.
 - It has been shown to result in high placental retention with a maternal-fetal index around 0.8.
 - DMM may increase the frequency and amplitude of uterine contractions.

References: Rev Colomb Anesthesiol. 2012;40(1).

Answers:

- C.
- C.
- E.
- B.
- A.
- C.
- A.
- E.
- D.
- E.