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SAJS CPD QUESTIONS - Please submit online before 31 March 2024 -

Adverse events associated with the use of indwelling devices in surgical patients

- 1. Which statement is correct regarding indwelling devices in surgical patients?
- a. Peripherally inserted venous catheters are seldom associated with any adverse event
- b. Most complications are 'minor' and therefore require no further attention
- c. Central Venous Catheters (CVC) may cause significant harm, but improved training and standardization regarding their insertion and care can decrease the risk
- d. Risk reduction is not the responsibility of the individual clinician

Technical success of endoscopic stenting for malignant gastric outlet obstruction

- 2. Regarding endoscopic stenting for malignant gastric outlet obstruction, which malignancy other than gastric adenocarcinoma is the most prevalent pathology requiring palliative duodenal stenting internationally:
- a. Hepatocellular carcinoma
- b. Pancreatic cancer
- c. Gastric lymphoma
- d. Duodenal neuroendocrine carcinoma
- The incidence and management of complications following

stenting of oesophageal malignancies

- 3. Compared to South African studies, which complication is most commonly seen after palliative oesophageal stenting internationally:
- a. Bleeding
- b. Tumour ingrowth
- c. Stent migration
- d. Stent fracture

Factors influencing outcome in patients with perforated peptic ulcer disease at a South African tertiary hospital

- 4. Regarding perforated peptic ulcer disease at a South African tertiary hospital, which is the most correct answer pertaining to both patient outcome and leak rate?
- a. Co-Morbidities
- b. Type of Surgical Repair
- c. Boey Score > 1
- d. Gender

The impact of the COVID-19 pandemic on presentation of surgical disease in paediatric patients at a tertiary centre in Cape Town, South Africa

- 5. Regarding the impact of the COVID-19 pandemic on presentation of surgical disease in paediatric patients, which is the most common cause of acute bowel obstruction in a child between 3 months and 6 years:
- a. Hirschsprungs Disease
- b. Adhesional small bowel obstruction
- c. Intussusception
- d. Midgut volvulus



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Small bowel metastasis from embryonal rhabdomyosarcoma of the extremity- a case report

- 6. Which histological subtype of Rhabdomyosarcoma is most prevalent in children and what is the most common primary site of presentation?
- a. Embryonal Rhabdomyosarcoma (ERMS) and retroperitoneal
- b. Embryonal Rhabdomyosarcoma (ERMS) and head and neck
- c. Alveolar Rhabdomyosarcoma (ARMS) and renal system
- d. Alveolar Rhabdomyosarcoma (ARMS) and respiratory system

Outcomes of complex burn injury patients managed at two primary and one tertiary level burns facilities in the Western Cape province of South Africa – a retrospective review

- 7. Regarding outcomes of complex burn injury patients managed at burns facilities in the Western Cape, which is the most correct reason for better outcomes at the TBU despite longer theatre waiting times?
- a. More time allowed for complete patient resuscitation
- b. The above statement is false. Longer theatre waiting times decreased the chance of positive outcomes
- c. Access to the plastic surgical team at the TBU during office hours
- d. None of the above
- e. Better nursing and surgical expertise at the TBU
- f. Better infection prevention measures at a tertiary hospital
- Successful management of a thoracoabdominal impalement injury
- 8. Regarding the successful management of a thoracoabdominal impalement injury, which is the *incorrect* answer with respect to indications for laparotomy?
- a. Hypotension without other cause
- b. Evidence of continuous bleeding from a wound or via nasogastric tube
- c. Signs of peritoneal irritation /peritonitis
- d. Diagnostic peritoneal lavage should be done with positive results
- e. Signs of pneumoperitoneum in CT / Erect Xray
- Transverse colon volvulus a case report and literature review
- 9. Which is the most correct answer regarding the imaging modality of choice for the early diagnosis of a transverse colonic volvulus?
- a. Magnetic resonance imaging
- b. Computed Tomography
- c. Ultrasonography
- d. Radiograph
- d. Both have unknown aetiologies and there is no consensus regarding their pathogenesis.

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