

One year on: Test your knowledge from the previous year

1. **Surgical training using a proficiency-based stepwise endovascular training program¹**
 - A. Results in inferior technical skills in trainees
 - B. Results in more cost-efficient surgical education
 - C. Has not demonstrated the transferability of skills to real-life interventions
 - D. Does not improve cognitive skills of trainees
 - E. Should not include e-learning prior to technical skills training
2. **During the pre-operative assessment of an AAA patient, which single-domain tool provides the best short-term prognostic value? ²**
 - A. Central muscle mass
 - B. Functional dependency
 - C. Nutrition
 - D. Cognition
 - E. Grip strength
3. **Which statements are correct among the following regarding the microbiological diagnosis of vascular graft infection (VGI)? ³**
 - A. Culture-negative VGI are rare
 - B. Only aortic VGI can be polymicrobial
 - C. Staphylococci are the most frequently genus involved in peripheral VGI
 - D. Candida sp. are infrequently isolated in aorto-enteric fistula
 - E. At least two peri-operative microbiology samples are necessary to improve diagnostic accuracy
4. **The mean rate of reoperation on the aorta in the 5 years after proximal aortic replacement is: ⁴**
 - A. 2.4% per person-year
 - B. 1.0% per person-year
 - C. 0.6% per person-year
 - D. 7.8% per person-year
 - E. 11.5% per person-year
5. **Which of the following statements regarding colonic ischaemia is correct? ⁵**
 - A. The prevalence of colonic ischaemia is approximately 5% following elective endovascular repair of abdominal aortic aneurysms.
 - B. The only available method to diagnose colonic ischaemia is laboratory testing of lactate
 - C. There is no differences in outcomes for patients who develop colonic ischaemia following AAA repair when compared to patients without colonic
 - D. Endovascular repair of abdominal aortic aneurysms is associated with lower risk of developing colonic ischaemia when compared to open surgical aortic repair (correct answer)
 - E. D-Dimer is a not-sensitive but highly specific biomarker for intestinal ischaemia
6. **Which of the following treatments for intermittent claudication is evidence-based? ⁶**
 - A. Coenzyme Q10
 - B. Curcumin
 - C. A low fat diet
 - D. A supervised exercise program
 - E. Omega-3 essential fatty acids

7. What was the main reason for the limited value of diameter measurements for the prediction of arteriovenous fistula function? ⁷
- A. Misleading accuracy
 - B. Low sensitivity
 - C. Low specificity
 - D. Low positive predictive value
 - E. High measurement error
8. In patients with a symptomatic carotid artery stenosis that undergo CEA, predicting factors for major stroke and/or death are: ⁸
- A. Sex, age, respiratory status, presenting symptoms and perioperative shunting
 - B. Sex, age, cardiac state, presenting symptoms and perioperative shunting
 - C. Age, respiratory status, cardiac state and perioperative shunting
 - D. Age, respiratory status, cardiac state, presenting symptoms and hospital volume
 - E. Sex, age, respiratory status, presenting symptoms and hospital volume
9. In this national audit, the delay from presenting event to carotid intervention was reduced during the study to a median to how many days? ⁹
- A. 13
 - B. 11
 - C. 9
 - D. 7
 - E. 5
10. It has been demonstrated that in peripheral artery disease patients: ¹⁰
- A. An increased rate of adverse events after primary percutaneous coronary intervention for acute myocardial infarction occurred.
 - B. A high prevalence of cardiovascular adverse events and bleeding events after elective percutaneous coronary intervention occurred.
 - C. A high incidence of cardiovascular adverse events and a low prevalence of bleeding events after elective percutaneous coronary intervention occurred.
 - D. The concomitant presence of coronary artery disease was not associated with systemic atherosclerosis.
 - E. Diabetes mellitus but not chronic kidney disease occurred in patients with concomitant coronary artery disease and peripheral artery disease.
11. Which of the following methods is a non-thermal endovenous treatment for varicose vein? ¹¹
- A. EVLA
 - B. RFA
 - C. Cyanoacrylate ablation
 - D. Steam ablation
 - E. Microwave ablation
12. Suprarenal fixation in endovascular aneurysm repair is associated with: ¹²
- A. A similar decrease in renal function at one year compared to infrarenal fixation
 - B. A four-fold higher decrease in renal function at one year compared to infrarenal fixation
 - C. Data are insufficient to make any such comparisons
 - D. Renal artery occlusion in 10% of patients
 - E. Higher incidence of peripheral emboli during the repair
13. What is the risk of requiring haemodialysis after elective EVAR? ¹³
- A. 0.1%
 - B. 0.5%
 - C. 1.0%
 - D. 1.5%
 - E. 2.0%

References

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Answers from previous issue (September 2019):

1E, 2D, 3A, 4D, 5E, 6D, 7D, 8D, 9B, 10E, 11D, 12E.