

Self assessment questions

Questions

SBA 1

A 32-year-old woman is 22/40 weeks into her first pregnancy. She asks your advice on travel to an area of the world where tropical diseases are endemic. Which one of the following should form part of your advice to her?

- She should avoid travel to this area at all costs whilst pregnant
- She will have to rely solely on bite avoidance as anti-malarial drugs are not safe in pregnancy
- She will be able to travel with a yellow fever vaccine waiver
- She should spend most of the time resting because of the heat
- The risks versus benefits of each required travel vaccine should be assessed

SBA 2

Which one of the following vaccine combinations should be routinely administered during pregnancy in the UK?

- Flu vaccination and pertussis vaccination once in the first pregnancy
- Pertussis vaccination once in the first pregnancy and flu vaccination in every pregnancy
- Flu vaccination once in the first pregnancy and pertussis vaccination in every pregnancy
- Flu and pertussis vaccinations in every pregnancy
- Pertussis vaccination once if non-immune only and flu vaccination in every pregnancy

SBA 3

A 45-year-old female with endometriosis presents to the gynaecology outpatient clinic for routine review. You are concerned about her risk of developing osteoporosis as she is a smoker, has courses of oral steroids for asthma four to five times a year, has a family history of parental hip fracture and has a sedentary life style. What is the most appropriate initial investigation?

- Z-score
- T-score
- FRAX score
- DXA scan
- Vertebral spine BMD

SBA 4

An 82-year-old female with a background of type 2 diabetes, osteoarthritis, hypertension, and chronic kidney disease, presents with post-menopausal bleeding to the gynaecology

outpatient clinic. She describes non-specific back pain; a subsequent X-ray of the thoracic spine reveals an osteoporotic crush fracture of T11. You wish to start her on pharmacological treatment for osteoporosis to prevent further fragility fractures. What is the primary investigation that should be carried out?

- Thyroid function
- Parathyroid hormone
- Bone profile
- Echocardiogram
- Vertebral spine BMD

SBA 5

A 49-year-old woman, with a BMI of 46 is due to undergo a total laparoscopic hysterectomy and bilateral salpingo-oophorectomy for atypical endometrial hyperplasia. She has a significant pannus and has undergone a midline laparotomy for bowel resection. A 120-mm Veress needle is available in theatre. Which route of laparoscopic entry is best suited in this case?

- Umbilical entry – Veress or optical trocar
- Supraumbilical entry – Veress or optical trocar
- Palmer point entry – Veress or optical trocar
- Direct umbilical trocar entry
- Open Hasson entry (umbilical)

EMQ 6

- 0.1%
- 1%
- 5%
- 10%
- 25%
- 40%
- 60%
- 90%

- A 41-year old woman is admitted to labour suite at 38 weeks' gestation. She has an anterior low-lying placenta and history of three previous caesarean sections. She moved to the UK 3 weeks previously and there are no scan reports available. What is her risk of having an abnormally invasive placenta?
- A 36-year-old woman has a history of one previous caesarean section and in this pregnancy she has a major placenta praevia. She has an USS in the regional specialist centre that suggests an abnormal invasive placenta. What is the sensitivity of USS for the detection of AIP?
- A 28-year-old woman with a history of two previous caesarean sections without complications spontaneously conceives. Her detailed scan has shown her to have an anterior placenta that is not low lying. She has had no other uterine procedures or surgery. What is her chance of an abnormally invasive placenta?

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SBA 7

A woman with suspected abnormally invasive placenta is currently 32 weeks pregnant. She has history of two episodes of antepartum haemorrhage, one at 30 and one at 26 weeks' gestation. When would you recommend admission?

- In the next few days
- 36 weeks' gestation
- A few days prior to delivery for planning and optimization
- If she has another antepartum haemorrhage
- No admission required

SBA 8

A trainee early in his career asks to meet with his educational supervisor. He subsequently discloses that he has experienced an escalating pattern of bullying by a senior consultant over the past 3 months. Which ONE of the following is not a likely impact of this behaviour on the trainee?

- Loss of sleep
- Increased responsiveness when on call
- Decreased confidence in surgical abilities
- Work-related anxiety
- Increased sick days taken

SBA 9

The risk of cardiorespiratory morbidities complicating surgery is increased in obese patients. Which ONE of the following conditions is the most likely complicating factor in an otherwise well 55-year-old woman with a BMI of 45?

- Coronary artery disease
- Asthma
- Wolf-Parkinson-White syndrome
- Cardiomegaly
- Obstructive sleep apnoea

SBA 10

A 58-year-old woman with a BMI of 47 is to undergo open abdominal surgery for ovarian cancer. Which one of the following factors in her history would NOT increase her risk of postoperative wound infection?

- Type 2 diabetes
- Smoking
- Chronic cellulitis
- Hypothyroidism
- Hypertension

Answers**SBA 1**

E

Consultation with a travel medicine expert is usually advised. Although yellow fever is a live attenuated vaccine, the risk of the vaccine is usually outweighed by its benefits due the severity of this disease. If she decides against vaccination, a waiver may not be accepted in all countries

SBA 2

Pertussis immunity declines after 1 year, so this should be repeated in every pregnancy. Flu antigens shift on a

yearly basis and so immunity relies on being vaccinated every year.

SBA 3

C

She should have a FRAX score calculated; this generates a score representing the 10-year risk of sustaining an osteoporotic fracture, prior to doing a DXA scan to assess BMD. Following the DXA scan, a Z-score rather than a T-score should be assessed.

SBA 4

C

The most appropriate treatment is likely to be denosumab due to her chronic kidney disease. Denosumab is not renally excreted and is therefore suitable for this patient. The most important investigation to carry out is the bone profile as denosumab can cause problematic hypocalcaemia.

SBA 5

C

In obese women with a significant pannus, there is caudal displacement of the umbilicus relative to the aortic bifurcation and as such is an unreliable landmark. A Palmer's point entry is chosen relative to the costal margin and clavicle (reliable bony landmarks) and allows for better triangulation with regard to pelvic surgery. The stomach should be deflated prior to insertion. Fifty percent of women have adhesions (bowel and omentum) at and around the umbilicus after one midline laparotomy.

EMQ 6

1. G.

The risk of AIP increases with increasing number of caesarean sections in those who have a placenta praevia. Observational data suggest that in women with a placenta praevia, the risk is 3% for no prior caesarean section, 11% for the one prior, 40% for two prior, and 61% for three prior.

2. H.

In skilled hands USS is reliable in the diagnosis of AIP and the diagnostic accuracy has been summarized in a systematic review: sensitivity of 91% (95% CI, 87–94%) and specificity of 97% (95% CI, 96–98%)

3. B.

If the placenta is normally sited (i.e. not low lying) the risk of AIP is about 1% for those with up to two caesarean sections and 2% for those with three or four previous caesarean sections.

SBA 7

A

The risk of emergency delivery increases with a history of antepartum haemorrhage and in particular in those with recurrent vaginal bleeding. Women may also live distant from the obstetric unit in which the delivery is planned. For this reason, in those with a history of antepartum haemorrhage and AIP, admission should be encouraged from around 32 weeks.

SBA 8

B

The intention of bullying by senior colleagues may sometimes be to spur a trainee into performing better, but it is more likely to result in the trainee losing confidence and performing poorly.

SBA 9

E

Approximately 25% of obese women have undiagnosed obstructive sleep apnoea, and this is thought to be a

contributory factor to their risk of developing respiratory complications postoperatively.

SBA 10

D

All others are established risk factors for infection.