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## Best Practice & Research Clinical Obstetrics and Gynaecology

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### Advances in reproductive surgery – Multiple choice questions Vol. 59

1. The following statement(s) is/are true about Asherman Syndrome:

- a) Asherman Syndrome is equivalent to intrauterine adhesions.
- b) Women with Asherman syndrome will have clinical symptoms.
- c) Hysteroscopy is the gold standard in the diagnosis of Asherman Syndrome.
- d) Ultrasonography is as good as hysteroscopy in diagnosing Asherman Syndrome.
- e) The ESGE classification is a universal accepted system to classify intrauterine adhesion.

2. Pregnancy following surgical treatment of Asherman Syndrome may result in which of the following situations?

- a) Women will have a two-fold increase in early pregnancy loss.
- b) Women will not have an elevated risk of ectopic pregnancy.
- c) Women will suffer from placenta related complications such as placenta accreta
- d) Women will have a two to three-fold increase in gestational diabetes.
- e) The baby born by these women are more likely to undergo intrauterine growth restriction as the endometrium has been damaged.

3. Which of the following statement(s) is/are true with respect to pregnancies following surgical treatment of Asherman Syndrome?

- a) Surgical treatment should be the preferred option in cases where miscarriage occurs.
- b) The surgical treatment of miscarriage should be performed under the guidance of ultrasound.
- c) Cervical monitoring is recommended during the 2nd trimester due to the high incidence of cervical incompetence.
- d) Colour Doppler should not be advised to these women during late gestation.
- e) Fetal growth scans are necessary for all of these women due to the higher incidence of IUGR.

4. Which of the following measures is/are recommended to reduce postoperative pelvic adhesions?

- a) Use of starch containing gloves
- b) Use of dry towels and sponges
- c) Limiting use of diathermy

- d) Choosing fine and non-reactive suture material
- e) Using frequent irrigation/aspiration to avoid drying of tissues

5. In relation to infertility secondary to tubal damage which of the following is/are true?

- a) *Chlamydia trachomatis* and *Neisseria gonorrhoea* are the most common cause of PID
- b) Almost all women with untreated chlamydia will develop PID
- c) Up to 18% women who develop PID will eventually suffer from tubal infertility
- d) Subclinical chlamydia and gonorrhoea infections are not known to increase tubal infertility
- e) Women who delay seeking treatment may have a higher risk of infertility

6. Which of the following statements is/are true in relation to endometrioma surgery?

- a) There is no need to assess the ovarian reserve before deciding on surgery
- b) Fertility preservation should be discussed if ovarian reserve is already compromised
- c) Using the least traumatic technique is recommended
- d) Application of anti-adhesion agents has been proven to be of no benefit
- e) Women should be operated on in a centre of expertise where the necessary skills for surgery is available

7. In relation to intrauterine adhesions:

- a) Hysteroscopic polyp removal is associated with a low risk of adhesions
- b) Prolonged retention of products of conception or placental material increases risk of intrauterine adhesions
- c) Hysteroscopic myomectomy for multiple submucosal fibroids increases the risk of intrauterine adhesions
- d) Hysteroscopic surgery which extends to the level of the myometrium is more likely to cause intrauterine adhesions
- e) The least traumatic elimination of products of conception is recommended to reduce the risk of adhesion formation

8. The following factors relating to embryo transfer is/are associated with reproductive outcomes:

- a) Biological stress
- b) Psychological stress
- c) Use of acupuncture
- d) Uterine contractility
- e) Prophylactic antibiotics

9. The following is/are associated with improved reproductive outcomes:

- a) Removal of cervical mucus
- b) Use of hard embryo transfer catheter
- c) Delayed withdrawal of embryo transfer catheter
- d) Difficult embryo transfer
- e) Painful embryo transfer

10. The following statements is/are true regarding ultrasound guidance during embryo transfer:

- a) Ultrasound guidance can improve reproductive outcomes
- b) Ultrasound guidance can help identify the location of embryo transfer

- c) Transvaginal ultrasound guidance is superior to transabdominal ultrasound guidance
- d) 3D ultrasound guidance is superior to 2D ultrasound guidance
- e) The majority of embryos implant at the location that they were transferred

11. The following statement(s) is/are correct regarding assisted reproduction:

- a) Bed rest leads to improved reproductive outcomes
- b) Embryo retention and re-transfer is associated with a worse reproductive outcome.
- c) Embryo injection rate speed is highly consistent between clinicians
- d) Progesterone prior to embryo transfer reduces the frequency of uterine contractions
- e) The only agents studied with the intention of reducing uterine contractility are progesterone and Atosiban

12. Which of the below conditions is/are an absolute contraindication to Trial of Labour after Caesarean (TOLAC)?

- a) Fetus with suspected macrosomia
- b) Inverted T shape uterine incision during the previous CS
- c) Poor Bishop score
- d) History of post-partum haemorrhage
- e) History of 2 previous CS

13. Which of the below conditions is a symptom of NICHE or isthmocele?

- a) Abnormal uterine bleeding
- b) Cyclic pelvic pain
- c) Nausea and vomiting
- d) Urinary stress incontinence (USI)
- e) Abnormal cervical smear test

14. Which of the following is an indication to follow-up a hysterotomy wound by US scanning after myomectomy?

- a) Vaginal spotting
- b) Tachycardia 90 bpm
- c) Severe and continuous pelvic pain
- d) When in-bag morcellation was performed
- e) When extracorporeal knots were used to close the wound

15. Uterine rupture after Caesarean section correlates with the residual myometrial thickness (RMT). The minimum RMT found in a niche at the lower segment of the uterus that is considered safe for trial of labour after cesarean section (TOLAC) is:

- a) RMT as measured on US more than 1.5 mm
- b) RMT as measured on US more than 3 mm
- c) RMT as measured on US more than 5 mm
- d) RMT as measured by MRI more than 5 mm
- e) RMT as measured by MRI more than 7 mm

16. The type of wound closure and suturing sequence during myomectomy that provides the safest scar for TOLAC is:

- a) Double layer with continuous interlocking sequence
- b) One layer with interrupted sutures
- c) One layer with continuous mattress sutures
- d) Double layer with interrupted sutures
- e) Any type of suturing as far as there is good approximation of the wound margins and passes and/or knots are not over tight.

17. In the presence of congenital uterine anomalies robust indications for surgery include which of the following?

- a) Dysmorphic uterus (ESHRE/ESGE Class 1a)
- b) Septate (ESHRE/ESGE Class U2)
- c) Bicorniporeal uterus (ESHRE/ESGE Class U3)
- d) Arcuate
- e) Rudimentary horns with functional cavity (ESHRE/ESGE Class U4a/U5a)

18. Concerning congenital malformations:

- a) The prevalence of congenital uterine anomalies is higher in the general/fertile population than in patients with recurrent miscarriages
- b) Septate uterus (ESHRE/ESGE Class U2) is more frequent in women with history of infertility
- c) The exact prevalence of CUA is the same in all studies
- d) The recently introduced ESHRE/ESGE classification seems to be a new, clear and systematic categorization of congenital malformations
- e) The recently introduced ESHRE/ESGE classification is flawed due to many abnormalities that cannot be classified

19. When surgery is considered for the management of uterine septum:

- a) Surgical incision of uterine septum leads to a reduced miscarriage rate
- b) Septum incision is performed only with scissors
- c) When performing hysteroscopic septum incision, fundal muscle fibre exposure is the upper limit of the surgical procedure
- d) When performing hysteroscopic septum incision simultaneous laparoscopy is necessary to complete the intervention
- e) Mapping with 3D ultrasound can ensure the limits of this surgical intervention

20. When surgery is used for the management of congenital malformations:

- a) In cases of removal of a functional rudimentary horn the ipsilateral fallopian tube should be removed as well
- b) Bicorniporeal uterus (ESHRE/ESGE Class U3) is an absolute indication for surgical repair
- c) Preoperative proper classification is by uterine mapping and defining the type and extent of surgery
- d) Arcuate uterus is considered a normal variant
- e) Hysteroscopic approach is the gold standard

21. The following statements is/are true about bowel endometriosis:

- a) The sigmoid is more frequently affected than the rectum
- b) The diagnosis of colorectal endometriosis is confirmed by vaginal examination
- c) Bowel endometriosis is histologically characterized by hyperplasia of the muscularis layer
- d) Hormonal treatment is the treatment of choice as it alleviates all symptoms
- e) Detection of retraction of the posterior vaginal fornix is predictive of rectal endometriosis

22. Complications of bowel endometriosis surgery include which of the following?

- a) They are related to the type of the surgical procedure and more frequent in cases of bowel resection
- b) Clavien Dindo 3b are observed in >10% of cases in the literature
- c) They are less frequently observed when the reverse technique of shaving is performed when compared to the standard technique
- d) They could also be due to additional surgical procedures needed for removal all deep endometriotic lesions
- e) They could be explained by insufficient intestinal mobilization in cases of disc excision procedure

23. The following statement(s) is/are true about bowel endometriosis surgery:

- a) As the preoperative evaluation of bowel endometriosis is limited, the decision of the type of bowel surgery has to be taken preoperatively
- b) Only patients with typical symptoms of bowel endometriosis should undergo bowel surgery
- c) Colonoscopy has to be performed to diagnose bowel endometriosis
- d) A temporary stoma should be proposed in patients undergoing segmental colorectal resection
- e) Radical surgery has to be performed in order to eradicate all endometriotic lesions

24. The following statement(s) is/are true about bowel infiltration:

- a) Superficial and full thickness bowel wall infiltration can be detected by transvaginal sonography
- b) The pooled sensitivity for the diagnosis of rectosigmoid endometriosis is higher for transvaginal sonography when compared to MRI
- c) At double contrast barium enema, bowel endometriosis is revealed by bowel stenosis
- d) Rectal water contrast transvaginal ultrasound demonstrates higher accuracy when compared to double contrast barium enema
- e) Histologically, bowel infiltration is characterized by endometriotic glands and stroma located in the submucosal layer

25. What is the prevalence of hydrosalpinges in patients suffering from tubal disease?

- a) 0–5%
- b) 6–10%
- c) 11–30%
- d) 31–50%
- e) 51–70%

26. A 32 year old women presents with two years history of primary infertility. She is found to have a right sided hydrosalpinx and is on the waiting list for IVF. What is the next most appropriate treatment

- a) Reassure and proceed with IVF
- b) Salpingostomy
- c) Bilateral Salpingectomy
- d) Unilateral Salpingectomy
- e) Aspirate fluid

27. Which of the following statements about Essure® is/are true?

- a) It is a form of permanent birth control
- b) PET fibres elicit an intense fibroblastic ingrowth with foreign body and giant cell reactions that lead to tubal occlusion
- c) Inner coils of the device are made of titanium
- d) It is licensed for use in tubal occlusion in those with hydrosalpinges
- e) It is 4 cm in length and 2 mm in diameter when in its expanded form

28. The following statement(s) is/are true regarding reproductive surgeries:

- a) National Institute for Health and Care Excellence (NICE) has recommended that the evidence on the efficacy of hysteroscopic metroplasty of a uterine septum for primary subfertility is adequate to support the use of this procedure.
- b) US guidance does not offer benefit for hysteroscopic removal of type 0 fibroids (100% intracavity).
- c) Miniaturised finger grip high frequency ultrasound probes are very useful for guiding dissection of fibroids of more than 5 cm.
- d) Medical treatment is recommended over the surgical approach as treatment for Caesarian scar pregnancy.
- e) A laparoscopic approach is preferred for oocyte retrieval if ovaries are highly placed in the pelvis

29. The following is/are true regarding subtle lesions of the tubes:

- a) They are located in the proximal part of the tube
- b) They are usually obstructive lesions
- c) They are not obstructive lesions
- d) They are usually related to PID
- e) They are usually unilateral

30. Which of the following is/are true regarding appendix vesiculosa?

- a) It is always considered as a subtle tubal lesion
- b) It is an anatomical normal variation
- c) It is present in 60–80% of cases
- d) It is present in 25–40% of cases
- e) It is a subtle lesion if bigger than 6–7 mm in diameter