



## Self-assessment

### Questions

#### Question 1

Answer true or false.

Regarding non-epidural analgesia in labour:

1. The available evidence base favours a more widespread use of TENS.
2. Nitrous oxide is an environmental hazard.
3. Intramuscular fentanyl is an effective alternative to pethidine.
4. Diamorphine should not be used due to its prolonged effects on the neonate.
5. A pudendal block negates the need for perineal infiltration during a forceps delivery.

#### Question 2

Answer true or false.

Regarding anaesthesia for Caesarean section:

1. A combined spinal–epidural (CSE) provides a very rapid onset of analgesia with the advantage of prolonged action.
2. A CSE is ideal for patients with cardiac disease.
3. Levobupivacaine is less toxic than bupivacaine.
4. One in five emergency Caesarean sections are performed under general anaesthesia.
5. Failed intubation occurs once in every 300 general anaesthetics performed for emergency Caesarean section.

#### Question 3

Answer true or false.

Regarding intrapartum fetal surveillance:

1. Current evidence demonstrates a reduction in cerebral palsy with electronic fetal monitoring.
2. Admission CTGs are not recommended for low-risk women.

3. 'Shouldering' around a variable deceleration should be considered an atypical feature.
4. Less blood is required for the estimation of fetal lactate than for pH sampling.
5. ST elevation on a fetal ECG is strongly suggestive of fetal asphyxia.

#### Question 4

Answer true or false.

Study the family tree shown in Figure 1. The proband (indicated by the arrow) is 35 years old and is concerned about her family history. Her sister has recently been diagnosed with epithelial ovarian cancer at the age of 46 and her mother died of breast cancer aged 43.

1. The proband should be considered at high risk of ovarian cancer.
2. The most likely gene involved is *MLH-1*.

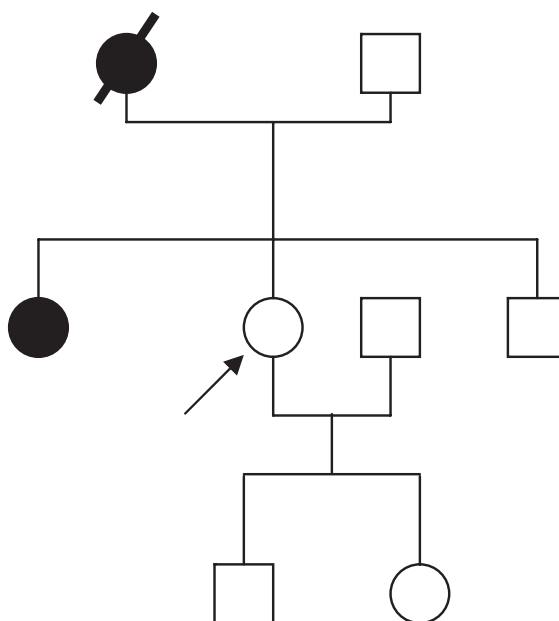


Fig. 1.

3. Immediate bilateral oophorectomy is an appropriate choice for prophylaxis.
4. Screening with TVS and Ca125 will certainly reduce her risk of death from ovarian cancer.
5. Tamoxifen should be recommended.

### Question 5

Answer true or false.

Regarding familial ovarian cancer:

1. A 30-year-old woman with one first-degree relative with epithelial ovarian cancer has a 1 in 20 lifetime risk of developing the disease herself.
2. There is some correlation between the specific mutation and the lifetime risk of cancer it confers.
3. The female members of HNPCC families have a 50% lifetime risk of ovarian cancer.
4. *BRCA1* mutations carry a greater risk of ovarian cancer than those in *BRCA2*.
5. Mutations within cancer-predisposing genes can be found in most 'high-risk' families.

### Question 6

Answer true or false.

Regarding the levonorgestrel-releasing intrauterine system (LNG-IUS):

1. The primary mode of action is the inhibition of ovulation.
2. The contraceptive efficacy is similar to that of modern IUDs.
3. It reduces the user's risk of pelvic infection.
4. The benefits are thought to be outweighed by the risks for women with recent thromboembolism.
5. It should not be used for women with breast cancer.

### Question 7

Answer true or false.

Regarding intrauterine contraceptive devices (IUDs):

1. The routine use of prophylactic antibiotics prior to insertion has been shown to reduce rates of pelvic infection.
2. The primary mode of action is the prevention of fertilisation.

3. They should not be used in women with fibroids causing significant distortion of the uterine cavity.
4. They can be inserted 4 weeks after parturition.
5. They are a reasonable contraceptive choice for a woman with a recently diagnosed DVT.

### Question 8

Answer true or false.

Regarding male condoms:

1. Newer polyurethane condoms provide better sensitivity without compromising contraceptive efficacy.
2. 'Gel charging' is a technique used to improve the efficacy.
3. Water-soluble lubricants are safe to use with condoms.
4. Condom use halves the risk of sexually transmitted infections.
5. An efficacy of 97% should be quoted for condom use.

### Question 9

Answer true or false.

Accepted treatments for premenstrual syndrome include:

1. Luteal norethisterone
2. Fluoxetine
3. GnRH analogues
4. Vitamin B<sub>6</sub>
5. Danazol

### Question 10

Answer true or false.

Diagnostic criteria for premenstrual syndrome include:

1. The occurrence of symptoms in at least two of the previous six menstrual cycles.
2. Timing of the symptoms to the luteal phase of the menstrual cycle.
3. Resolution of symptoms by the start of menses.
4. Interference with work, school or social relationships.
5. Suppression of symptoms by GnRH analogues.

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