



Credit for Learning

● ANAESTHESIA AND ●
SURGICAL PAIN RELIEF

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THE QUESTIONS

1. Undesirable properties of propofol include:

- | | | |
|---|---|---|
| a) Respiratory depression on induction | T | F |
| b) Pain on injection | T | F |
| c) Depression of laryngeal reflexes | T | F |
| d) Occasional myoclonus and opisthonus | T | F |
| e) A short distribution half-life and high clearance. | T | F |

2. The inhalational anaesthetic sevoflurane:

- | | | |
|---|---|---|
| a) Has recovery times that have been shown to be slower than other agents | T | F |
| b) Has caused many cases of clinically significant nephrotoxicity | T | F |
| c) Has properties that allow it to be used for both induction and maintenance | T | F |
| d) Has a low arrhythmogenic risk | T | F |
| e) Has an unpleasant odour | T | F |

3. Xenon may be the inhalational anaesthetic of the future because:

- | | | |
|--|---|---|
| a) It does not depress myocardial contractility | T | F |
| b) It has the lowest blood/gas solubility of all anaesthetics..... | T | F |
| c) It is not a trigger for malignant hyperthermia..... | T | F |
| d) It is cheap and readily available | T | F |
| e) It is potent, and can be used with a high concentration of oxygen | T | F |

4. Inhalational anaesthetics should ideally:

- | | | |
|---|---|---|
| a) Allow rapid onset | T | F |
| b) Have a low solubility in blood..... | T | F |
| c) Not trigger malignant hyperthermia | T | F |
| d) Allow slow recovery | T | F |
| e) Allow low concentrations of oxygen | T | F |

Questions continue overleaf



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5. Regarding the intravenous anaesthetics:

- | | | |
|---|---|---|
| a) Ketamine has a rapid onset of action..... | T | F |
| b) The half-life of remifentanyl will remain the same (5 minutes) regardless of how long the drug is infused for..... | T | F |
| c) Thiopentone does not cause respiratory/ cardiovascular depression | T | F |
| d) The ideal intravenous anaesthetic should be rapidly metabolised to a non-active metabolite | T | F |
| e) Etomidate does not cause vomiting | T | F |

6. The “NNT” values on the Oxford League table of analgesics can be used to :

- | | | |
|---|---|---|
| a) Compare the efficacy of different analgesic agents to treat acute pain | T | F |
| b) Compare the efficacy of different analgesic agents to treat chronic pain | T | F |
| c) Compare the extent to which analgesic agents cause gastrointestinal irritation | T | F |
| d) Compare the costs of analgesic agents | T | F |
| e) Compare the efficacy of different strengths of the same analgesics to treat acute pain | T | F |

7. Piroxicam “melt” formulations:

- | | | |
|--|---|---|
| a) Are generally considered the NSAID of choice for post-operative pain..... | T | F |
| b) Have a lower incidence of gastrointestinal side effects than diclofenac | T | F |
| c) Have a long-lasting analgesic effect | T | F |
| d) Are used in the initial post-operative period..... | T | F |
| e) Are not absorbed sublingually | T | F |

8. Opioid analgesics:

- | | | |
|---|---|---|
| a) Enhance levels of the neurotransmitter, substance P..... | T | F |
| b) Inhibit the production of prostaglandins | T | F |
| c) Are first line treatment for mild to moderate pain | T | F |
| d) Are first line treatment for severe pain | T | F |
| e) Increase the activity of neurones in the spinal cord | T | F |

9. When administering opiates:

- | | | |
|--|---|---|
| a) Patients on an “as required” regimen who are reticent to ask for injections are likely to benefit from a controlled fixed dose regimen | T | F |
| b) Subsequent doses in an “as required” regimen should be the same or more than initial doses ... | T | F |
| c) Using a PCA can reduce the incidence of side effects compared with an “as required” regimen | T | F |
| d) Using a PCEA can reduce the incidence of side effects compared with a continual epidural infusion..... | T | F |
| e) Ephedrine should be used to treat hypovolaemia-induced hypotension..... | T | F |

10. Adverse effects sometimes associated with analgesic agents, include:

- | | | |
|--|---|---|
| a) Opiates causing gastrointestinal side effects | T | F |
| b) NSAIDs causing gastrointestinal side effects..... | T | F |
| c) Tramadol causing seizures in epileptic patients.. | T | F |
| d) Ketamine causing restlessness | T | F |
| e) Codeine causing respiratory depression | T | F |

Answers will appear in the January 2004 issue.