

I 筆試題目

1. Which of the following concerning high-dose opioid anesthesia is wrong?

- A. This technique was originally developed to circumvent the myocardial depression associated with older volatile anesthetics.
- B. Pure high-dose opioid anesthesia with simultaneous administration of benzodiazepines can produce hypotension and myocardial depression in some patients.
- C. Pure high-dose opioid anesthesia produces prolonged postoperative respiratory depression, results in an unacceptably high incidence of patient awareness during surgery, and/or often fails to control the hypertensive response to stimulation in many patients with good left ventricular function.
- D. Patient anesthetized with fentanyl generally regain consciousness sooner and can be extubated earlier than those anesthetized with sufentanil.

答案：D (Patient anesthetized with sufentanil generally regain consciousness sooner and can be extubated earlier than those anesthetized with fentanyl.)

出處：Clinical Anesthesiology, 4th ed., p.509, 2006

2. Which of the following concerning aortic stenosis is wrong?

- A. In these patients, a primary opioid-based anesthetic technique generally results in minimal cardiac depression.
- B. Suitable nonopioid induction agents include etomidate and the combination of Ketamine and a benzodiazepine.
- C. If a volatile agent is used, the concentration should be carefully controlled to avoid excessive myocardial depression, vasodilation, or loss of normal atrial systole.
- D. Tachycardia and hypertension should be treated by increasing anesthetic depth. If a beta-adrenergic blocking agent is used, esmolol may be preferable because of its long half-life.

答案：D (Esmolol may be preferable because of its short half-life.)

出處：Clinical Anesthesiology, 4th ed., p.474, 2006

3. Which of the following concerning aortic regurgitation is wrong?

- A. When general anesthesia is required, isoflurane and desflurane may be ideal because of the associated vasodilation.
- B. Pancuronium is a good choice as a muscle relaxant with the opioid-based general anesthetic technique because it often prevents tachycardia
- C. Intraoperative afterload reduction with nitroprusside optimally requires full

hemodynamic monitoring.

D. Ephedrine is generally the preferred vasopressor for treatment of hypotension

Anes: B (Pancuronium often prevents bradycardia)

出處：Clinical Anesthesiology, 4th ed., p.477, 2006

4. During CPB, resistance to heparin is occasionally encountered, which one is wrong?

A. Antithrombin III is a circulating serine protease that irreversibly binds and inactivates thrombin.

B. When heparin complexes with antithrombin III, the anticoagulant activity of antithrombin III is enhanced 1000-fold.

C. Patients with antithrombin III deficiency will achieve adequate anticoagulation following infusion of 2 U of fresh frozen plasma, antithrombin III concentrate, or synthetic antithrombin III.

D. All of above are right

Anes: D

出處：Clinical Anesthesiology, 4th ed., p.511, 2006

5. Some patients have the history of heparin-induced thrombocytopenia (HIT), we should require special consideration. Which statement is wrong?

A. These patients produce heparin-dependent antibodies that agglutinate platelets and produce thrombocytopenia with or without thromboembolic phenomena.

B. If the history of HIT is remote and antibodies can no longer be demonstrated, heparin may safely be used but only for CPB.

C. When significant antibody titers are detected, plasmapheresis must not be used.

D. Alternative anticoagulants include hirudin, bivalirudin, ancrod, and possibly argatroban, but experience with them is limited.

Ans: C (When significant antibody titers are detected, plasmapheresis may be used to eliminate them transiently)

出處：Clinical Anesthesiology, 4th ed., p.511, 2006

II 口筆試題

The treatment and consideration of treatment for excess bleeding in cardiac surgery ?

Answer :回答以下流程圖作範圍

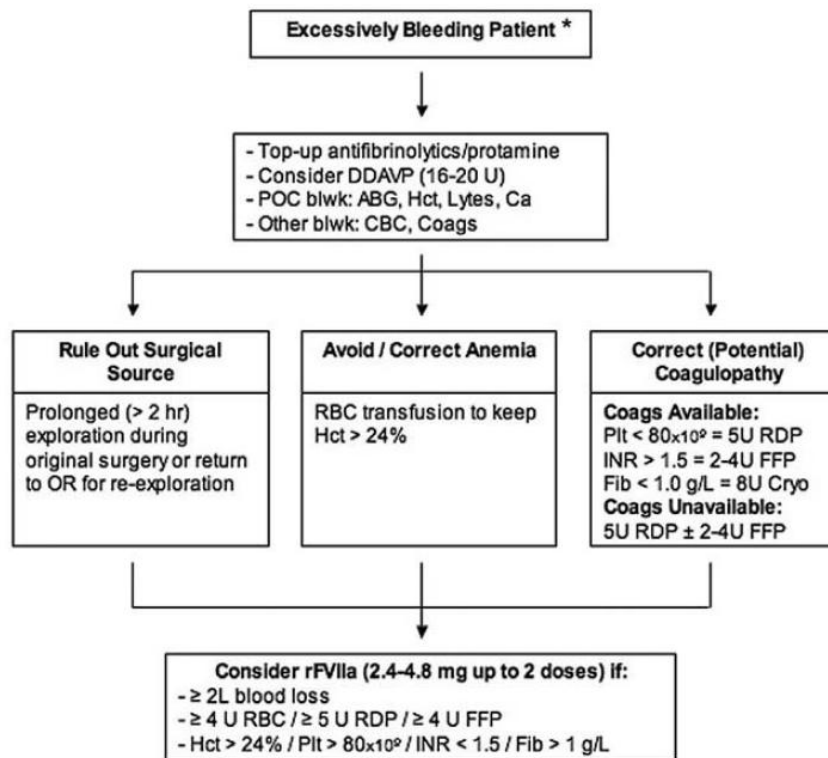


FIG. 2. Toronto General Hospital algorithm for excess bleeding in cardiac surgery. (Reprinted from Karkouti K, Yau T, van Rensburg A, *et al.*: The effects of a treatment protocol for cardiac surgical patients with excessive blood loss on clinical outcomes. *Vox Sang* 2006; 91:148-56,²⁷ copyright © 2006, with permission from Blackwell Publishing Ltd.)