

SURGICAL GASTROENTEROLOGY

PAPER – III

SURG.GASTRO/D/16/46/III

Time : 3 hours

Max. Marks : 100

Important instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

1. a) In the context of a randomized controlled trial, what do the terms random sequence generation, allocation concealment, blinding, sample size and outcome assessment mean? 8+2
b) What is the purpose of trial registration?
2. What do the terms - odds ratio, hazard ratio, relative risk, absolute risk and confidence interval mean and where are these used? 2+2+2+2+2
3. a) What is the Clavien-Dindo method for grading complications after gastrointestinal surgery? 4+4+2
b) What are its benefits and drawbacks?
c) List two possible improvements to this method.
4. a) What is the Surviving Sepsis Campaign? 2+3+5
b) What is Care bundle in critical care?
c) How can these be used to improve outcome in a critical care unit after a gastrointestinal surgical procedure?
5. a) How would you suspect and confirm an anastomotic leak which occurs after a small bowel resection for Crohn's disease. (2+3)+5
b) Outline your approach to the management of such a patient.
6. What are the symptoms, signs and management of a patient with an abdominal Cocoon? 3+3+4
7. a) List Truelove and Witts' criteria for assessing severity of ulcerative colitis. 2+3+2+3
b) List the components of intensive regimen for medical management of acute severe ulcerative colitis.
c) List the indications for use of infliximab in patients with ulcerative colitis.
d) List the indications for surgery for acute severe ulcerative colitis.

P.T.O.

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| 8. a) What are the indications for doing a diverting ileostomy after anterior resection for carcinoma rectum? | 4+3+3 |
| b) List the advantages and disadvantages of a diverting ileostomy in such a patient over a diverting colostomy. | |
| 9. Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in patients with pseudomyxoma peritonei. | 10 |
| 10. Role of Diffusion-weighted MRI and Secretin-stimulated MRI in the evaluation of GI disorders. | 5+5 |
