VASCULAR SURGERY

PAPER-II

Time: 3 hours VS/D/20/33/II

Max. Marks:100

Important Instructions:

- You are provided with 5 answer sheet booklets. Each individual answer sheet booklet consists of 10 pages excluding the covering jackets.
- Answers to all the questions must be attempted within these 5 answer sheet booklets which must be later tagged together at the end of the exam.
- No additional supplementary answer sheet booklet will be provided.
- Attempt all questions in order.
- Each question carries 10 marks.
- Read the guestion 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. Prevention, grading and management of steal syndrome in relation to a 2+3+5 brachio-cephalic AV access surgery.
- 2. a) Biochemical basis of reperfusion injury. 5+5
 - b) Management of compartment syndrome of lower limb.
- 3. a) Various techniques of Endarterectomy. 5+5
 - b) Enumerate various shunts used and its advantages and disadvantages.
- 4. a) Outline clinical feature and management options for iliofemoral DVT. 6+4
 - b) Comment upon ATTRACT trial.
- 5. a) Classification of vascular malformations. 3+3+4
 - b) Indication of intervention.
 - c) Endovascular management of AVM.
- 6. a) Rutherford classification of acute limb ischemia. 3+4+3
 - b) Clinical workup of acute limb ischemia.
 - c) Endovascular options for management of class 1 acute limb ischemia.
- 7. a) Types and causes of Endoleak. (3+3)+4
 - b) Management in infrarenal EVAR.
- 8. Uses of: 5+5
 - a) IVC filter.
 - b) Cerebral protection devices.
- 9. a) Criteria for diagnosis of TAO. 4+3+3
 - b) Outline the medical management options for TAO.
 - c) Outline the surgical management options for TAO.
- 10. a) Retrograde cerebral perfusion. 3+4+3
 - b) Various types of guidewires.
 - c) Hybrid surgery.
