SURGICAL GASTROENTEROLOGY PAPER-III

Time: 3 hours GIS/D/20/46/III

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 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:

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1.	a) Indocyanine green in surgical gastroenterology.b) Anorectal manometry.	5+5
2.	a) Define sensitivity, specificity, relative risk and odds ratio.b) Informed consent in the setting of a clinical trial.c) Why are clinical trials required to be registered?	4+3+3
3.	a) Tight control of blood sugar levels improves outcomes in critical care patients: Critique.b) Surviving sepsis guidelines in the context of postoperative patients.c) Non-specific ulcers of the small bowel.	4+3+3
4.	a) Hirschsprung's disease in adults: Evaluation and management.b) Retrorectal tumours: Outline the evaluation.	3+3+4
5.	Evaluation and surgical decision making in a 32-year-old female with steroid dependent ulcerative colitis for the past 12 years.	4+6
6.	a) Colonic diverticulosis: Classification.b) Etiology, evaluation and management of a patient presenting with complaints of passing faecal matter in the urine.	3+7
7.	a) Carcinoid syndrome.b) Parastomal hernia.	6+4
8.	a) Transanal total mesorectal excision.b) Habr-Gama approach for rectal cancer.	5+5
9.	Causes, evaluation and management of a 50-year-old patient who developed a fecal fistula 4 days after surgery for an enteric perforation.	2+3+5
10.	Evaluation and management options in a patient presenting with left sided colon cancer with liver metastasis.	4+6
