

National Board of Examinations

Question Paper Name :	DrNB Surgical Gastroenterology Paper3
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DrNB Surgical Gastroenterology Paper3

Group Number :	1
Group Id :	3271871355
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Group Marks :	100
Is this Group for Examiner? :	No
Examiner permission :	Cant View
Show Progress Bar? :	No

DrNB Surgical Gastroenterology Paper3

Section Id :	3271871358
Section Number :	1
Section type :	Offline

Mandatory or Optional : Mandatory

Number of Questions to be attempted : 10

Section Marks : 100

Enable Mark as Answered Mark for Review and Clear Response : Yes

Maximum Instruction Time : 0

Sub-Section Number : 1

Sub-Section Id : 3271871362

Question Shuffling Allowed : No

Is Section Default? : null

Question Number : 1 Question Id : 32718712602 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. A 26-year-female was operated for blunt trauma of the abdomen 3 weeks back. Two small segment small bowel resection and reconstruction was done. Now the patient has come with a 6 cm dehiscence of the abdominal wound with 390 ml faeculent output per day. She has also similar discharge per vaginum. She has a fever of 100 degree F and has lost 10 kgs weight over this period. Describe the algorithm of management and prognosis of this patient. [10]

Question Number : 2 Question Id : 32718712603 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) Risk of biases in RCTs. [5]

b) Steps in writing a systematic review: for example on “the role of TNF α inhibitors in Crohn’s disease”. [5]

Question Number : 3 Question Id : 32718712604 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

A 46-year-old menopausal lady presented with history of recurrent bleeding per rectum, tenesmus and significant weight loss over three months. Palpation per rectum revealed a partially obstructing growth starting from 5 cm from anal verge. It was bleeding on touch. Her haemoglobin was 6 gm percent. Describe the evidence based approach to the diagnosis, management and follow up algorithm of this patient. [10]

Question Number : 4 Question Id : 32718712605 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Write notes on the following colorectal conditions:

a) Role of anal manometry in surgical decision making. [3]

b) Sphincter preserving resections. [4]

c) Perineal approach to rectal prolapse. [3]

Question Number : 5 Question Id : 32718712606 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Write evidence based notes on the following problems in relation to Ulcerative Colitis (UC):

a) Role of emergency colectomy. [3]

b) Left sided colitis: Biology, surgical management and controversy. [4]

c) Restorative proctocolectomy in UC with malignancy of upper rectum. [3]

Question Number : 6 Question Id : 32718712607 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Describe the etio-pathogenesis, evidence based stepwise management and outcomes of perianal fistulizing Crohn's disease in a young adult female. [3+5+2]

Question Number : 7 Question Id : 32718712608 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Describe the steps of Laparoscopic completion proctectomy and IPAA in a patient of Ulcerative Colitis who had undergone laparoscopic subtotal colectomy and end ileostomy. Enumerate the management of early peri-operative complications. [7+3]

Question Number : 8 Question Id : 32718712609 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Classify the conditions in the abdomen that can lead to septic shock. Give an updated generalised approach to the evaluation and management of the septic shock in these patients from critical care point of view. [3+(3+4)]

Question Number : 9 Question Id : 32718712610 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Describe the technical steps to formulate "guidelines" for gastrointestinal diseases. Discuss the guideline/s for the management of an obscure GI bleed. [4+6]

Question Number : 10 Question Id : 32718712611 Question Type : SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Path breaking researches in colorectal cancers over last 10 years. [3]
- b) Recent recommendations in prophylactic use of antibiotics in abdominal surgery. [3]
- c) Scanning methods for insulinoma. [2]
- d) Principles of doing major GI Surgery in the aged. [2]