

# National Board of Examinations

**Question Paper Name :** DrNB Surgical Gastroenterology Paper3  
**Subject Name :** DrNB Surgical Gastroenterology Paper3  
**Duration :** 180  
**Total Marks :** 100  
**Display Marks:** No

**Maximum Instruction Time :** 0

**Question Number : 1 Question Id : 32718740714 Consider As Subjective : Yes**

**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) Discuss anatomy of anal sphincter complex. [3]  
b) Assessment of a patient with faecal incontinence with perineal tear following vaginal delivery. [3]  
c) Discuss surgical options for faecal incontinence. [4]

**Question Number : 2 Question Id : 32718740715 Consider As Subjective : Yes**

- a) Current status of bowel preparation in colorectal surgery. [4]  
b) Discuss strategies to reduce anastomotic leaks in colorectal surgeries. [4]  
c) Endovac therapy in anastomotic leaks. [2]

**Question Number : 3 Question Id : 32718740716 Consider As Subjective : Yes**

- a) Discuss the role of enterography and enteroclysis in inflammatory bowel diseases. [4]
- b) Role of surgery in ulcerative colitis in the era of biologicals. [4]
- c) Management of rectal/rectosigmoid stump after colectomy in emergency setting for ulcerative colitis. [2]

**Question Number : 4 Question Id : 32718740717 Consider As Subjective : Yes**

- a) Up to date management algorithm of a 3 cm long circumferential ulcero-proliferative growth starting from 5 cms proximal to anal verge. [5]
- b) Discuss the rationale of giving total neoadjuvant therapy (TNT) in carcinoma rectum. [5]

**Question Number : 5 Question Id : 32718740718 Consider As Subjective : Yes**

- a) Isolated terminal ileal / Ileo-caecal stricture – diagnosis and management. [4]
- b) Immunosuppression in small bowel transplantation. [2]
- c) Management of obscure overt small bowel bleeding. [4]

**Question Number : 6 Question Id : 32718740719 Consider As Subjective : Yes**

- a) Vascular anatomy and lymphatic drainage related to total mesocolic excision in right colon cancer. [5]
- b) Discuss minimally invasive approaches with steps for cancer in upper part of left colon. [5]

**Question Number : 7 Question Id : 32718740720 Consider As Subjective : Yes**

- a) Discuss any two recent landmark publications in foregut surgery. [6]
- b) ROC (Receiver Operating characteristic curve) and AUC (Area under the curve). [4]

**Question Number : 8 Question Id : 32718740721 Consider As Subjective : Yes**

- a) Role of artificial intelligence in GIT cancer screening. [5]
- b) Current status of stem cell therapy in GI disorders. [5]

**Question Number : 9 Question Id : 32718740722 Consider As Subjective : Yes**

- a) Discuss the concept of oligometastatic disease in gastrointestinal cancers. [5]
- b) Role of CRS plus HIPEC in colorectal malignancies. [5]

**Question Number : 10 Question Id : 32718740723 Consider As Subjective : Yes**

- a) Is FAPI – PET a game changer in cancers of digestive tract? [3]
- b) Spyglass cholangioscopy. [3]
- c) Role of different trans anal approaches to ano-rectal tumours. [4]