

VASCULAR SURGERY

PAPER-II

Time: 3 hours
Max. Marks:100

VS/J/20/33/II

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) Enumerate the collateral circulation in second part of subclavian artery occlusion. 5+5
b) Management of thrombus in the first part of subclavian artery with digital gangrene.
2. a) Classification of acute limb ischemia. 3+3+4
b) Diagnosis and investigations of acute limb ischemia.
c) Postoperative complications following revascularization in acute limb ischemia.
3. a) Pathogenesis of compartment syndrome. 3+3+4
b) Clinical features of compartment syndrome.
c) Fasciotomy techniques of calf and forearm.
4. a) Enumerate the causes of non-atherosclerotic popliteal artery disease. 4+6
b) Treatment options for popliteal artery entrapment syndrome.
5. a) Dysphagia lusoria. 5+5
b) Management of Kommerell's diverticulum.
6. a) Non operative methods of treating critical limb ischemia. 6+4
b) Arterial assist pneumatic compression in management of critical limb ischemia.
7. a) Management of recurrent carotid stenosis. 4+3+3
b) Indications for carotid endarterectomy.
c) Exposure for high carotid bifurcation lesions.
8. a) Cockett's syndrome. 5+5
b) Role of intravascular ultrasound in management of non-thrombotic iliac vein lesions.
9. a) In-situ vein graft technique. 5+5
b) Upper limb veins for infra-inguinal revascularization .
10. a) Pathophysiology of spinal cord ischemia. 5+5
b) Various intraoperative monitoring methods in patients undergoing aortic surgery.
