

PERIPHERAL VASCULAR SURGERY

PAPER-III

PVS/D/18/33/III

Time: 3 hours
Max. Marks:100

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. How do you measure radiation exposure? What are the current recommendation for radiation safety? Discuss REVAR study. 3+3+4
2. Discuss the following regarding endovascular management of superficial femoral artery (SFA): 5+5
 - a) Recent stent design development.
 - b) Outcomes of SFA stenting.
3. Draw the zones of the aortic arch in relation to EVAR. Discuss SVS guidelines regarding covering of left subclavian artery (LSCA). What are the option for revascularization of LSCA? 3+3+4
4. What are the types of thrombectomy devices used in management of acute DVT? Discuss ATTRACT trial. 4+6
5. With regards to guide wires in endovascular practice: 3+3+4
 - a) How are they classified with examples?
 - b) Indication for usage of each wire.
 - c) Current advances in guide wires.
6. a) Pre-operative evaluation of a case of carotid artery stenosis planned for CEA. 5+5
b) Discuss usefulness of various techniques used for completion assessment after carotid endarterectomy.
7. Operative strategies in management of ruptured abdominal aortic aneurysm. 10
8. Discuss the role of: 5+5
 - a) Screening for abdominal aneurysm.
 - b) Internal iliac artery preservation in the management of aorto-iliac aneurysms.

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9. List the classes/types of cerebral embolic protection (CEP) devices. What are the properties of an ideal CEP device? Draw the MICH device. Discuss CREST trial. 3+2+2+3
10. Current concepts in the risk assessment and management of diabetic foot. 5+5
