

SURGICAL GASTROENTEROLOGY

PAPER-III

GIS/D/18/46/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. a) Key elements of a randomized controlled trial. 3+4+3
b) How is blinding different from allocation concealment?
c) What do you understand by post-hoc analysis?
2. a) Evaluation of a patient with acute severe necrotizing pancreatitis 5+5
presenting in the first 2 weeks of illness.
b) Outline the approach to such a patient with early onset organ failure.
3. a) Outline the evaluation of a patient with suspected Crohn's disease of 5+(3+2)
the small bowel.
b) What are the indications for surgical management in such a patient
and the possible surgical procedures?
4. Extralevator abdominoperineal excision: Outline the steps of the 3+4+3
procedure, discuss its role and the pros and cons.
5. Management of a patient with familial adenomatous polyposis syndrome 10
who has a cancer of the mid transverse colon.
6. Explain specificity, sensitivity, positive predictive value, negative 2+2+2+2+2
predictive value and diagnostic accuracy in the context of using PET
scan in patients with cancer gall bladder.
7. Outline the diagnosis and management of a patient with abdominal 5+5
tuberculosis.
8. Outline the management options of a patient with mid-third rectal cancer 10
rectum with a solitary metastasis in segments 5 & 6 of the liver.
9. Enhanced recovery after surgery (ERAS) protocols in the context of 10
colorectal surgery.
10. a) Nerve supply to the rectum and anal canal. 4+(3+3)
b) Explain the sites of injuries and technique of avoiding injuries to these
nerves during anterior resection.
