

Marks

4

1. List **EIGHT** factors that can predispose to ischemic colitis following open infrarenal aortic surgery.

Model Answer

(0.5 marks each, total 4 marks)

- Ligation of IMA
- Rupture AAA
- Hypotension
- Pre-existing mesenteric occlusive disease (eg. SMA disease)
- Retraction injury
- Previous bowel resection
- Patent IMA with low "bleed-back" pressure
- Inadequate revascularization of internal iliacs

Marks

6

2. List **SIX** techniques to facilitate the exposure of a high carotid bifurcation during carotid endarterectomy.

Model Answer

(1 mark each, total 6 marks)

- Nasotracheal as opposed to orotracheal intubation
- Division of the posterior belly of the digastric muscle
- Resection of the styloid process
- Anterior subluxation of the mandible
- Complete vertical osteotomy of the vertical ramus of the mandible
- Separation of the mandible to expose the ICA
- Division of the occipital branch

Marks

4

3. List **FOUR** findings on venous duplex ultrasonography that suggest that a deep venous clot is chronic (versus acute).

Model Answer

(1 mark each, total 4 marks)

- Hyperechoic thrombus (vs hypoechoic)
- Heterogenous thrombus (vs homogenous)
- Lumen not compressible (vs compressible)
- Contracted lumen diameter (vs dilated)
- Thickened, irregular vein wall (vs smooth)
- Prominent collateral veins (vs absent collaterals)

4. The Cardiovascular Outcomes in Renal Atherosclerotic Lesions (CORAL) study, a randomized controlled trial published in 2014, compared renal artery stenting plus best medical therapy versus best medical therapy alone in patients with renal artery stenosis.

a) What were the study's inclusion criteria?

b) What were the study's outcomes over the 5-year study period with respect to:

i) The primary composite endpoint (death, myocardial infarction, stroke, congestive heart failure, progressive renal insufficiency, dialysis):

ii) Blood pressure control:

iii) Renal function:

Marks

3

1

1

1

Model Answer

a) (1 mark each, total 3 marks)

- RAS >80% or >60% with 20 mmHg pressure drop (will accept >60%) (ACCEPT "severe stenosis")
- uncontrolled HTN (>155 mmHg) on 2 or more meds or
- or GFR <60

b) (1 mark each, total 3 marks)

- Primary composite endpoint: NO DIFFERENCE
- BP control: NO DIFFERENCE IN NUMBER OF MEDS, MODEST (-2.3 mmHg) drop in BP in stent group (will accept NO DIFFERENCE)
- Renal function: NO DIFFERENCE

	Marks
<p>5. A 68-year-old retired man is referred to your office with stable 200-metre claudication. Clinical examination and noninvasive studies are consistent with left superficial femoral artery (SFA) occlusive disease. He inquires about endovascular therapy.</p> <p>a) List FOUR lesion characteristics that influence outcomes for infrainguinal endovascular therapy.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	2
<p>b) List FOUR clinical determinants that influence outcomes for infrainguinal endovascular therapy.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	2

Model Answer
<p>a) (0.5 mark each)</p> <ul style="list-style-type: none"> - Lesion location (SFA better than tibial) - Lesion length (< 10 cm) - Focal vs. Multifocal - Stenosis vs Occlusion <p>b) (0.5 mark each, maximum 4 marks)</p> <ul style="list-style-type: none"> - Gender (Male > female) - Runoff status - Diabetes - CRF - Critical limb ischemia - Recurrent stenosis