



# Question 8

GENERAL SURGERY

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# Marking Schema

1. Caecal volvulus (Bowel obstruction is not acceptable)
2. 5 of the following:
  - Large bowel dilatation - caecum
  - Maintenance of colonic haustral pattern
  - Lack of distal colonic gas
  - Distended small bowel loop
  - Paucity of air-fluid levels (cf. to sigmoid volvulus - often multiple)
  - Accept closed-loop or complete obstruction



# Marking Schema

## 3. Four of the following:

- Surgical referral for right hemicolectomy if ischaemia otherwise decompression
- Accept gastroenterology referral for colonoscopic decompression if poor surgical candidate (but not two marks for both) but must have this reason
- Analgesia - Opiate with appropriate dosing
  - e.g. Morphine 2.5 mg IV prn
  - e.g. Fentanyl 25 mcg IV prn
- Antiemetic - Ondansetron 4-8mg IV TDS or Metoclopramide 10-20mg IV QID
- Fluid resuscitation given obstruction and sequestration
- Accept 500-1000ml of normal saline or CSL with repeated amounts to 2L (accepting volume loss may be higher)
- Accept nasogastric tube as vomiting (controversial for GASTRIC volvulus)



# General Feedback

1. Most are writing way too much – LIST is usually 1 or 2 words.
  - No extra marks for saying same thing with more words!!
2. Don't write two answers on one line
  - Example: Analgesia morphine 2.5mg IV and Antiemetic metoclopramide 10mg IV
  - You get one mark for the first answer if correct and then examiners **MOVE DOWNWARDS IGNORING EVERYTHING TO THE RIGHT**
3. Don't leave blank lines in the exam **EVER**
  - No negative marking means good exam technique would be to GUESS!