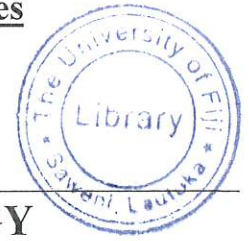




FINAL EXAMINATION PAPER



OBGY 603: OBSTETRICS and GYNECOLOGY

Important Instructions to Students:

1. Read the questions, and instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes of reading time** (during this time, you are not allowed to write with a pen) and **180 minutes (3 Hours) to complete this paper**.
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask the supervisor. Write your name, course code, and student identification number in the answer booklet and the attendance sheet.
5. This paper contains three (3) sections A, B, and C. All questions are compulsory to answer **except** section A choices.
6. Write all your answers legibly. The marker has the right to award a zero for answers that are not legible.
7. This is a **Closed Book Examination**. The University views plagiarism, cheating, and dishonest practice as serious offenses and if found, offenders are penalized.

Examination Paper Content (Format):

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
A	1-20	Multiple Choice x 2	40	60 minutes
B	21-25	Matching questions x2	10	30 minutes
C	26-30	Essay	50	90 minutes
		TOTAL	100	180 Minutes

DIRECTION: Choose the best answer. Write your final answer Capital letters in the answer sheet provided.
Section A: Multiple Choice Questions marks: 50 points. Each question times 2.

1. In which of the following clinical scenarios would you cross-match blood:
 - A. Admission of a 24-year-old P1G2 at term in labour with SROM 4 hrs ago.
 - B. Admission of a 24-year-old P1G2 at term in labour with SROM 4 hours ago who had a caesarean section in her first pregnancy.
 - C. Admission of a 24-year-old P0G1 at term in labour with SROM 6 hours ago.
 - D. All of the above.
 - E. B and C

2. In which of the following scenarios would you do a blood group and hold serum in the blood bank?
 - A. All admissions to the labour ward.
 - B. All admissions to the antenatal ward.
 - C. All admissions to the gynaecology ward
 - D. All of the above
 - E. A and b

3. In which circumstances will you send an MSU to the microbiology lab for urine microscopy, culture, and sensitivity?
 - A. A patient presenting with dysuria and urinary frequency.
 - B. A patient who has a urinary catheter removed lost operatively.
 - C. A patient who has loin tenderness.
 - D. All of the above.
 - E. A and B

4. A patient returns to the ward after a hysterectomy. The nurse calls you to say she is worried about her observations. His BP is 90/60, PR is 60bpm and RR is 12 breaths per minute. She is drowsy.
 - A. This patient is hypotensive and urgently needs to have IV resuscitation.
 - B. These observations are probably normal. She needs to have her urine output checked and observations repeated hourly.
 - C. These observations are consistent with post-operative sedation and routine post-operative observations are required.
 - D. These observations are difficult to interpret and must be escalated to the registrar.
 - E. None of the

5. You are seeing a 22-year-old G1P0 in the antenatal clinic for a routine clinic review at 32 weeks age of gestation. Her BP has been recorded as 140/90, repeat BP was 130/85. Her booking BP was 120/80. She has bilateral ankle oedema and is asymptomatic not complaining of a headache or any visual symptoms. She has no epigastric pain or liver tenderness:
 - A. She needs to be checked for proteinuria using a dipstick.

- B. She needs to be checked for proteinuria by sending an MSU to the lab.
 - C. She needs to be checked for proteinuria by boiling urine.
 - D. She needs a 24-hour urine protein estimation conducted.
 - E. None of the above.
6. You are the intern admitting a 24 yr. old para 1 gravida 2, patient with painless vaginal bleeding and is known to have grade 4 placenta praevia. Her gestational age is 34 weeks by a 17-week scan. Of the following which is the most important first step in your management? Remember you are the intern admitting the patient!
- A. A full history and examination given the diagnosis of placenta praevia.
 - B. A speculum exam to assess to amount of bleeding.
 - C. Inserting a large bore cannula to gain venous access and sending blood for urgent cross-match.
 - D. An urgent ultrasound scan to confirm the diagnosis and exclude placenta accreta
 - E. An urgent caesarean section
7. You are the intern admitting a G3 P2 for an elective caesarean section at term. She has had 2 previous caesarean sections. Which of the following is/are critical risk management assessments?
- A. Localisation of the placenta.
 - B. Assessment of foetal lung maturity.
 - C. Chest x-ray to exclude any lung pathology in case she has general anaesthesia.
 - D. Scan to establish foetal lie and presentation.
 - E. All of the above.
8. You are the intern for labour ward. There is a prolonged deceleration on a CTG of a labouring mum. Which of the following emergencies is the most likely cause?
- A. Ruptured uterus.
 - B. Placental abruption.
 - C. Poor uterine contractions.
 - D. Cord prolapses.
 - E. Foetal cardiac anomaly.
9. You are the intern working in the post-natal ward. You are managing a mum who had a normal vaginal delivery 24 hrs ago of a well-term male infant. Her membranes had been ruptured for 18 hours. You note that she has a temperature of 38deg C. Which of the following would be the most likely cause of her fever?
- A. Mastitis
 - B. DVT
 - C. Endometritis
 - D. UTI
 - E. All of the above

10. Cardiotocography is used extensively in obstetrics. Which of the following statements describes its value best?
- A. It is good for diagnosing foetal hypoxia.
 - B. It is good for diagnosing foetal death in utero.
 - C. It is good for preventing cerebral palsy.
 - D. It is not very useful in managing low-risk pregnancies.
 - E. Its best value is in managing twin pregnancies.
11. Which of the following statements is the best justification of a 4-point blood sugar assessment in pregnancies complicated by diabetes?
- A. It is used when a sliding scale is required for monitoring insulin dosage.
 - B. It is used when a GTT cannot be done.
 - C. It is used when HbA1C estimation is not available.
 - D. It is used as a screening tool for GDM.
 - E. It is the best tool available for monitoring glycaemic control.
12. Accurate dating of a pregnancy is best approximated from
- A. The LMP.
 - B. A dating scan was done at booking.
 - C. Dating scan performed before 18 weeks' gestation.
 - D. An accurate estimation of quantitative beta HCG level
 - E. A correlation between the onset of morning sickness and the LMP.
13. Early booking for antenatal care is advised because:
- A. One can accurately determine the EDC.
 - B. The foetus is most at risk of developing congenital syphilis in the first trimester.
 - C. One can prevent trisomy.
 - D. Gestational diabetes mellitus can be diagnosed.
 - E. A, B & D
14. A 60-year-old obese, diabetic woman has an episode of PV bleeding which she describes as period-like. Her menopause was at the age of 52.
- A. The most likely diagnosis is cervical cancer.
 - B. Endometrial cancer should be excluded.
 - C. A negative pap smear would exclude the possibility of gynecological cancer.
 - D. A spontaneous ovulatory cycle was the most likely cause of the period like bleeding.
 - E. If the bleeding has settled and the cervix looks normal, and she is well she should be advised to lose weight and be compliant with her diabetic medication and return for review if there is a recurrence of the bleeding.
15. Which of the following drugs does NOT impact uterine contractility?
- A. Nifedipine
 - B. Metoprolol.

- C. Progesterone
 - D. Salbutamol
 - E. Alcohol
- 16.** On reflecting about a vaginal delivery and perineal trauma which of the following statements about the female perineum is correct.
- A. The perineal body lies between the posterior aspect of the vaginal introitus and the anterior anal verge and is crucial in maintaining faecal continence.
 - B. The external anal sphincter has no attachments to the perineal body.
 - C. The integrity of the external anal sphincter can be determined by performing a digital anal examination.
 - D. An episiotomy reduces the risk of faecal incontinence.
 - E. Urinary retention is NOT associated with perineal trauma.
- 17.** A 15-year-old girl presents with heavy uterine bleeding with a haemoglobin of 6gm/dl. She had her menarche at the age of 12 and has had irregular cycles since. She denies having had sexual intercourse.
- A. the most likely diagnosis is Von Willebrand's disease.
 - B. this is most likely to be a complication of pregnancy.
 - C. This is most likely due to anovulatory menstrual cycles.
 - D. A blood transfusion will settle her abnormal uterine bleeding.
 - E. She needs an endometrial sampling to exclude malignancy.
- 18.** Medical ethics principles include autonomy, beneficence, non-maleficence, and justice. Which of the following statements is/are correct?
- A. If you administer a drug without being aware of its dosage and its side effects you would be breaking the principle of non-maleficence.
 - B. If you refrain from subjecting patients to unnecessary investigations, you would be practicing beneficence.
 - C. By involving patients in choosing their management options you are respecting their autonomy.
 - D. The concept of justice is about treating all patients equally.
 - E. All of the above.
- 19.** Showing respect to patients involves the following:
- A. Being firm about compliance with your management plan.
 - B. Recognising that your medical expertise is the main reason the patient has come to see you.
 - C. Listening attentively to the patient's story.
 - D. Ensuring that your clinical presentation on handover rounds is done well.
 - E. All of the above.
- 20.** As an intern your main function is to:
- A. Ensure patients that you are looking after get treated according to best practice guidelines.

- B. Make sure the nursing staff and the registrars are happy with your work.
- C. Understand the patient's clinical journey whilst they are in the hospital and facilitate their care in the best way you can.
- D. Ensure that you know the clinical details of your patients at handover rounds.
- E. All of the above.

Section B: Matching questions. You will be given 5 provisional diagnoses A to E followed by 5 clinical scenarios 21 to 25. For each clinical scenario choose the most likely diagnosis. **(10 marks)**

Column A:

- A. Incomplete miscarriage
- B. Threatened miscarriage.
- C. PID
- D. Ectopic pregnancy
- E. Ruptured corpus luteum.

Column B

- 21. A 23-year-old woman with 6 weeks of amenorrhoea with pv spotting, a closed cervix, and an ultrasound scan showing an intrauterine gestational sac. (2 marks)
- 22. A 23-year-old woman at 6 weeks of amenorrhoea with PV spotting, an open os, and a tender uterus. Her temperature is 38 degrees centigrade. (2 marks)
- 23. A 23-year-old woman with a history of PID who now is 6 weeks amenorrhoeic on a background of an irregular menstrual cycle who has constant lower abdominal pain worse on movement. She has postural hypotension on standing up. (2 marks)
- 24. A 23-year-old woman with a history of PID who comes after experiencing acute right-sided lower abdominal pain during intercourse. There is no vaginal discharge or bleeding. Her temp is 36.8 degrees C. On examination, she has guarding of the right lower quadrant of the abdomen. A bimanual vaginal exam reveals unilateral pain in the right adnexa on moving the cervix. Beta HCG excludes a pregnancy. A scan shows a complex mass in the right adnexa of about 3cm in diameter. There is free fluid in the pouch of Douglas. (2 marks)
- 25. A 23-year-old woman who looks unwell, complains of severe lower abdominal pain, yellowish PV discharge, and an uncertain LMP. Her temp is 38.5 degrees C. Her WCC is 14,000, Hb is 10.5 and her pregnancy test is negative. (2 marks)

Section C: Short notes: 50 marks

- 26. Write short notes on the use of a partogram in managing labour addressing the following: (10 marks)
 - A. What foetal and maternal observations are recorded on the partograph. (6 marks)
 - B. What is the alert line? (2 marks)
 - C. What is the action line? (2 marks)
- 27. Write short notes on your discharge plan for a woman you are discharging from the

gynaecology ward after a miscarriage. (10 marks)

- 28.** Write short notes about your discharge plan for a woman you are discharging from the gynaecology ward after a salpingectomy for a ruptured ectopic pregnancy. (10marks)
- 29.** Write short notes about your discharge plan for a patient you are discharging from the postnatal ward after a 3rd-degree perineal tear. (10marks)
- 30.** Write short notes about how you as an intern in your O&G term would reduce the risk of deep vein thrombosis in post-operative patients. (10marks)

