



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain
Reg No 1955/000003/08

Examination for the Subspecialty Certificate in Gastroenterology of the
College of Surgeons of South Africa

28 July 2017



1 Paper Only

(3 hours)

Each question to be answered in a separate book (or books if more than one is required for the one answer)

1 **Please note Question 1 is compulsory**

- a) Write short notes on the role of endoscopy in HIV associated diarrhoea. (25)
 - b) Write short notes on high output stoma syndrome (ileostomy dysfunction) and its management. (25)
 - c) Write short notes on the principles of safe conscious sedation. (20)
 - d) Write notes on endoscopy in patients on anticoagulant or antiplatelet therapy. (30)
- [100]

Please answer either Question 2A or 2B

- 2 A Regarding gallbladder cancer
- a) Briefly discuss the risk factors and pre-malignant conditions for gallbladder cancer. (20)
 - b) Discuss the TNM staging of gallbladder cancer. (20)
 - c) A 61-year-old previously healthy female is referred to you with an incidental finding of a gallbladder cancer on a laparoscopic cholecystectomy specimen. The pathologist reported an infiltrating moderately differentiated adenocarcinoma that breaches the serosa and extends into the peri-serosal fat. Review of the histology shows the tumour to be on the hepatic side of the gallbladder and high grade dysplasia is noted in the area where the cystic duct was divided
 - Discuss the work-up of this patient. (20)
 - Assuming that work-up does not show any findings suggestive of metastatic disease, describe in detail your surgical management of this patient. (30)
 - d) Discuss the role of neo-adjuvant and adjuvant treatment in patients with gallbladder cancer. (10)
- [100]
- B Regarding anastomotic leakage in rectal surgery
- a) What is the incidence of anastomotic leakage in rectal surgery? (3)
 - b) Categorise and describe risk factors for anastomotic leakage in rectal surgery. (27)
 - c) What intra-operative surgical techniques are useful to reduce the risk of anastomotic leakage in rectal surgery? (15)
 - d) Describe your approach to management of an acute leak after an anterior resection of the rectum. (30)

- e) The chronic pre-sacral sinus
- i) Define the term – chronic pre-sacral sinus. (5)
 - ii) Describe strategies to heal a chronic pre-sacral sinus. (20)
- [100]

Please answer either Question 3A or 3B

- 3 A A 46-year-old male with a long history of alcohol abuse presents with a 4 year history of recurrent epigastric pain that is radiating to his back. The pain has become increasingly difficult to control with analgesics and he has recently been placed on opioid analgesia. He has been an insulin dependent diabetic for 12 months but he has no clinical evidence of exocrine insufficiency. An abdominal x-ray demonstrates multiple calculi in the area of the pancreas. You suspect the cause of his pain is Chronic Pancreatitis
- a) Discuss your investigation of this patient. (15)
 - b) Discuss the role of non-surgical management in this patient. (30)
 - c) What are the indications and timing of surgery in a patient with Chronic Pancreatitis. (25)
 - d) Discuss the operative management of a patient with chronic pancreatitis presenting with pain. (30)
- [100]
- B Regarding large bowel obstruction
- a) Discuss the aetiology and differential diagnosis of large bowel obstruction and the role of special investigations. (30)
 - b) Tabulate the different treatment options for malignant large bowel obstruction and a typical scenario in which each treatment option might be used. (40)
 - c) Write notes on the diagnosis, management and complications of colonic pseudo obstruction. (30)
- [100]

Please answer either Question 4A or 4B

- 4 A In regard to oesophageal motility disorders
- a) Discuss how you would investigate someone who you suspect has such a disorder. (15)
 - b) Briefly discuss the clinical presentation and aetio-pathogenesis of achalasia. (20)
 - c) Briefly discuss the Chicago Classification of oesophageal motility disorders with the emphasis on achalasia. (15)
 - d) Discuss the different treatment options available for achalasia with advantages/disadvantages of each. (50)
- [100]
- B Regarding Parastomal hernias
- a) Discuss the incidence, risk factors and complications. (10)
 - b) Discuss methods that can be used to prevent these hernias. (35)
 - c) Discuss indications for repair. (15)
 - d) Describe techniques that can be used for their repair. (40)
- [100]