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- **Cardiac Surgery Review is for Residents and junior staff of Cardiac Surgery**
  - **It is usually held every other week**
  - **The aim is education for the cardiac surgery team**
  - **This is an example of one such review**



# **Cardiac Surgery**

## **Review 10**

1- A patient underwent closure of a secundum type ASD. At operation a persistent Left SVC was noted that was separately cannulated for bypass. The ASD was closed with a pericardial patch. Upon weaning from CPB systemic desaturation is noted. A likely cause is:

- A- Anomalous hepatic venous drainage
- B- Anomalous pulmonary venous drainage into the R SVC
- C- Coronary sinus septal defect
- D- Pulmonary valve stenosis
- E- VSD

2-Venous air embolism is potentially fatal because it can cause RV outflow obstruction. The amount of air than can lead to that is:

A-  $> 10$  cc/kg

B-  $> 3$  cc/kg

C-  $> 7$  cc/kg

D-  $> 5$  cc/kg

E-  $> 1$  cc/kg

3-The most common mechanical complication of transmural myocardial infarction is:

A- Transient MR

B- VSD

C- Papillary muscle rupture

D- Unlisted here



5- Echocardiographic findings of cardiac tamponade include each of the following EXCEPT:

- A- Dilated inferior vena cava with lack of inspiratory collapse
- B- Increased reversal of flow in the hepatic veins during atrial systole
- C- Increased superior vena caval flow during diastole
- D- Right ventricular collapse in early diastole
- E- Right atrial collapse in late diastole

**A 24 year old man sustained a witnessed cardiac arrest while playing football. Evaluation included an exercise stress test which was negative for ischemia or arrhythmias, an electrophysiologic evaluation which revealed no inducible arrhythmias, and an echocardiogram which showed normal left and right ventricular function. A coronary angiogram frame is shown. Proper management is**

- A -Amiodrone therapy.**
- B -Coronary bypass surgery.**
- C -CABG and amiodarone therapy.**
- D -Internal cardiac defibrillator implantation.**
- E -Percutaneous coronary angioplasty.**



4- A patient develops pulmonary wheezing, tachypnea and tachycardia during placement of a CVP catheter. Physical exam reveals a mill wheel churning murmur. The most appropriate positioning of the patient is:

A- Bolt upright

B- Left lateral decubitus and head up

C- Left lateral decubitus and head down

D- Right lateral decubitus and head down

E- Right lateral decubitus and head up4



## **The direction of an intracardiac shunt at the atrial level is controlled by:**

- A. The size of the defect
- B. The compliance of the right and left ventricles.
- C. The systemic oxygen saturation.
- D. Right atrial pressure.
- E. The presence or absence of an associated ventricular septal defect (VSD).

Which of the following arteries is least likely to be involved with serious atherosclerosis?

A The right coronary artery.

B The left main coronary artery.

C The anterior descending coronary artery.

D The circumflex coronary artery.

Ventilator-associated pneumonia is effectively prevented by

**A-Continuous subglottic suctioning**

**B-Routine changes of ventilator circuits**

**C-Chest physiotherapy**

**D-Closed multiuse suction catheters**

**E-Kinetic beds**