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Questions and answers

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Preguntas y respuestas

Fernando Raffán-Sanabria^{a,b}

^a Fundación Santa Fe de Bogotá University Hospital, Bogotá, D.C., Colombia

^b Bosque University and Los Andes University, Bogotá, D.C., Colombia

- It is true that in pharmacokinetic models for the administration of total intravenous anesthesia with Propofol:
 - The Marsh model uses patient age and body weight
 - The Schneider model uses body weight only
 - The March model includes lean body mass
 - The Schneider model includes height and lean body mass
- In the Mosquera-Dussan et al. study comparing two propofol pharmacokinetic models:
 - No evidence was found of significant differences in the mean variance of the spectral entropy indices associated with state entropy models or with response entropy
 - Evidence was found that the Schneider model provides a better evaluation in terms of stability of the depth of anesthesia
 - No marked differences were observed in the velocity constants between the two models
 - A and B are true
- In the Bocanegra-Rivera and Arias-Botero retrospective study on the characterization and analysis of adverse events in medical-legal processes involving anesthesiologists and managed by FEPASDE, the following findings were made, except for:
 - Most of the events occurred under regional anesthesia and in ASA II patients
 - Approximately 18% of the events took place at the post-anesthesia care unit
 - The most frequent events were cardiovascular
 - The adverse event-associated specialty with the largest number of claims was general surgery, with approximately 20%
- It is true that in terms of the characteristics of the patients that experienced anesthesia-related adverse events in the previous study:
 - Most were males (66%).
 - Approximately 50% of the patients were ASA I
 - 65% of the patients presented more than one comorbidity
 - Approximately 15% of the events were related to a difficult airway
- In the paper by González-Cárdenas, Salazar-Ramírez and Coral-Sánchez on residual relaxation of patients aged over 65, they found that:
 - At admission to the recovery room, the incidence was close to 30%
 - The clinical criterion with the highest positive predictive value during pre-extubation was speaking without any difficulty
 - At admission to the recovery room, the most sensitive criterion was the presence of apnea
 - Pre-extubation residual relaxation was close to 23%

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6. With regards to the Richmond sedation-agitation evaluation scale validated in Colombia, it is true that:
- It comprises the evaluation of 10 variables
 - A score of +3 corresponds to an overtly combative or violent patient
 - The patient with a score of -3 do not respond to voice but do respond to physical stimulation
 - A score of +2 corresponds to a restless, anxious, or fearful patient but with no aggressive or vigorous movements
7. About the optimal length of insertion of the orotracheal tube in adults, all of the following statements are true, except for:
- The formula described by Gómez et al. discriminates sex and height
 - The patient age is not used as a variable
 - The only variable used is the height of the patient
 - The general recommendation is that the distance from the tip of the tube to the carina shall be 3 cm in adults
8. It is true that congenital heart disease with truncus arteriosus:
- Is a complex heart disease representing between 1 to 3% of all heart diseases
 - If left uncorrected, less than 20% of those patients will survive the first year of life
 - Develops severe pulmonary hypertension if not corrected promptly
 - All of the above
9. All of the following statements are true for Prader-Will syndrome, except for:
- It is the main cause of obesity associated with a genetic syndrome
 - The mortality rate of patients over 30 years old is close to 30%
 - The second phase of the disease (from 2 to 5 years of age) is characterized by hypogonadism, mental retardation, and obesity
 - Presents impaired ability for intraoperative temperature regulation
10. With regards to pulmonary thromboembolism, the following is true:
- It is strongly and directly correlated with age
 - Approximately 2% develop pulmonary hypertension
 - For the diagnostic and therapeutic approaches, the clinical guidelines suggest classifying the patient into four categories:
 - All of the above
11. In a patient with pulmonary thromboembolism with intermediate-high risk:
- Systemic thromboembolic therapy may be considered
 - The pulmonary blood flow is not restored promptly
 - Is associated with major bleeding in up to 20% of the cases
 - Only A & C are true
12. The definition of intraoperative hypothermia is moderate when the temperature is:
- Below 36 °C and over 35.2 °C.
 - Below 35 °C and over 33.9 °C.
 - Below 35.9 °C and over 34 °C.
 - Below 35 °C and over 33.5 °C.

Answers

- d.
- a.
- a.
- b.
- d.
- a.
- c.
- d.
- b.
- d.
- d.
- b.

Reference

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