Each stem must be answered with true or false. Each stem carries one mark. There will be no negative marking.

1. ASRA recommendation regarding epidural catheter removal
    a) It should be removed in unwitnessed disconnect of more than 8 hours.
    b) It can be removed in patient with an INR of >1.5
    c) It should be removed when distal menisci has migrated > 5 inches (non static fluid state) from the disconnected end
    d) Can be safely removed within twelve hours after the last inadvertent therapeutic dose of LMWH.
2. ASRA recommendation for neuraxial anaesthesia states
    a) After a traumatic neuraxial puncture, LMWH should be withheld for 12 hours .
    b) Clopidogrel should be stopped for at least 7 days prior to neuraxial blocks .
    c) Ticlopidine should be stopped for at least 10 days prior to neuraxial blocks.
    d) An interval of three days after Rivaroxaban for Epidural insertion.
3. Regarding neuraxial anaesthesia in febrile and infected patients, the practice advisory is .
    a) Except in the most extraordinary circumstances, central neuraxial block should not be performed in patients with untreated systemic infection.
    b) spinal anaesthesia should not be performed in patients with risk of low grade transient bacteremia after dural puncture.
    c) Spinal anaesthesia can be safely provided to patients with secondary Herpes Simplex type 2 for LSCS.
    d) Patients with evidence of systemic infection may safely undergo spinal anesthesia, provided appropriate antibiotic therapy is initiated before dural puncture and the patient has shown a response to therapy.

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4. Regarding ankle block
    a) The Tibial nerve supplies the sole of the foot .
    b) The Sural nerve is formed from branches of the saphenous nerve .
    c) The Superficial Peroneal nerve supplies the web space between the first and second toe.
    d) The saphenous nerve supplies the medial aspect of the ankle joint.
5. Regarding Median nerve
    a) It lies mostly lateral to the axillary artery in the upper part of upper arm.
    b) It lies medial to the brachial artery in the cubital fossa.
    c) It supplies the flexor muscles in the anterior compartment, part of flexor Digitorum Profundus in the forearm but not Flexor Carpi Ulnaris .
    d) Stimulation of median nerve in upper arm causes extention at wrist.
6. Regarding local anaesthetics
    a) Lignocaine and tetracaine are both amides.
    b) Bupivacaine and mepivacaine are both amides.
    c) Procaine and amethocaine are metabolized to Para-aminobenzoic acid.
    d) Optical isomers are mirror images which can be superimposed on each other.
7. In muscle plane block,
    a) Local anaesthetic is deposited between Pectoralis major and Pectoralis minor muscle in PEC 1 block.
    b) Local anaesthetic is deposited between external oblique and internal oblique muscle in TAP block.
    c) Local anaesthetic is deposited between Adductor longus and adductor brevis to block anterior division of obturator nerve.
    d) Local anaesthetic is deposited under the anterior border of sternocleidomastoid muscle to block superficial cervical plexes.

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8. About rheobase and chronaxie
    a) Rheobase is the minimum current required to stimulate a nerve.
    b) Chronaxie is the minimum time required for an electric current double the strength of the rheobase to stimulate a muscle or a neuron.
    c) Chronaxie of A-alpha fibers is longer than c fibres.
    d) In diabetic patients, chronaxie gets prolonged.
9. About peripheral nerve stimulation
    a) the relationship between the stimulus intensity and the distance from the nerve is governed by Coulombs law: E=K (Q/r2) where E is the current required, K a constant, Q the minimal current, and r the distance.
    b) Stimulation at less than 0.2 ma is safe for performing nerve block.
    c) A frequency of 2 HZ is better than 1 HZ.
    d) Nerve stimulators are designed to be constant current generator.
10. Pertaining to neurological complications after neuraxial anaesthesia
    a) Highest incidence of Transient neurologic symptoms has been seen with intra-thecal Bupivacaine.
    b) Anterior spinal artery syndrome is seen most often in elderly, onset is acute with patchy sensory involvement and flaccid paralysis.
    c) Cauda Equina Syndrome is characterized by loss of bowel, bladder control and erectile dysfunction.
    d) In epidural abscess there is fever, raised TLC and spastic paralysis followed by flaccid paralysis.

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Answers

1	T	F	T	F
2	F	T	T	T
3	T	F	T	T
4	T	F	F	T
5	T	T	T	F
6	F	T	T	F
7	T	F	T	F
8	T	T	F	T
9	T	F	T	T
10	F	T	T	F

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