"CONFIRM"
Chief of Department of
General Surgery and Semiology nr.3
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TESTS
for examination in general surgery and semiology (2022-2023 yy)
Semester 1

1. CM. The most common types of nosocomial infection among all hospitalized patientsare:
2. CS. The most common type of nosocomial infection among operated patients is:
3. CM. Specify the criteria used for definition of term "surgical site infection".
4. CS. During what time frame development of septic process in the operating wound afterappendectomy is defined as nosocomial surgical site infection?
5. CS. During what time frame development of septic process in the operating wound afterhernia repair with synthetic mesh is defined as nosocomial surgical site infection?
6. CM. According to anatomical principle the surgical site infections are classified as:
7. CM. According to the anatomical classification, deep surgical site infection involves:
8. CS. In general surgery surgical site infection is most frequently caused by:
9. CS. What is asepsis?
10. CM. Endogenous infection can cause suppuration of postoperative wounds, penetratingto the human body in the following ways:
11. CM. Which of the following possible sources of infection belong to endogenous?
12. CM. Specify the possible sources of endogenous infection.
13. CM. Specify the possible sources of exogenous infection in a patient, who is operated onfor uncomplicated inguinal hernia?
14. CM. Select "critical" items according to the Spaulding classification, which divides medical devices according to the risk of infection transmission associated with their use.
15. CM. Select "semi-critical" items according to the Spaulding classification, which divides medical devices according to the risk of infection transmission associated with their use.
16. CM. Select "non-critical" items according to the Spaulding classification, which divides medical devices according to the risk of infection transmission associated with their use.
17. CS. According to the Spaulding classification, which separates medical devices according to the risk of transmission of infection associated with their use, the flexible fibrogastroscope refers to:
18. CS. According to the Spaulding classification, which separates medical devices according to the risk of transmission of infection associated with their use, the operating table refers to:
19. CS. According to the Spaulding classification, which separates medical devices according to the risk of transmission of infection associated with their use, surgical needles refer to:
20. CS. The result of sterilization is:
21. CS. The high-level disinfection results in:

22. CS. The mid-level disinfection results in:
23. CS. The low-level disinfection results in:
24. CM. Specify medical devices that require sterilization.
25. CM. Specify medical devices that require high-level disinfection.
26. CM. Specify medical devices that require low-level disinfection.
27. CS. It is planned to perform five surgical interventions during the day in one operatingroom. What kind of procedure should be carried out first?
28. CM. Specify necessary actions of a surgeon during preparation for surgery.
29. CM. Operating bloc (department) is divided into the following areas of sterility:
30. CS. How often is a general cleaning performed in the operating room?
31. CS. Accepted critical threshold for contamination of air in the operating room is:
32. CM. The methods of prevention of airborne infection in the operating room are:
33. CM. What elements of surgical attire are not sterile?
34. CM. What distinguishes the ideal (super sterile) operating room from the usual operatingroom?
35. CM. To the scrubbed (sterile) personnel working in the operating room refers:
36. CM. What is the source of contact infection in surgery?
37. CM. What physical methods of sterilization are used in modern asepsis?
38. CM. What chemical methods of sterilization are used in modern asepsis?
39. CS. Metallic surgical instruments are usually sterilized by:
40. CS. Sterilization of metallic surgical instruments by dry heat is performed in the followingregime (time + temperature):
41. CS. What method is used for sterilization of optical surgical instruments (laparoscope)?
42. CM. Standard regime of sterilization of surgical linens in autoclave is:
43. CS. When closed the Schimmelbusch box keeps contents sterile during:
44. CM. If the side holes of Schimmelbusch container are open, it can mean the following:
45. CS. How surgeon's hands are decontaminated with alcohol before surgery?
46. CS. Which antiseptic can guarantee complete sterilization of the surgeon’s hands prior tosurgery?
47. CM. Sterile surgical gloves are considered contaminated and should be changed duringsurgery if:
48. CS. Maximum interval of time from the moment of shaving (depilation) of surgical site tillincision of the skin should not exceed:
49. CM. Specify the rule of patient’s skin preparation before surgery.
50. CM. Decontamination of the operating field with antiseptic solutions should be repeated inthe following stages of surgery:
51. CM. An implantable device is a device, that is placed into a surgically or naturally formedcavity of the human body, if it is intended to remain there for a period of:
52. CM. Infection by implantation is characterized by the following:
53. CS. Indicate the minimal quantity of pathogenic germs required for development of surgicalsite infection (without implant in the wound).
54. CM. Specify the sources of contamination by implantation of infected materials in surgery.
55. CS. Nowadays, the single acceptable method of sterilization of suture material is:
56. CM. What characterizes the direct method of sterility control?
57. CS. What method of sterility control of surgical instruments and dressing material is themost accurate?
58. CM. What is characteristic of indirect method of sterility control?
59. CM. When antibacterial prophylaxis is not indicated?

60. CM. When antibacterial prophylaxis is mandatory?
61. CS. Indicate the “first-line” drugs for antibacterial prophylaxis in general surgicalinterventions.
62. CM. How to perform the antibacterial prophylaxis correctly?
63. CS. What is antisepsis?
64. CM. Specify historical periods in the development of asepsis and antisepsis.
65. CS. Who is the founder of modern asepsis and antisepsis?
66. CS. Which antiseptic was used by Joseph Lister to destroy microorganisms in the wound?
67. CM. Why does Joseph Lister remained in the history of surgery as the founder of asepsisand antisepsis?
68. CM. Specify the existing types of antisepsis.
69. CS. What type of antisepsis is most frequently used in surgery?
70. CS. Purulent wound is drained by gauze dressing imbibed with Betadine. What type ofantisepsis was used?
71. CS. Wound irrigation through the drain with Dioxidine solution is referred:
72. CS. How is wound toilet performed?
73. CM. Which of these surgical measures are related to mechanical antisepsis?
74. CS. Which of the following refers to mechanical antisepsis?
75. CM. What characterizes correctly the primary surgical processing of wound?
76. CS. Edges and bottom of the infected wound were excised. What type of antisepsis wasused?
77. CM. Which of the following surgical measures are related to mechanical antisepsis?
78. CM. To the methods of physical antisepsis in treatment of wounds refers:
79. CS. What is common in the principles of action of hygroscopic dressing material andhypertonic saline solution?
80. CM. Which of the following are the methods of wound drainage?
81. CS. An active drainage of a purulent focus involves:
82. CM. A flow-irrigative drainage of purulent focus involves:
83. CM. Specify additional methods of physical antisepsis.
84. CM. What is characteristic of the method of wound treatment into isolator with abacterialenvironment?
85. CS. The effect of cavitation, having a devastating effect on microorganisms in the wound, iscaused by the action of:
86. CM. What is effect of high-energy surgical laser, as an additional method of wound’sprocessing?
87. CM. Irradiation with ultraviolet rays is effective in:
88. CM. To chemical antisepsis refers administration of:
89. CM. What is a chemical antiseptic Cidex?
90. CM. Specify chemical antiseptics from the group of haloids.
91. CM. Specify the chemical antiseptics, used for local irrigation of wounds.
92. CS. In what kind of infection the local use of boric acid is particularly effective?
93. CS. Which antiseptic agent has both bactericidal effect and mechanical action, cleaning thewound of pus and foreign bodies in local application?
94. CM. Specify the correct statements that characterize metronidazole.
95. CM. Which of the antiseptics can be used both locally and systemically (orally orparenterally)?
96. CM. Unlike antiseptics, disinfectants are used for:
97. CM. Specify the antibiotics which are used in surgery.
98. CM. Specify the principles of rational antibiotic therapy.

99. CM. How to administrate antibiotics correctly at admission of patient with severe surgicalinfection?
100. CS. If prolonged antibiotic therapy is required, in order to avoid resistance ofmicroorganisms to antibiotics, they should be replaced every:
101. CM. What complications may occur during antibiotic therapy?
102. CM. Which of the following methods relate to biological antisepsis?
103. CS. What are the effects of curative serums in patients with surgical infections?
104. CS. What is the action of bacteriophages in patients with surgical infections?
105. CS. What are the effects of vaccines and anatoxins in patients with surgical infection?
106. CM. What medications are related to biological antiseptics of direct action?
107. CM. What medications are related to biological antiseptics of indirect action?
108. CM. The actions of proteolytic enzymes in the infected wound are the following:
109. CM. For arterial bleeding is characteristic:
110. CM. For venous bleeding is characteristic:
111. CM. For capillary bleeding is characteristic:
112. CS. According to anatomical classification, parenchymatous hemorrhage refers to:
113. CM. Specify the possible mechanisms of bleeding occurrence.
114. CS. On what basis bleeding are classified into “per diabrosin”, “per rhexin” и “perdiapedesin”?
115. CS. The term “haemorrhagia per rhexin” means:
116. CS. The term “haemorrhagia per diabrosin” means:
117. CS. The term “haemorrhagia per diapedesin” means:
118. CM. The direct causes of “haemorrhagia per diabrosin” may serve:
119. CM. The direct causes of “haemorrhagia per diapedesin” may serve:
120. CM. The internal bleeding include:
121. CM. To the internal intracavitary bleeding refers:
122. CS. The accumulation of blood in the abdominal cavity is called:
123. CM. To the internal intraluminal bleeding refers:
124. CM. To the manifestations of internal intratissular bleeding refers:
125. CS. Purpura, which occurs in the internal intratissular bleeding, is called:
126. CS. Ecchymosis, which occurs in the internal intratissular bleeding, is called:
127. CS. Hematoma, which occurs in the internal intratissular bleeding, is called:
128. CS. According to classification of bleeding by time of their development, the primarybleeding occurs:
129. CS. According to classification of bleeding by time of their development, early secondarybleeding occurs:
130. CM. The causes of early secondary bleeding are:
131. CS. According to classification of bleeding by time of their development, late secondarybleeding occurs:
132. CM. The causes of late secondary bleeding are:
133. CS. According to classification of hemorrhage on their evolution (intensity), bleedingsare divided into:
134. CS. Acute blood loss of 750-1500 mL in an adult man, corresponds to circulatory bloodvolume deficits:
135. CS. In normal physiological conditions venous system contain:
136. CM. Specify the life-threatening consequences of bleeding.
137. CM. In case of bleeding, decrease of blood pressure and stimulation the baroreceptorsof carotid sinus and aortic arch lead to:

138. CM. Specify the compensatory reaction of human organism in the initial phase ofhemorrhage.
139. CM. Physiological mechanisms of compensation in case of bleeding are following:
140. CM. The centralization of circulation in case of bleeding is characterized by:
141. CM. The mechanism of compensatory hyperventilation (increased rate and volume ofrespiratory movements) in case of bleeding is caused by:
142. CM. Compensatory hemodilution in case of bleeding contributes to:
143. CM. Specify the pathological phenomena of decompensation, which develop in thehuman organism in hemorrhage.
144. CM. Complaints of patients with chronic bleeding include:
145. CM. Specify the general symptoms of hemorrhage.
146. CM. Specify the local symptoms of hemorrhage.
147. CS. What is hemoptysis?
148. CS. Which of these symptoms are characteristic for epistaxis?
149. CM. Specify the local symptoms of esophageal or gastric bleeding.
150. CS. For what type of hemorrhage is characteristic melena?
151. CS. A “coffee-ground” vomiting may be a manifestation of:
152. CM. Which of these symptoms indicate hemorrhage from the large bowel?
153. CS. What is metrorrhagia?
154. CM. Specify the possible causes of hemoperitoneum.
155. CS. In case of hemothorax is observed:
156. CS. In case of hemoperitoneum is observed:
157. CS. In case of hemarthrosis is observed:
158. CM. The severity of blood loss is reflected by following laboratory parameters:
159. CS. Specify the normal values of hematocrit.
160. CM. The following parameters are requiring for determination of Allgower shock index:
161. CS. The Allgower shock index is calculated by:
162. CM. To estimate the volume of intraoperative blood loss according to Gross’s formulaare used:
163. CS. Formulas of Moore or Nadler are used for:
164. CM. What diagnostic methods are helpful for confirmation of hemothorax?
165. CS. What diagnostic method is indicated to confirm the diagnosis of gastric bleeding?
166. CM. What diagnostic methods may confirm the hemorrhage into the joint?
167. CM. What diagnostic methods may confirm the intraperitoneal hemorrhage?
168. CM. The process of blood coagulation includes three main phases:
169. CM. Platelet clot formation occurs through the action of the following factors:
170. CS. The intrinsic pathway of plasmatic coagulation is initiated by activation of:
171. CS. The extrinsic pathway of plasmatic coagulation is initiated by activation of:
172. CS. What factor of coagulation is activated at the end of both intrinsic and extrinsicpathways of plasmatic coagulation?
173. CM. Which of the following events refer to a common pathway of plasmaticcoagulation?
174. CM. Specify the physiological mechanisms for restricting of local coagulation andprevention of generalized uncontrollable intravascular coagulation.
175. CS. The disseminated intravascular coagulation syndrome manifests by the followingphenomenon:
176. CM. The etiology of disseminated intravascular coagulation syndrome includes:
177. CS. In pathogenesis of disseminated intravascular coagulation syndrome, the main causeof blood incoagulability is:

178. CM. Specify clinical forms of disseminated intravascular coagulation syndrome.
179. CM. Specify the phases of disseminated intravascular coagulation syndrome.
180. CS. Specify the clinical symptoms of the first phase of disseminated intravascularcoagulation syndrome.
181. CS. Specify the clinical symptom of the second phase of disseminated intravascularcoagulation syndrome.
182. CM. What findings in laboratory parameters confirm the disseminated intravascularcoagulation syndrome?
183. CM. Specify three main components of complex treatment for disseminatedintravascular coagulation syndrome.
184. CM. What medications are indicated for the treatment of patients with disseminatedintravascular coagulation syndrome?
185. CM. To the methods of temporary hemostasis refer:
186. CM. Specify the methods of temporary hemostasis.
187. CM. What methods of hemostasis refer to temporary?
188. CS. What method of temporary hemostasis is the optimal during urgent surgery forruptured abdominal aortic aneurysm?
189. CM. Specify the principles of correct application of hemostatic tourniquet.
190. CS. Where should be applied a hemostatic tourniquet in case of external arterialbleeding from the wound of a shin?
191. CS. Where should be applied a hemostatic tourniquet in case of external arterialbleeding from the wound of a hand?
192. CS. To stop bleeding temporary, the hemostatic tourniquet on a limb should be appliedfor a period no more than:
193. CM. Specify the possible complications of hemostatic tourniquet application on a limbfor more than 1.5 hours.
194. CM. To the methods of definitive hemostasis refer:
195. CM. Specify the methods of definitive hemostasis.
196. CM. What methods of hemostasis refer to definitive?
197. CS. Which of these types of bleeding require ligation of vessel at the distance from thewound to achieve definitive hemostasis?
198. CM. The methods of definitive hemostasis are classified depending on their nature to:
199. CS. To the methods of definitive mechanical hemostasis refer:
200. CM. What methods of definitive hemostasis are indicated for injury of a commonfemoral artery?
201. CM. Specify the methods of definitive physical hemostasis.
202. CM. Specify the methods of definitive chemical hemostasis.
203. CM. Which of the following drugs are used for definitive chemical hemostasis?
204. CS. The mechanism of hemostatic action of cyanoacrylate the following:
205. CM. Specify the methods of definitive biological hemostasis.
206. CM. Hemostatic sponges for local application contain:
207. CM. Specify the main components of fibrin glue Tissucol and hemostatic spongeTachocomb, used for definitive biological hemostasis.
208. CM. Who discovered the blood groups?
209. CM. Who discovered the Rh factor?
210. CM. The contemporary era in the development of transfusiology is characterized by thefollowing principles:
211. CS. What is the blood group?
212. CM. The first blood group is characterized by:

213. CM. The second blood group is characterized by:
214. CM. The third blood group is characterized by:
215. CM. The fourth blood group is characterized by:
216. CM. Ottenberg's rule:
217. CS. The „universal recipient” (according to the Ottenberg's rule) is called individual with:
218. CS. The „universal donor” (according to the Ottenberg's rule) is called individual with:
219. CM. Specify methods for determination (typing) of blood group according to AB0system.
220. CM. During determination (typing) of blood group with standard serums the followingactions are performed:
221. CS. During the determination of blood group by serum-test, agglutination with all standard serums (group I, group II and group III) was obtained. Indicate the correctblood group.
222. CS. During the determination of blood group by erythrocyte -test, agglutination withstandard erythrocytes of I, II and III blood groups was obtained. Indicate the correct blood.
223. CS. During the determination of blood group with monoclonal antibodies (Tsoliclon- test), agglutinations with Tsoliclon Anti-A and Tsoliclon Anti-B was obtained. Indicatethe correct blood group.
224. CS. During the determination of blood group by serum-test, no agglutination was obtained with all standard serums (group I, group II and group III). Indicate the correctblood group.
225. CS. During the determination of blood group with monoclonal antibodies (Tsoliclon-test), no agglutination was obtained with Tsoliclon Anti-A and Tsoliclon Anti-B. Indicatethe correct blood group.
226. CS. During the determination of blood group by serum-test, agglutination with standardserums of group II and group III was obtained and no agglutination with serum of groupI was registered. Indicate the correct blood group.
227. CS. During the determination of blood group by serum-test, agglutination with standardserum of group I and group II was obtained and no agglutination with serum of group IIIwas registered. Indicate the correct blood group.
228. CS. During the determination of blood group with monoclonal antibodies (Tsoliclon-test), agglutination was obtained with Tsoliclon Anti-A and no agglutination was registered with Tsoliclon Anti-B. Indicate the correct blood group.
229. CS. During the determination of blood group with monoclonal antibodies (Tsoliclon-test), agglutination was obtained with Tsoliclon Anti-B and no agglutination was registered with Tsoliclon Anti-A. Indicate the correct blood group.
230. CM. For determination of the Rh-factor is used:
231. CS. What method of Rh-factor determination is used only in immunological laboratory?
232. CM. Method of blood autotransfusion is performed as follows:
233. CM. Acute preoperative normovolemic haemodilution means the following measures:
234. CS. In a patient with traumatic rupture of the spleen and hemoperitoneum, the bloodfrom abdominal cavity was collected using the “Cell Saver” device and transfused intravenously to the patient. How is called this method?
235. CM. Blood reinfusion can be performed in case of:
236. CS. Reinfusion of blood collected from the abdominal cavity is impossible in case of:

237. CM. Choose the components of blood used in transfusiology.
238. CS. Which of the following does not refer to the blood components?
239. CM. Choose the plasma derivates used in transfusiology.
240. CS. Which of the following does not refer to the plasma derivates?
241. CM. Erythrocyte concentrate (packed red blood cells) is characterized by the following:
242. CS. What temperature is required for red blood cells concentrate preservation?
243. CS. At what level of hemoglobin the transfusion of packed red blood cells is alwaysindicated?
244. CS. At what level of hemoglobin the transfusion of packed red blood cells is notrecommended?
245. CS. At what level of hemoglobin the indications for transfusion of packed red blood cellsdepend on the clinical data (general condition of the patient, presence of concomitant diseases, severity of hypoxia)?
246. CS. After a single dose of transfused packed red blood cells is expected an increase ofhemoglobin level by an average:
247. CS. After a single dose of transfused packed red blood cells is expected an increase ofhematocrit level by an average:
248. CM. Platelet concentrate is characterized by the following:
249. CM. The platelet concentrate transfusion is indicated if:
250. CM. Transfusion of the fresh frozen plasma:
251. CM. Which of the following coagulation factors contains cryoprecipitate?
252. CM. The plasma derivate thrombin is characterized by the following:
253. CM. According to international classification the blood substitutes are divided into:
254. CM. Choose the crystalloid blood substitutes.
255. CM. Choose the colloidal blood substitutes.
256. CM. Crystalloid blood substitutes are characterized by the following:
257. CM. Colloidal blood substitutes are characterized by the following:
258. CS. Which of the following effect cause transfusion of the Polyglucine (colloidal bloodsubstitute)?
259. CM. Quality control of blood before transfusion include the following steps:
260. CS. Test for individual compatibility according to AB0 system, performed before bloodtransfusion, is based on agglutination between:
261. CS. What test should be done prior of transfusion of fresh frozen plasma?
262. CS. What test is not performed during the blood transfusion?
263. CS. How is performed the biological test during blood transfusion?
264. CS. The maximum allowed time from the moment of puncture of container with theblood component until the end of transfusion is:
265. CM. Specify the correct rate (rapidity) for transfusion of blood components.
266. CM. From the start of transfusion, the patient's condition is assessed:
267. CM. After completing of transfusion the patient's condition is assessed:
268. CM. According to current classification, posttransfusion reactions and complications aredivided into:
269. CM. Acute non-immune posttransfusion reactions and complications include:
270. CM. Acute immune posttransfusion reactions and complications include:
271. CM. The mild posttransfusion reactions are characterized by:
272. CM. The posttransfusion reactions of moderate severity are characterized by:
273. CM. The severe posttransfusion reactions are characterized by:
274. CM. Within blood transfusion the recipient can be contaminated by the followinginfections:

275. CM. What periods do not refer to evolution of the hemolytic shock?
276. CS. Why is weight deficit dangerous in surgical patients?
277. CM. What are the main causes of malnutrition in surgical patients?
278. CM. Deficiencies of weight in patients with cancer is caused by:
279. CM. What signs of malnutrition may be detected on the inspection of patient's skin?
280. CM. What signs of malnutrition may be detected on the examination of patient'sextremities?
281. CS. What signs of malnutrition may be detected on the inspection of patient's nails?
282. CM. What signs of malnutrition may be detected on the examination of patient's eyes?
283. CS. What signs of malnutrition may be detected on the inspection of patient's tongue?
284. CM. What data that predispose to malnutrition, can be found on examination of theabdomen of patient?
285. CM. Specify the most frequent clinical reasons for decrease of serum electrolyteconcentration.
286. CS. Which of the following laboratory parameters most closely correlates with bodyprotein deficiency?
287. CM. What alterations of immune function are characteristic for patients withmalnutrition?
288. CM. What methods of the nutritional status assessment are related to anthropometricones?
289. CM. The following indicators can be used for the assessment of body weight loss:
290. CS. The calculation of the body mass index is done using the following formula:
291. CS. Which of the following values of the body mass index correspond to normal weight?
292. CS. Which of the following values of the body mass index correspond to morbid obesity?
293. CS. Measurement of thickness of the triceps skin fold is used for assessment of:
294. CS. Calculation of correlation between the thickness of the triceps skin fold and the mid-arm muscle circumference is used to assess:
295. CM. What methods are used to determine patients' energy requirements?
296. CS. In what surgical conditions the daily energy consumptions of patients are maximal?
297. CS. Enteral feeding is indicated for patients:
298. CM. Enteral feeding is contraindicated for patients:
299. CM. What ways are used for enteral feedings administration?
300. CS. Energy value of standard solutions for enteral feeding is:
301. CM. What enteral feeding solutions (formulas) are available?
302. CS. What enteral feeding solutions are prepared from conventional food that can bemixed?
303. CS. What enteral feeding solutions are prepared for administration in specific clinicalsituations (pulmonary, renal or hepatic failure, immune dysfunction)?
304. CS. What enteral feeding solutions contain protein in the form of free amino acids?
305. CM. What protocols of enteral feeding are used?
306. CS. How frequently is recommended to introduce nutritional formulas in bolus(fractional) enteral feeding?
307. CM. What complications are characteristic of enteral nutrition?
308. CS. Hyperglycemia refers to the following group of enteral nutrition complications:
309. CM. Which patients have the greatest risk of tracheobronchial aspiration during theenteral feeding?

310. CM. Parenteral nutrition is indicated for patients:
311. CM. The types of parenteral nutrition are:
312. CM. Specify the components which are included in solution for parenteral nutrition.
313. CS. How should solutions for parenteral nutrition be administered?
314. CM. What complications of total parenteral nutrition are distinguished?
315. CM. What complications are characteristic of morbid obesity?
316. CS. Specify the most effective method of treatment for morbid obesity.
317. CS. The common principle of gastroplasty in surgical treatment of morbid obesity is:
318. CS. In all types of surgical pathology preoperative period starts:
319. CS. Preoperative period in all surgical pathologies is finalized at the moment when:
320. CM. Which of the following refers to the main goals of preoperative period?
321. CM. Preoperative period includes the following stages:
322. CS. Shtanghe's and Ghence's tests can be used in preoperative period for theassessment of:
323. CM. Specify the routine diagnostic tests done before any surgical intervention.
324. CM. During the physical examination of a patient, admitted to the surgical departmentfor elective surgery, a surgeon finds the heart bruits and abnormal cardiac rhythm. What actions should be performed in such a case?
325. CS. The most often system used for stratification of surgical risk is:
326. CS. According to the ASA classification of surgical risk, a patient with life-threatening concomitant disorders (comorbidities) supposed to emergency intervention should beclassified as:
327. CS. Choose the situation that serves as an absolute indication for surgery.
328. CM. Specify the diagnosis which serve as absolute indications for surgery.
329. CM. Specify the diagnosis which serve as relative indications for surgery.
330. CS. What diseases or pathological conditions may be a contraindication for surgery incase of severe active intraperitoneal bleeding?
331. CM. What information should be provided to a patient during the preparation forsurgery?
332. CM. Informed consent for surgery should be signed by:
333. CM. Specify the situations when life-saving emergency surgery may be performedwithout informed consent for surgery signed by patient.
334. CM. What factors do not increase the risk of postoperative venous thromboembolism?
335. CM. Specify the correct statements regarding postoperative pulmonary arteryembolism.
336. CM. Indicate measures used for prevention of postoperative venous thromboembolism.
337. CS. Choose the correct regime of administration of antibiotics to prevent postoperativesurgical site infection.
338. CM. Preparation of digestive tract for elective abdominal surgery includes:
339. CM. Choose the examples of special preoperative care.
340. CS. Preoperative conclusion must be written by:
341. CM. Preoperative conclusion must include the following data:
342. CS. Trendelenburg's position of a patient on the operating table is used for:
343. CM. "Anti-Trendelenburg's position" of a patient on the operating table is used for:
344. CS. Lateral position of the patient on operating table is used for surgical interventionson:
345. CM. Choose the steps of surgical intervention.
346. CS. Patient was diagnosed with acute appendicitis and decision to operate was

done.During surgery the correctness of diagnosis should be confirmed at stage of:

347. CM. The last step of surgical intervention includes:
348. CM. Emergency surgery is performed in case of:
349. CM. Elective surgery is performed in case of:
350. CS. In a patient with advanced unresectable cancer of esophagus, an external artificialfistula of the stomach (gastrostomy) was created surgically with the aim of enteral feeding. How is this type of surgery classified?
351. CS. In a patient with inguinal hernia, resection of hernia sac, repair of inguinal channeland implantation of synthetic mesh were performed. How this type of surgery is classified?
352. CM. Which of the following refers to diagnostic surgical interventions?
353. CS. Two hours after stomach resection a patient was transported back to the operatingroom due to abundant leakage of blood from the intraperitoneal tubes. Abdominal cavity was reopened to provide hemostasis. What is the correct term of surgical intervention?
354. CM. Which of the following interventions refer to simultaneous surgery?
355. CM. Which of the following interventions refer to combined surgery?
356. CS. According to the classification by grade of infection, the bowel resection isconsidered:
357. CS. According to the classification by grade of infection, the gastric resection isconsidered:
358. CM. Specify local complications that can develop during surgical procedures in generalsurgery.
359. CM. The physiological stages of the postoperative period are:
360. CM. Catabolic stage of the postoperative period is characterized by:
361. CS. What physiological stage of the postoperative period is characterized by synthesis ofproteins?
362. CS. Duration of the early postoperative period is:
363. CM. Specify the complications characteristic of the early postoperative period.
364. CM. Specify the complications characteristic of the late postoperative period.
365. CS. Specify the complications, characteristic of the delayed postoperative period.
366. CM. Gastric resection for peptic ulcer and cholecystectomy for gallstone disease wereperformed during the same surgical intervention. How may this type of surgery be classified according to various principles?
367. CM. Femoral-popliteal bypass for atherosclerosis and lower limb ischemia was associated with transection of lumbar sympathetic chain (sympathectomy) during thesame surgical intervention. How may this type of surgery be classified according to various principles?
368. CM. Specify the surgical instruments designed for dissection of tissues.
369. CM. Specify the surgical instruments, designed for hemostasis.
370. CM. Specify the surgical instruments, designed for grasping of tissues.
371. CS. What retractor has teeth at the end of the working blade?
372. CM. Specify mechanical retractors.
373. CS. Specify the surgical instruments, designed for exploration.
374. CM. Round surgical needles are used for suturing of:
375. CM. Triangular (cutting) surgical needles are used for suturing of:
376. CM. What curvature may a surgical needle have?
377. CM. What are the requirements for suture materials used in surgery?

378. CM. Specify the biological suture material used in surgery.
379. CM. Specify the synthetic absorbable suture material used in surgery.
380. CM. Specify the synthetic nonabsorbable suture material used in surgery.
381. CS. According to classification of suture material, polypropylene refers to:
382. CS. According to classification of suture material, kapron refers to:
383. CS. According to classification of suture material, silk refers to:
384. CS. The most safer knot, used in surgery is considered:
385. CM. Specify the types of interrupted sutures, which are used for closure of skin woundsin surgery.
386. CM. Specify the types of continuous sutures, which are used for closure of skin woundsin surgery.
387. CS. Choose the correct definition of local anesthesia.
388. CM. Choose the stages of local anesthesia.
389. CS. What is the action of the local anesthesia upon the central nervous system?
390. CM. Choose surgical interventions that may be performed under local anesthesia.
391. CM. To the superficial local anesthesia refer:
392. CM. Superficial local anesthesia is more frequently used in:
393. CM. Advantages of local anesthesia comparing with general anesthesia are:
394. CM. What concentrations of anesthetic solution are used for local tumescentanesthesia?
395. CM. Technique of local tumescent anesthesia by Vishnevsky's method includes:
396. CS. What substances are used for loco-regional (conductive) anesthesia?
397. CM. What local anesthetics refer to the etheric type group?
398. CM. Select the local anesthetics that can be administrated without previous skin test forallergy.
399. CM. Specify the contraindications for local anesthesia.
400. CM. What local anesthetics refer to the amide type group?
401. CS. Epidural anesthesia represent a variant of:
402. CM. What types of local anesthesia refers to the regional anesthesia?
403. CM. Select the correct statements regarding regional anesthesia.
404. CM. Select the typical complications of spinal anesthesia.
405. CS. During spinal anesthesia the puncture usually performed:
406. CS. For prevention of spinal cord injury puncture during spinal anesthesia should beperformed at the level of:
407. CS. Select the correct order of sensation loss during the spinal anesthesia.
408. CS. During the spinal anesthesia the main volume of anesthetic substance is introducedin:
409. CM. Specify the causes of hypotension during spinal anesthesia.
410. CM. Select surgical interventions that may be performed under spinal anesthesia.
411. CM. Specify the contraindications for spinal anesthesia:
412. CS. Specify the most frequent complication of spinal anesthesia.
413. CM. Specify complications characteristic for spinal anesthesia.
414. CM. Specify the correct statements regarding epidural anesthesia.
415. CM. Epidural anesthesia can be used for:
416. CM. The local manifestations of wounds are the following:
417. CS. Why should damage to the liver in blunt abdominal trauma be considered as arupture, rather than a wound?
418. CS. What is the main clinical symptom, which distinguishes a wound from contusion?
419. CS. What is the mechanism of traumatic injury in open fracture of extremity, when

thefragment of the broken bone perforates the soft tissue?

420. CM. Pain in the wound is causes:
421. CM. Severity of pain in a wound depends on the following factors:
422. CM. In what circumstances the pain at injury (in the wound) can be significantly reducedor absent?
423. CM. Intensity of bleeding from a wound is determined by:
424. CM. In what circumstances the injury, even small-caliber vessels may be accompaniedby severe bleeding, and to be life-threatening for patient?
425. CM. What factors determine the degree of wound edges dehiscence?
426. CM. What factors cause general clinical manifestations of wounds?
427. CM. What wounds are considered to be intentional?
428. CM. What wounds are distinguished according to the nature of traumatic agent?
429. CS. What kind of damage does not refer to the classification of wounds by the nature oftraumatic agent?
430. CS. To what type of wounds according to the nature of traumatic agent should beattributed a surgical incision?
431. CM. Specify the clinical features of stab wounds.
432. CS. What is the mechanism of contusioned wound?
433. CS. Specify the type of wounds, which is considered the most contaminated.
434. CM. Specify clinical features of bite wounds.
435. CM. According to the classification by grade of contamination, wounds are divided into:
436. CS. Which wound is considered as a contaminated one?
437. CS. It is known that purulent process in the wound develops when the concentration ofmicroorganisms is more than:
438. CM. What factors contribute to the development of infection in the wound?
439. CM. What wounds of the abdomen should be considered as penetrating?
440. CM. What zones of tissue alteration are distinguished in gunshot wounds?
441. CS. The zone of molecular concussion in gunshot wounds is characterizes:
442. CM. What features differentiate a gunshot wound?
443. CM. What characterizes the perforating (through-out) gunshot wound?
444. CM. Blind gunshot wound is characterizes by:
445. CM. Tangential gunshot wound is characterizes by:
446. CM. Wound healing process has the following phases:
447. CS. What phase of wound healing process includes the period of angiogenesis and theperiod of wound cleaning?
448. CM. Which periods includes the inflammation phase of wound healing process?
449. CS. What is the approximate duration of the first phase of wound healing process (phaseof inflammation)?
450. CS. Which of the following phenomena does not refer to the first phase of woundhealing process (phase of inflammation)?
451. CM. Which of the following events refer to the first period (period of angiogenesis) ofthe inflammation phase of wound healing process?
452. CM. Which of the following events refer to the second period (period of wound cleaningfrom necrotic masses) of the inflammation phase of wound healing process?
453. CM. Which of the following cells play a key role in the first phase of wound healingprocess (phase of inflammation)?
454. CS. What is the role of polymorphonuclear neutrophils in the first phase of woundhealing process (phase of inflammation)?

455. CS. What is the role of macrophages in the first phase of wound healing process (phaseof inflammation)?
456. CS. What is the role of lymphocytes in the first phase of wound healing process (phaseof inflammation)?
457. CM. Which of the following phenomena refers to the second phase of wound healingprocess (phase of proliferation)?
458. CS. Which of the following cells play the main role in the second phase of wound healingprocess (phase of proliferation)?
459. CS. What is granulation tissue?
460. CM. What are physiological functions of granulation tissue?
461. CM. The third phase of wound healing process (phase of epithelization andreorganization of scar) is characterizes by:
462. CS. The phenomenon of wound contraction during its healing explained by:
463. CS. Wound epithelization begins:
464. CM. Types of wound healing include:
465. CM. Specify conditions, necessary for wound healing by primary intention.
466. CS. Uncomplicated healing of surgical wound occurs:
467. CS. Which of these wounds do not heal by secondary healing?
468. CS. How do superficial wounds usually heal?
469. CM. What complications occur in the first phase of wound healing process (phase ofinflammation)?
470. CS. To local complication of wounds refers:
471. CM. What complications occur in the third phase of wound healing process (phase ofepithelization and reorganization of scar)?
472. CM. Which of the following refers to the measures of first aid for wounds?
473. CM. In case of cut wound of the lower third of the calf with an external arterial bleedingfirst medical aid should include:
474. CM. How can secondary wound contamination be prevented during the first medicalaid?
475. CS. In case of a large wound of the anterior abdomen with evisceration of inner organs,the first medical aid consists in:
476. CM. Describe the main components of the aseptic (surgical) wounds treatment.
477. CS. In the treatment of surgical wounds pain is eliminated by:
478. CS. In the treatment of surgical wounds dehiscence of borders is eliminated by:
479. CM. Primary surgical debridement (processing) of contaminated wound includes:
480. CS. At what stage of the primary surgical processing of wound can be established, if thewound is penetrating or does not penetrate in the body cavities?
481. CM. What are the options for the completion of primary surgical debridement(processing) of contaminated wound?
482. CM. In what cases is recommended do not suture the wound after its primary surgicalprocessing?
483. CM. What types of wounds do not require the primary surgical processing?
484. CM. What disadvantages are characteristic of secondary wound healing?
485. CS. Primary sutures are placed on the wound:
486. CS. Primary deferred sutures are placed on the wound:
487. CS. Early secondary sutures are placed on the wound:
488. CS. Late secondary sutures on the wound are placed:
489. CS. What type of suture is applied after primary surgical debridement of gunshotwound?

490. CM. Specify principles of surgical debridement of purulent wounds.
491. CM. Specify additional physical methods of purulent wound cleaning.
492. CM. Specify medications that are recommended for the treatment of purulent woundsin the first phase of wound healing process.
493. CS. What is the purpose of local application of bandages with hypertonic saline solution(10% solution of NaCl) in the first phase of wound healing process?
494. CM. What are the advantages of local application of hydrophilic water-soluble ointments on polyethylenglycol basis (Levosin, Levomikol) for the treatment of septicwounds?
495. CS. Which of the following is used for early lysis and removal of necrotic tissue from thewound:
496. CM. What is the purpose of local application of ointments in the second phase of woundhealing process?
497. CM. Specify medications that are recommended for the treatment of purulent woundsin the second phase of wound healing process.
498. CS. Which of the following is used commonly for local treatment of wounds with alreadyformed granulation tissue?
499. CM. Which of the following is done in the appearance of signs of wound suppuration?