SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201602B)

Question 1. Bleeding oesophageal varices is an emergent life-threatening condition that may be managed	True	False
by the following temporising or definitive treatments: (a) Transjugular intrahepatic portosystemic shunt procedure. (b) Triphasic computed tomography of the liver. (c) Sengstaken-Blakemore (SB) tube insertion.		
(d) Insertion of a large-bore chest tube.		
 Question 2. Since its invention in the 1950s, the SB tube has been used for the following: (a) Large-bore nasogastric tube to increase nutritional intake of patients. (b) Drainage of otitis media with effusion. (c) Temporary measure for acute bleeding oesophageal varices. (d) Temporary biliary drainage for obstructive jaundice. 		
 Question 3. Methods to aid or determine correct placement of an SB tube include: (a) Inflating the oesophageal balloon first to anchor the SB tube before inflating the gastric balloon. (b) Inserting the SB tube to the 50-cm mark before inflating the gastric balloon. (c) Auscultation to ascertain the intragastric placement of the distal tip. (d) Performing chest radiography before and after inflation of the gastric balloon. 		
 Question 4. The following are complications of SB tube insertion: (a) Airway obstruction. (b) Aspiration pneumonia. (c) Oesophageal rupture. (d) Oesophageal varices. 		
 Question 5. The following imaging findings are suspicious for oesophageal rupture after SB tube insertion: (a) The presence of well-defined lucency over the proximal stomach. (b) Interval increase or new unilateral pleural effusion. (c) Interval development of pneumothorax. (d) New well-defined lucency in the thoracic cavity. 		
Doctor's particulars: Name in full :		

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: http://www.sma.org.sg/publications/smjcurrentissue.aspx and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ April 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 April 2016. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (February 2016 SMJ 3B CME programme): 12 noon, 28 March 2016.