ics & gynecology books, visit our website **www.jaypeebrothers.com,** for detailed information on obstetrics & gynecology book



Practice Single Best Answer Questions

MRCOG

Part–II

Neelanjana Mukhopadhaya

Co-authors
Seema Sharma
Rabia Mushtaq

Foreword
Sir Sabaratnam Arulkumaran

Contents

Chapter 1. Antenatal Care and Labour Complications 1

Obstetrics

This chapter will cover aspects of antenatal care (UK practice), medical complications in pregnancy and management of these conditions. It will cover physiology, pharmacology and labour mechanism. Aspects of normal and abnormal labour, vaginal, instrumental delivery, caesarean section, CTG, fetal hypoxia will be covered.

Chapter 2. Neonatal and Postnatal Care 22

Obstetrics

This section includes complication of vaginal, and caesarean deliveries, wound infections and medical complications in the postnatal period. Some neonatal complications will be covered.

Chapter 3. Early Pregnancy Complications 25

Gynaecology

Miscarriages, ectopic pregnancies, hyperemesis, molar pregnancy, recurrent miscarriage and management options in the first and second trimester.

Chapter 4. General Gynaecology 28

Gynaecology

Endometriosis, menstrual disorders, pelvic pain, infections, pelvic inflammatory disease.

Chapter 5. Colposcopy and Gynaecological Oncology 34

Gynaecology

CIN and cervical cancers, VIN and vulval disorders, endometrial hyperplasia and cancers, ovarian cancers including benign ovarian neoplasms.

Chapter 6. Fertility 38

Gynaecology

Fertility based on the NICE guidance general questions on male and female subfertility are covered. It is important to have the knowledge about the UK practice and NHS IVF referral criteria and pathways.

Chapter 7. Urogynaecology 40

Gynaecology

Guidelines for general urogynaecology questions are covered with some general procedures and treatment that can be offered in the primary care. Knowledge of the drugs used in stress and urge incontinence is important.

Chapter 8. Sample Question Paper 42

Mixed Obstetrics and Gynaecology

50 questions from both Obstetrics and Gynaecology.

Answers with the source of information. 53

Chapter

4

General Gynaecology

Q.1. While consenting a woman for laparoscopic surgery with no other risk factors the clinician must explain the frequent risks.

Which one of the following is a frequent risk?

(a) Umbilical hernia
(b) Wound bruising
(c) Damage to blood vessels
(d) Nerve damage
(e) Vaginal bleeding

Q.2. What is the main benefit of flexible outpatient hysteroscopy?

(a) Fewer failures
(b) Quicker examination
(c) Less pain
(d) Reduced cost
(e) Better image

Q.3. What is the usual distension medium for outpatient operative hysteroscopy using bipolar electrosurgery?

(a) Carbon dioxide
(b) Normal saline
(c) Glycine
(d) Hartmann's solution
(e) Oxygen

Q.4. A 36-year-old woman attends complaining of chronic pelvic pain. All investigations are normal. You suspect IBS.

What is the most effective first line of management?

(a) Diet modification
(b) Laparoscopy
(c) Bowel softeners
(d) Physiotherapy
(e) Mebeverine

JAYPEE BROTHERS

Q.5. In the study of women with chronic pelvic pain, a systematic review of randomised controlled trials with a very low risk bias showed that those women with endometriosis had a significant improvement after resection of the rectal nodules.

Based on the RCOG classification of evidence levels, how would you classify this evidence?

(a) Level 1+
(b) Level 1++
(c) Level 1
(d) Level 2+
(e) Level 2++

Q.6. What is the grade of recommendation based on evidence from case reports or expert opinion classified as?

(a) A
(b) B
(c) C
(d) D
(e) E

Q.7. Symptoms of severe dyschezia in a patient known to have endometriosis is common.

Which type of lesion is this suggestive of?

(a) Uterovesical fold lesion
(b) Widespread large bowel lesion
(c) Disseminated lesion to the diaphragm
(d) Deep rectovaginal septum lesion
(e) Lesion of lateral pelvic walls

Q.8. A 32-year-old woman underwent a transvaginal ultrasound for right sided pelvic pain. The scan suggests a right ovarian cyst 53 × 43 × 62 mm with some ground glass echogenicity, three compartments and no papillary structures.

What is the likely diagnosis?

(a) Dermoid cyst
(b) Endometrioma
(c) Mixed Serous cystadenoma
(d) Adhesions
(e) Hydrosalpinx

Q.9. In the diagnosis of rectal endometriosis several investigations are used. Which investigation is most valuable?

(a) Transvaginal ultrasound
(b) MRI

JAYPEE BROTHERS

(c) CT scan
(d) CA125
(e) 3-D ultrasound

Q.10. A woman presents with pain from rectovaginal endometriosis refractory to medical and surgical treatment.

What might another recommended option be in her management?

(a) Antidepressants
(b) Nerve ablation (LUNA)
(c) Gabapentin
(d) Aromatase inhibitors
(e) Progestagen progestogen

Q.11. Secondary prevention of endometriosis associated dysmenorrhoea in patients undergoing surgery for endometriosis should be considered.

What is a suitable recommendation?

(a) Amitriptyline
(b) Gabapentin
(c) GnRH analogues
(d) Levonorgestrel IUS
(e) Aromatase inhibitors

Q.12. A woman with ASRM stage 1/2 endometriosis with endometriomas is undergoing IVF/ICSI.

What is a recommended drug during oocyte retrieval?

(a) General anaesthesia
(b) NSAIDs
(c) Antibiotics
(d) LMWH
(e) Progesterone

Q.13. A woman with known endometriosis is very concerned about the risk of cancer.

Based on current evidence what is the information you would provide her?

(a) Endometriosis increases the risk of cancers by 10%
(b) Endometriotic lesions can directly cause cancer in 15% cases
(c) Non-Hodgkin's lymphoma is more common in women with endometriosis
(d) Endometrial cancers are less common in women with endometriosis
(e) Bowel cancers are less common in women with endometriosis

JAYPEE BROTHERS

Q.14. A 52-year-old woman is started on combined hormone replacement therapy for vasomotor symptoms after careful counselling about the risks of thromboembolism.

When does she have the highest risk of venous thromboembolism?

(a) After 5 years of use
(b) After 4 years of use
(c) After 3 years of use
(d) In the second year of use
(e) In the first year of use

Q.15. The use of combination HRT changes some of the haemostatic systems in the body to produce a procoagulant state.

What change in the haemostatic system with HRT predisposes to a procoagulant state?

(a) Slight increase in fibrinogen
(b) Consistent fall in plasminogen activator-inhibitor-1 levels
(c) Increase in protein S
(d) Increase in Factor VII
(e) Decrease in plasminogen activation factor

Q.16. Recently published figures suggests that there is a background incidence of VTE in women of reproductive age group.

What is the true incidence of VTE in a year?

(a) 1: 1000
(b) 2: 10,000
(c) 3: 10,0000
(d) 5: 1000
(e) 7: 10,000

Q.17. What is the risk of VTE in women using combined hormonal contraception?

(a) 1 per 10,000
(b) 2-4 per 10,000
(c) 5-12 per 10,000
(d) 15-20 per 10,000
(e) 25-30 per 10,000

Q.18. When is the risk of VTE highest after starting combined hormonal contraception?

(a) In the first one month
(b) In the first 4 months
(c) In the first year
(d) In the first 3 years
(e) Remains the same while used

JAYPEE BROTHERS

Q.19. The progestogens are classified into generations based on the time they were first marketed.

What is a commonly used fourth generation progestogen?

(a) Desogestrel
(b) Gestodene
(c) Co-cyprindiol
(d) Dienogest
(e) Norgestimate

Q.20. A 32-year-old woman comes with complaints of heavy menstural bleeding for 8 months. No physical abnormality was noted on examination. She feels very fatigued.

What investigation would you consider first?

(a) Full blood count
(b) Ferritin
(c) Thyroid profile
(d) Day 2 hormone profile
(e) Coagulation profile

Q.21. A 28-year-old woman gives a four month history of heavy regular periods with flooding. She is fit and has no medical problems. She is worried about having to miss work. She is currently using condoms for contraception.

What would be the most suitable first option of treatment in her case?

(a) Tranexamic acid and mefenamic acid
(b) Combined contraceptive pill
(c) LNG-IUS
(d) Endometrial ablation
(e) Copper IUCD

Q.22. A 42-year-old lady who has completed her family attends your clinic with complaints of heavy menstrual period. She is found to have multiple fibroids over 3 cm in her uterus. She also has some pressure symptoms.

What is the first option of treatment you would offer?

(a) Tranexamic acid and mefenamic acid
(b) UAE
(c) Myomectomy
(d) Hysterectomy
(e) Levonorgestrel IUS

JAYPEE BROTHERS

Q.23. While counselling a woman who is going to have a copper IUD inserted you must explain about the risk of uterine perforation. What is this risk during the insertion?

(a) 1:50
(b) 1:100
(c) 1:200
(d) 1:500
(e) 1:1000

Q.24. A woman who has a copper IUD attends the gynaecology clinic referred by her GP. During a cervical smear test taken by the GP there is evidence of Actinomyces-like organisms.

What is the next step in her management?

(a) Remove the IUD
(b) Take triple swabs
(c) Repeat smear test
(d) Request a scan to check for adnexal masses
(e) Commence on Penicillin

JAYPE BROTHERS

for detailed information on obstetrics & gynecology books, visit our website **www.jaypeebrothers.com,** for detailed informatio

Practice Single Best Answer Questions

MRCOG Part–II

This excellent and well-structured book is aimed for those doctors who are planning to attempt the MRCOG Part-II examination in March 2015 and also for those who intend to improve their clinical knowledge.

Single best answer (SBA) type questions being introduced in the next examination in March 2015 has a new format. First of its kind, this book contains over 200 practice questions.

The seven chapters address the various aspects of Obstetrics and Gynaecology. The final chapter gives an opportunity to practice a mock question paper.

All the questions have been sourced from evidence-based medicine mainly RCOG green top guidelines and NICE guidelines. The source of information signposts to the document which would help one revise the topic and gain further knowledge.

Based on a background of clinical or scientific context, the questions will also help improve the knowledge for those who are not intending to attempt the MRCOG Part-II examinations.



Neelanjana Mukhopadhaya graduated in India but has completed her postgraduate training (CCT) and higher qualifications from the United Kingdom (UK). She works as a Consultant in Obstetrics and Gynaecology in the UK. She is the undergraduate tutor for Obstetrics and Gynaecology for the medical students at Luton and Dunstable University Hospital, UK. She has active roles in the Royal College of Obstetricians and Gynaecologists (RCOG) in training and education.

She has a keen interest in Medical Education. She is currently pursuing a master's degree in medical education and is actively involved in both undergraduate and postgraduate education.

She has participated in more than 50 invited lectures nationally and internationally. She has published widely, contributed to several books and is a regular reviewer for International journals.

She passionately believes that education, reflection, practice and training is key to the development of a good and confident Obstetrician and Gynaecologist.

Available at all medical bookstores
or buy online at www.jaypeebrothers.com

JAYPEE BROTHERS
Medical Publishers (P) Ltd.
www.jaypeebrothers.com

Join us on facebook.com/JaypeeMedicalPublishers

Shelving Recommendation
OBSTETRICS & GYNAECOLOGY

ISBN 978-93-5152-741-1