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PRACTICE QUESTIONS

Dubai Health Authority (DHA)

ANAES

Specialist Anaesthesia

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EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 practice questions for Dubai Health Authority (DHA) ANAES , each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, ANAES
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

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QUESTION 1

MULTIPLE CHOICE

Which of the following are recognised early clinical features of a malignant hyperthermia crisis? (Choose two.)

- ☒ **A** Progressive hypercapnia despite increased minute ventilation
- ☒ **B** Generalised or masseter muscle rigidity
- ☐ **C** Bradycardia with QT prolongation
- ☐ **D** Hypothermia in the early phase

ANSWER A • B

WHY Early features of MH reflect the hypermetabolic state: tachycardia (often the earliest sign), hypercapnia (rising ETCO₂ with increased ventilation), tachypnoea (if spontaneously breathing), generalised muscle rigidity (often starting as masseter spasm after succinylcholine), and a rising temperature. Bradycardia and hypothermia are NOT features - bradycardia is a late, pre-arrest sign, and MH characteristically produces hyperthermia.

QUESTION 2

SINGLE CHOICE

A 62-year-old patient is scheduled for elective total knee arthroplasty. He has a history of ischaemic heart disease, a permanent pacemaker, hypertension, and type 2 diabetes. His functional capacity is less than 4 METs. According to the AHA/ACC and ESA guidelines on preoperative cardiac evaluation for non-cardiac surgery, which of the following is the MOST appropriate next step?

- ☐ A Proceed with surgery without further cardiac testing because the surgery is intermediate risk
- ☐ B Cancel the surgery and refer the patient for coronary revascularization before any further evaluation
- ☒ C Optimize medical therapy, continue the existing cardiovascular medications, and proceed with surgery if the patient is clinically stable and no active cardiac condition is identified
- ☐ D Order a dobutamine stress echocardiogram before any further management decision

ANSWER C

WHY For patients with limited functional capacity (<4 METs) undergoing intermediate-risk non-cardiac surgery such as total knee arthroplasty, the guidelines emphasize identification and management of active cardiac conditions, optimization of medical therapy (beta-blockers, statins, antiplatelet agents as appropriate), and continuation of existing cardiovascular medications. Routine non-invasive stress testing is NOT recommended unless there are clinical risk markers or an active cardiac condition. Total knee arthroplasty is intermediate (not high) risk, and the appropriate step is clinical optimization rather than invasive testing or surgery cancellation.

QUESTION 3

SINGLE CHOICE

Which of the following is the most reliable indicator of the adequacy of myocardial oxygen supply-demand balance during off-pump coronary artery bypass grafting?

- ☐ A Mean arterial pressure
- ☒ B ST-segment changes on a standard 5-lead ECG
- ☐ C Mixed venous oxygen saturation (SvO₂)
- ☐ D Pulmonary capillary wedge pressure

ANSWER B

WHY ST-segment analysis using continuous multilead (ideally with V-lead) ECG monitoring is the most reliable and specific indicator of myocardial ischaemia and oxygen supply-demand imbalance during cardiac surgery. Mean arterial pressure and SvO₂ reflect global perfusion, while PCWP is a poor surrogate for ischaemia. Transoesophageal echocardiography detects new regional wall motion abnormalities but is not the single most reliable indicator of ischaemia.

QUESTION 4

MULTIPLE CHOICE

Which of the following preoperative fasting intervals are consistent with current ASA guidelines for healthy adults undergoing elective surgery? (Choose two.)

- ☒ A 2 hours for clear fluids
- ☐ B 2 hours for breast milk in infants
- ☒ C 6 hours for a light meal
- ☐ D 8 hours for non-human milk

ANSWER A - C

WHY Current ASA preoperative fasting guidelines recommend 2 hours for clear fluids and 6 hours for a light meal in healthy adults. Breast milk requires 4 hours of fasting in infants, while non-human milk, like a light meal, requires 6 hours.

QUESTION 5

SINGLE CHOICE

A patient is undergoing an ultrasound-guided axillary brachial plexus block. After injection of 20 mL of local anaesthetic, the patient reports sudden tinnitus, perioral numbness, and a metallic taste. What is the MOST likely cause and the IMMEDIATE management?

- ☐ A High spinal anaesthesia; manage with airway support and vasopressors
- ☒ B Intravascular injection with systemic local anaesthetic toxicity; stop injection, manage airway, and administer 20% lipid emulsion
- ☐ C Phrenic nerve block with hemidiaphragmatic paralysis; manage with supplemental oxygen
- ☐ D Anaphylaxis to the local anaesthetic; administer intramuscular adrenaline

ANSWER B

WHY Tinnitus, perioral numbness, and metallic taste are early signs of central nervous system toxicity from intravascular injection of local anaesthetic. According to the AAGBI/ASA guidelines on management of severe local anaesthetic toxicity, the immediate management is to stop the injection, call for help, manage the airway, and administer 20% lipid emulsion bolus and infusion. Although anaphylaxis is a possibility, the constellation of CNS symptoms after injection in the axillary approach is most consistent with LAST. High spinal would present with bilateral upper extremity and respiratory symptoms, and phrenic nerve block is uncommon with the axillary approach.

QUESTION 6

SINGLE CHOICE

A 35-year-old patient undergoing emergency appendicectomy develops masseter rigidity, generalised muscle rigidity, hypercapnia and a temperature rise of 1.5 °C shortly after induction with succinylcholine and isoflurane. Which of the following is the most appropriate immediate pharmacological intervention?

- ☒ **A** Administer intravenous dantrolene 2.5 mg/kg as an initial bolus
- ☐ **B** Administer intravenous dantrolene 1 mg/kg as an initial bolus
- ☐ **C** Administer intravenous sodium bicarbonate 1 mmol/kg
- ☐ **D** Administer intravenous hydrocortisone 200 mg

ANSWER A

WHY Malignant hyperthermia (MH) is a clinical diagnosis and treatment must not be delayed. The current recommended initial bolus dose of dantrolene for an adult in MH crisis is 2.5 mg/kg IV, repeated as needed. Dantrolene acts by inhibiting calcium release from the sarcoplasmic reticulum via the ryanodine receptor, reducing muscle hypermetabolism. Sodium bicarbonate is reserved for severe acidosis and steroids are not first-line therapy.

QUESTION 7

SINGLE CHOICE

A 45-year-old patient with no comorbidities is undergoing an upper abdominal laparotomy. According to enhanced recovery after surgery (ERAS) principles and multimodal analgesia, which of the following is the MOST appropriate intraoperative analgesic regimen?

- ☐ A High-dose intraoperative opioid (morphine 0.3 mg/kg) followed by as-needed opioids postoperatively
- ☒ B Multimodal regimen: paracetamol, an NSAID (if no contraindication), wound infiltration with local anaesthetic, and an opioid-sparing technique such as epidural analgesia
- ☐ C Patient-controlled analgesia with morphine as the sole modality
- ☐ D Avoidance of all analgesics intraoperatively to prevent opioid-induced hyperalgesia

ANSWER B

WHY ERAS guidelines for upper abdominal surgery recommend a multimodal opioid-sparing analgesic regimen, which typically includes paracetamol, an NSAID (when not contraindicated), regional techniques such as epidural analgesia or wound catheters, and opioids only as rescue medication. This approach improves recovery, reduces opioid-related side effects, and facilitates early mobilisation. High-dose opioid-only regimens and PCA morphine as a sole modality are contrary to ERAS principles, and complete avoidance of analgesics is inappropriate.

QUESTION 8

SINGLE CHOICE

Which intravenous induction agent is most appropriate for a haemodynamically unstable patient with significant hypovolaemia requiring rapid sequence induction for emergency laparotomy?

- ☐ A Propofol 2 mg/kg
- ☒ B Etomidate 0.3 mg/kg
- ☐ C Thiopental 5 mg/kg
- ☐ D Midazolam 0.1 mg/kg

ANSWER B

WHY Etomidate produces reliable hypnosis with minimal effect on systemic vascular resistance and minimal myocardial depression, making it the agent of choice for haemodynamically unstable patients. Propofol and thiopental cause significant hypotension through vasodilation and myocardial depression, which would be poorly tolerated in hypovolaemia. Midazolam alone is unreliable and slow for induction.