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PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

ANAES

Anesthesia

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 practice questions for UAE Ministry Of Health And Prevention **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

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

QUESTION 1

SINGLE CHOICE

Which volatile anesthetic is associated with the greatest reduction in systemic vascular resistance (SVR) and the most pronounced coronary vasodilatation among the commonly used agents?

- ☒ **A Isoflurane**
- ☐ B Sevoflurane
- ☐ C Desflurane
- ☐ D Nitrous oxide

ANSWER A

WHY Isoflurane produces marked peripheral vasodilation with a substantial decrease in systemic vascular resistance and is a potent coronary vasodilator (historically associated with 'coronary steal' concern, though clinical significance is debated). Sevoflurane and desflurane have less effect on SVR at equivalent MAC, and nitrous oxide tends to increase sympathetic tone and SVR rather than decrease it.

QUESTION 2

SINGLE CHOICE

Which intravenous crystalloid solution has a composition most closely matching human plasma and is recommended as the preferred intraoperative maintenance fluid in healthy adults?

- ☐ A 0.9% Normal saline
- ☒ **B Lactated Ringer's solution**
- ☐ C 5% Dextrose in water
- ☐ D 3% Hypertonic saline

ANSWER B

WHY Lactated Ringer's solution is a balanced crystalloid whose electrolyte composition most closely resembles plasma. It is generally preferred over 0.9% normal saline for routine intraoperative fluid replacement because large volumes of saline produce hyperchloremic metabolic acidosis. 5% dextrose provides free water and risks hyperglycemia; 3% saline is reserved for specific indications.

QUESTION 3

SINGLE CHOICE

Which physicochemical property of an inhaled anesthetic most directly determines its rate of alveolar (and hence arterial) equilibration with the inspired partial pressure, and therefore its speed of onset and offset?

- ☐ A Minimum alveolar concentration (MAC)
- ☒ B Blood:gas partition coefficient (solubility)
- ☐ C Oil:gas partition coefficient
- ☐ D Vapor pressure at room temperature

ANSWER B

WHY The blood:gas partition coefficient determines solubility in blood: agents with low solubility (e.g., sevoflurane 0.65, desflurane 0.42) have rapid alveolar-to-inspired equilibration and rapid onset/offset. MAC reflects potency, oil:gas partition coefficient correlates with potency, and vapor pressure determines how the agent is delivered via a vaporizer.

QUESTION 4

SINGLE CHOICE

Which volatile anesthetic has the lowest blood-gas partition coefficient and therefore the fastest onset and offset?

- ☒ A Sevoflurane
- ☐ B Isoflurane
- ☐ C Halothane
- ☐ D Methoxyflurane

ANSWER A

WHY Sevoflurane has a blood-gas partition coefficient of approximately 0.65, the lowest among commonly used volatile anesthetics, giving it the most rapid uptake and elimination. Isoflurane is ~1.4, halothane ~2.4, and methoxyflurane is much higher.

QUESTION 5

SINGLE CHOICE

Which factor most reliably determines the upper level of sensory blockade achieved with a spinal anesthetic?

- ☒ **A Baricity of the injectate relative to cerebrospinal fluid**
- ☐ B Patient's age alone
- ☐ C Volume of local anesthetic injected
- ☐ D Speed of injection

ANSWER A

WHY Baricity (the ratio of the density of the local anesthetic solution to that of CSF) is the dominant factor determining the spread of a spinal block. A hyperbaric solution will move with gravity toward dependent areas, while a hypobaric solution rises. Patient position is used in conjunction with baricity to achieve the desired level.

QUESTION 6

SINGLE CHOICE

A patient is to undergo a short perineal procedure under spinal anesthesia. Which baricity of local anesthetic solution is most appropriate to limit the block to the sacral nerve roots and prevent unwanted high spread?

- ☒ **A Hyperbaric solution**
- ☐ B Isobaric solution
- ☐ C Hypobaric solution
- ☐ D Plain (truly isobaric) bupivacaine 0.5%

ANSWER A

WHY A hyperbaric solution (mixed with dextrose, e.g., 0.5% bupivacaine in 8% glucose) is denser than CSF and will settle in the dependent (sacral) region when the patient remains seated briefly after injection, producing a saddle block appropriate for perineal surgery. Hypobaric solutions float upward and tend to produce higher, less predictable blocks; isobaric solutions spread unpredictably based on patient position and CSF currents.

QUESTION 7 SINGLE CHOICE

Multimodal analgesia is best defined as:

- ☐ A Use of a single high-dose opioid for severe postoperative pain
- ☒ B Combination of analgesics from different pharmacologic classes targeting multiple pain pathways to reduce opioid requirements
- ☐ C Continuous epidural infusion of local anesthetic only
- ☐ D Use of nonpharmacologic methods alone, without any analgesics

ANSWER B

WHY Multimodal analgesia uses a combination of analgesics (e.g., NSAIDs, acetaminophen, gabapentinoids, regional techniques, and opioids) from different mechanistic classes to act on multiple sites along the pain pathway, reducing opioid dose and opioid-related side effects. Using a single high-dose opioid or avoiding analgesics is the opposite of the multimodal concept.

QUESTION 8 MULTIPLE CHOICE

Which of the following are recognized independent risk factors in the Apfel score for adult postoperative nausea and vomiting (PONV)? (Choose three.)

- ☒ A Female sex
- ☒ B Nonsmoker status
- ☒ C History of motion sickness or PONV
- ☐ D Use of propofol infusion (TIVA)

ANSWER A - B - C

WHY The Apfel simplified risk score for adult PONV consists of four risk factors: female sex, nonsmoker status, history of PONV or motion sickness, and use of postoperative opioids. Each factor contributes about 20% risk. Propofol-based TIVA is actually a protective strategy against PONV, not a risk factor.

QUESTION 9

SINGLE CHOICE

Which intravenous crystalloid solution has a composition most closely matching plasma and is recommended as the preferred maintenance fluid in most perioperative settings to avoid hyperchloremic metabolic acidosis?

- ☐ A Normal saline 0.9%
- ☒ B Lactated Ringer's solution
- ☐ C Dextrose 5% in water (D5W)
- ☐ D 3% hypertonic saline

ANSWER B

WHY Lactated Ringer's (and Plasma-Lyte) are balanced crystalloids with an electrolyte profile close to plasma. Large-volume resuscitation with normal saline can produce a hyperchloremic (non-anion gap) metabolic acidosis. D5W is hypotonic and inappropriate for volume resuscitation; 3% saline is reserved for severe symptomatic hyponatremia.

QUESTION 10

SINGLE CHOICE

Which selective reversal agent binds aminosteroid nondepolarizing neuromuscular blocking agents (rocuronium and vecuronium) by encapsulation in a 1:1 ratio?

- ☐ A Neostigmine
- ☒ B Sugammadex
- ☐ C Edrophonium
- ☐ D Pyridostigmine

ANSWER B

WHY Sugammadex (Org 25969) is a modified γ -cyclodextrin that selectively binds the aminosteroid NMBA's rocuronium and vecuronium in a 1:1 inclusion complex, providing rapid and complete reversal even from deep blockade. Neostigmine, edrophonium, and pyridostigmine are acetylcholinesterase inhibitors that reverse nondepolarizing block indirectly and are less effective for deep aminosteroid blockade.

QUESTION 11

SINGLE CHOICE

A 62-year-old patient with insulin-dependent diabetes is scheduled for elective surgery in the morning. Which preoperative fasting instruction for clear liquids is consistent with current ASA guidelines?

- ☐ A No fasting required for clear liquids in diabetic patients
- ☒ B 2 hours
- ☐ C 4 hours
- ☐ D 6 hours

ANSWER B

WHY Current ASA preoperative fasting guidelines allow clear liquids up to 2 hours before the induction of anesthesia in healthy patients, including those with diabetes (provided glycemic control is optimized). Breast milk requires 4 hours, light meals 6 hours, and fried/fatty meals 8 hours. The 2-hour interval applies to clear liquids such as water, pulp-free juice, and clear tea or coffee.

QUESTION 12

SINGLE CHOICE

Which factor most reliably determines the upper level of sensory blockade achieved with a single-shot spinal anesthetic in an adult?

- ☐ A Patient age
- ☒ B Baricity of the solution and patient position
- ☐ C Speed of injection
- ☐ D Needle gauge and tip design

ANSWER B

WHY Baricity of the local anesthetic solution relative to CSF, combined with the patient's position during and immediately after injection, is the most reliable determinant of spinal block height. Patient age, injection speed, and needle gauge influence spread and PDPH risk but are less reliable predictors of cephalad extent.

QUESTION 13

SINGLE CHOICE

Which of the following interventions is most effective in preventing postoperative nausea and vomiting (PONV) in an adult patient with multiple risk factors (female, nonsmoker, history of motion sickness, opioid-based analgesia)?

- ☐ A Single-agent prophylaxis with ondansetron at the end of surgery
- ☒ B Multimodal antiemetic prophylaxis combining agents from different receptor classes (e.g., dexamethasone plus ondansetron or a NK-1 antagonist)
- ☐ C Avoidance of all opioids and use of only regional anesthesia
- ☐ D Prophylactic nasogastric decompression for 24 hours

ANSWER B

WHY Patients with several Apfel risk factors (female sex, nonsmoker, prior PONV/motion sickness, postoperative opioids) have a high baseline risk of PONV and benefit from multimodal prophylaxis combining antiemetics from different classes (e.g., a 5-HT₃ antagonist such as ondansetron, a corticosteroid such as dexamethasone, and/or an NK-1 antagonist). Single-agent prophylaxis is insufficient in high-risk patients, and routine NG tubes are not recommended for PONV prevention.

QUESTION 14

SINGLE CHOICE

During rapid sequence induction in a patient with a suspected full stomach, the first attempt at direct laryngoscopy fails to visualize the vocal cords. According to the ASA difficult airway algorithm, what is the most appropriate immediate next step?

- ☐ A Place a supraglottic airway device and proceed with surgery
- ☐ B Wake the patient up and cancel the case
- ☒ C Call for help and attempt a different intubation technique (e.g., video laryngoscope or fiberoptic scope) while maintaining oxygenation
- ☐ D Perform an immediate emergency surgical airway (front-of-neck access)

ANSWER C

WHY When an unanticipated difficult intubation occurs in a non-emergent path, the ASA algorithm emphasizes calling for help and switching to an alternative technique (video laryngoscope, fiberoptic, lighted stylet, or supraglottic airway) while ensuring adequate oxygenation between attempts. Emergency surgical airway (front-of-neck access) is reserved for the 'cannot intubate, cannot ventilate/oxygenate' (CICO) scenario, which does not yet apply if mask ventilation or oxygenation is being maintained.

QUESTION 15

SINGLE CHOICE

For labor analgesia in a healthy ASA I parturient with a singleton vertex pregnancy at 5 cm dilation, which neuraxial technique provides the most effective pain relief with the lowest risk of maternal hypotension?

- ☐ A Single-shot spinal anesthesia with 0.5% bupivacaine
- ☒ B Combined spinal-epidural (CSE) with intrathecal opioid + epidural catheter
- ☐ C Epidural analgesia with bupivacaine 0.25% bolus
- ☐ D Continuous spinal catheter with morphine

ANSWER B

WHY Combined spinal-epidural with a small intrathecal opioid (e.g., fentanyl 10-25 mcg ± sufentanil) plus an epidural catheter provides rapid, profound analgesia with minimal sympathetic block and thus less hypotension. Single-shot spinals with local anesthetic produce high blocks and hypotension; 0.25% bupivacaine epidurals cause more motor block and hypotension.