Oral Exam Example Question

This would be a typical example and goes through the process of developing a differential diagnosis/treatment plan. The questions will cover common surgical problems and are not ‘trick’ questions. Think practically and remember it is a ‘surgical rotation’ so it would not be surprising if many (although perhaps not all) of the questions eventually include a surgical option as part of the treatment. The answers given are not all inclusive. There are other ‘correct’ responses.

Problem:
You (a surgeon) are referred an 80-year old male with a left carotid bruit found by the patient’s primary care provider.

Answers:

History
General medical condition, cardiovascular risk factors (hypertension, lipids, smoking, etc.), carotid symptoms (TIA, eye, stroke), medications, previous vascular conditions such as MI, claudication.
You are told the patient had a coronary angiogram and stents 5 years ago and is currently asymptomatic. There are no carotid symptoms. He takes a baby aspirin a day + some blood pressure and lipid medications.

Physical Exam
General + focused neuro/vascular exam
You are told this is normal

Labs/Imaging
Do not start your answer with this…do the above first.
Carotid Duplex, possibly MRA or CT angio depending on the Duplex result.
You are told a carotid duplex shows a critical stenosis (<95%) of the left Internal carotid artery, the right carotid is <50% stenosis.
Additional testing?

Treatment
If you recommend carotid endarterectomy (CEA, a reasonable choice), be prepared to give data on outcomes to support this choice. Other options are stenting or observation that may be reasonable in some settings (severe co-morbidity, limited life span). If you have seen a CEA, be prepared to discuss technique of this surgery, shunts, etc.
What are complications for CEA (death, stroke, cranial nerve injury)? Recognize that patient has ‘systemic’ vascular disease. Screening for an occult abdominal aortic aneurysm would be reasonable.