



EBSQ EXAMINATION IN GENERAL SURGERY PART 1

Sample MCQs

The types of MCQs currently used are of the Best answer out of 4/5, of the positive type (A+). Very rarely Best answer out of 4/5 of the negative type (A-) may be used. There is **no** negative marking in the Part 1 MCQ Examination.

Part 1 is a written component consisting of computer-based MCQs. It lasts 3 hours.

The type of MCQs used in part 1 of the UEMS EBSQ Examination in General Surgery is:
'Best answer out of 5, positive type'.

Candidates will have to select the single best answer out of five options.

Correct answer in bold type

1.	
A smooth rubbery 30mm lesion is removed from the breast of a 35 year old woman with a preoperative diagnosis of fibroadenoma. Histologically this lesion is found to be a phyllodes tumour which reaches the excision margins. The most appropriate surgical plan is:	
A	No further surgery and close follow up
B	Quadrantectomy with sentinel lymph node biopsy
C	Re-excision with free margins and close follow up
D	Total mastectomy without axillary dissection
E	Wide local excision with axillary dissection

2.	
Which of the following is the best guide to fluid replacement in a patient with burns?	
A	Central venous pressure
B	Haemoglobin and haematocrit
C	Skin turgor
D	Urine osmolality
E	Urine output



3.	
Regarding the Duke's classification for rectal carcinoma which statement is the most appropriate?	
A	Accurately defines the number of lymph nodes involved
B	Distinguishes those tumours which have penetrated the muscularis mucosa from those which are confined by it
C	Does not take into account the presence of metastases
D	Highlights the improved prognosis in those with villous rather than tubular carcinomas
E	Is a tumour grading scale

4.	
A 65-year-old patient is unable to open his left eye due to a large ulcer on his forehead. A forehead biopsy reveals basal cell carcinoma (BCC). What is the most appropriate initial approach?	
A	CT scan to investigate involvement of deep structures
B	Refer to surgical oncologist or head and neck surgeon for resection
C	Refer for topical therapies (including photodynamic therapy)
D	Refer for radiotherapy
E	Perform excision

5.	
A 35 year old lady was seen in the clinic with a 5cm growing lump in her biceps area over the last 6 months. It is painless and feels firm. Should you:	
A	Reassure and discharge the patient to community physician
B	Excise the lump
C	Biopsy, then do an MRI
D	Widely excise the lump
E	MRI then biopsy the lump

6.	
Surgical site infection	
A	Affects 15% of clean wounds



B	Antibiotic prophylaxis is best administered at the time of skin incision
C	Betadine antiseptic retains its antimicrobial properties longer than chlorhexidine based preparations
D	Has been proven to be increased by using electrocautery to make the skin incision
E	Reduced rates are seen when using perioperative patient warming

7.	
A 43-year-old woman is brought to the emergency department following a Road traffic accident. On examination, her heart rate is 118 bpm, her blood pressure is 86/50 mm Hg and her respiratory rate is 38 breaths/min. JVP is elevated. The trachea is deviated to the right and the left side of the chest is hyper-resonant to percussion. Which is the most appropriate diagnosis.	
A	Aortic dissection
B	Cardiac tamponade
C	Oesophageal rupture
D	Simple pneumothorax
E	Tension pneumothorax

8.	
In a patient presenting with a history and physical examination findings suggestive of urinary tract obstruction (UTO), which of the following combinations of signs and/or symptoms is most worrisome?	
A	Haematuria and dysuria
B	Polyuria and polydipsia
C	Right-sided flank pain with 39°C fever
D	Severe lower abdominal pain
E	Straining during urination with enlarged prostate on digital rectal examination