

# Penetrating Trauma - Pre-Test

1. You assess a patient's penetrating trauma wound and see that it is primarily in the thoracoabdominal region and may have resulted in diaphragmatic trauma. What are the boundaries of this area that raise suspicion for this type of injury?
  - a. Between the 4th intercostal space and level of the umbilicus
  - b. Between the 2nd intercostal space and level of the umbilicus
  - c. Between the 4th intercostal space and inferior costal margin
  - d. Between the 2nd intercostal space and inferior costal margin
2. What area of the patient's body should be prepped into the operative field in the case of thoracoabdominal penetrating trauma?
  - a. From the shoulders to the hips
  - b. From the shoulders to the thighs
  - c. From the chin to the thighs
  - d. From the chin to the hips
3. What is the sensitivity and specificity of diagnosing diaphragmatic injury using laparoscopy?
  - a. 66% and 94%
  - b. 68% and 100%
  - c. 72% and 96%
  - d. 88% and 100%
4. In selecting a patient for diagnostic laparoscopy, which of the following is a contraindication for the laparoscopic approach?
  - a. Tachypnea
  - b. Diffuse peritonitis
  - c. Concurrent head injury
  - d. Presence of chest tube
5. You begin a laparoscopic case and insufflate the abdominal cavity with CO<sub>2</sub>. The insufflation process should be halted if the patient develops
  - a. Rise in peak airway pressure
  - b. Hypertension
  - c. Tachycardia
  - d. Lower extremity edema
6. When performing laparoscopy, a 3-cm laceration is noted in the left diaphragm. How would you repair this injury?
  - a. Observation because repair may not be necessary
  - b. Suture repair of laceration and thoracostomy tube placement
  - c. Placement of a prosthetic bridging mesh

- d. Immediate thoracostomy tube placement, no repair of laceration needed
7. Upon commencement of diagnostic laparoscopy for trauma, you note small flecks of blood on the bowel. What is the grading of this hemoperitoneum?
- a. Grade 0
  - b. Grade 1
  - c. Grade 2
  - d. Grade 3
8. Why is bradycardia the most common arrhythmia seen during laparoscopic procedures?
- a. Insufflation of the abdomen decreases cardiac rate and output
  - b. As a result of patient sedation this is a common arrhythmia for any procedure
  - c. Abrupt stretch of the peritoneal membrane causes a vasovagal response
  - d. Port placement causes a decrease in abdominal pressure and increased venous return
9. Why might a right-sided thoracoabdominal trauma require a thoracoscopy rather than laparoscopy?
- a. The difference in pulmonary anatomy increases the risk of pulmonary embolism
  - b. Diaphragmatic muscle mass is less on the right side of the body compared to the left side of the body
  - c. Visualization via laparoscopy is worse due to the presence of the liver on the right side
  - d. Only thoracoscopy is indicated in cases of thoracoabdominal trauma on either side of the body
10. Venous gas embolism (VGE) is a rare but potential complication for diagnostic laparoscopy. Which of the following can increase the risk of VGE during this procedure?
- a. Liver laceration
  - b. Aortic aneurysm
  - c. Intra-abdominal arterial damage
  - d. Splenic injury