

## **Suggested Questions**

### **Question 1**

A 35-year-old woman undergoes extensive laparoscopic surgery in the lithotomy position. She presents after 3 days with unresolved weakness of right hip extension and right knee flexion. There is associated sensory impairment below the right knee. Damage to which nerve is the most likely cause?

- a) Femoral
- b) Ilio-inguinal
- c) Lateral cutaneous of the thigh
- d) Obturator
- e) Sciatic

### **Question 2**

You have been reviewing the NICE guidelines on urinary incontinence. You have been asked to perform an audit on management of urinary incontinence in your department. What is the main purpose of audit?

- a) Changing practice
- b) Collecting data
- c) Improving quality
- d) Providing patient feedback
- e) Reducing costs

### **Question 3**

A 47-year-old woman seeks advice about continuing the combined oral contraceptive pill (COCP). She is normotensive and a non-smoker with a BMI of 25. She has no other medical history and no significant family history. She is concerned that the COCP may give her additional health risks. Which of the following malignancies would you advise she may have a small additional risk of developing due to taking the COCP?

- a) Breast cancer
- b) Colorectal cancer
- c) Endometrial cancer
- d) Lung cancer
- e) Ovarian cancer

**Question 4**

A 65-year-old had a hysterectomy for endometrial cancer. She recovered well but complained of dribbling urine 2 days later and was given a course of antibiotics for a presumed UTI. On review at 4 weeks she complains of continued urinary incontinence. She has no dysuria, no sensation of urgency, needs to wear a pad at night, and intermittently voids good volumes of urine with normal flow. Urinalysis is negative. What the most likely diagnosis?

- a) Fistula
- b) Occult underlying stress incontinence
- c) Overactive bladder syndrome
- d) Overflow incontinence
- e) Urinary tract infection

**Question 5**

A woman has been recommended to undergo hysterectomy and bilateral salpingo-oophorectomy for benign disease. You discuss the risks and benefits of an open versus a laparoscopic procedure. Which sort of injury is more common at laparoscopic hysterectomy compared to an open procedure?

- a) Bowel
- b) Nerve
- c) Ovary
- d) Urinary tract
- e) Vascular

**Question 6**

A 46-year-old para 2 woman is referred to your gynaecology clinic complaining of regular but heavy menstrual bleeding which is affecting her quality of life. Which of the following associated features indicates the need for endometrial biopsy?

- a) BMI greater than 30
- b) Dysmenorrhoea
- c) Failure of previous medical therapy
- d) Iron deficiency anaemia
- e) Uterus enlarged on vaginal examination

**Question 7**

A 55-year-old woman is due to come in for total abdominal hysterectomy and bilateral salpingo-oophorectomy for a large mucinous ovarian cyst. She takes sequential HRT for menopausal symptoms. What is the approximate overall risk of serious complications from abdominal hysterectomy?

- a) 1 operation in every 100
- b) 2 operations in every 100
- c) 3 operations in every 100
- d) 4 operations in every 100
- e) 5 operations in every 100

**Question 8**

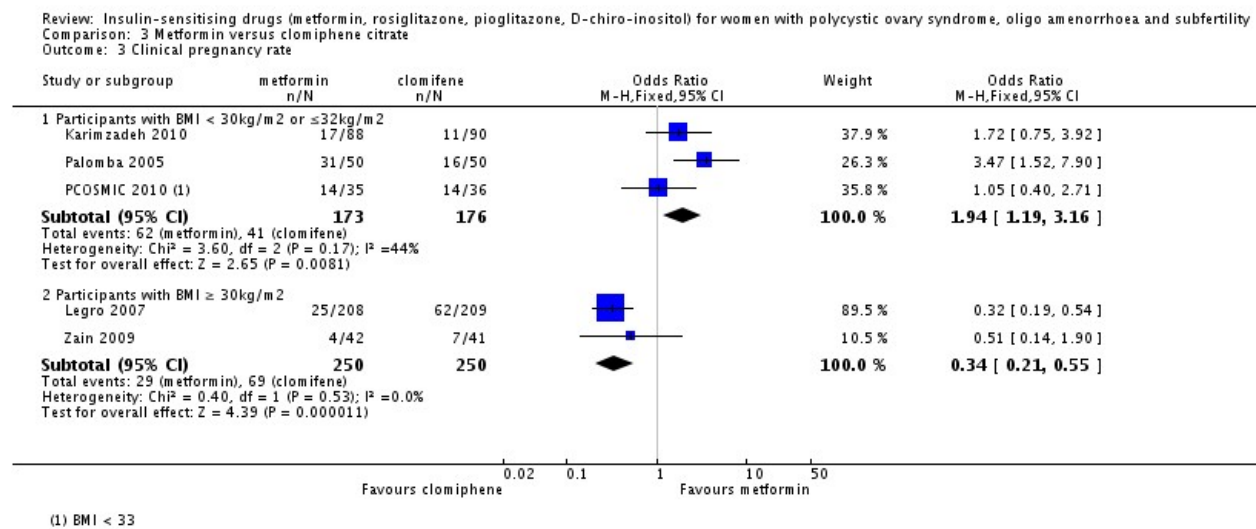
You are asked to review a 55-year-old woman with overactive bladder symptoms. She has responded poorly to bladder training and is on oxybutynin therapy. Her main complaint is nocturia,

which is badly affecting her quality of life. What is the best treatment for her continuing symptoms?

- a) Darifenacin
- b) Desmopressin
- c) Mirabegron
- d) Tolterodine
- e) Transdermal oxybutynin

**Question 9**

This analysis below is taken from a meta-analysis of ovulation rates in women with polycystic ovarian syndrome (PCOS) taking metformin compared with clomifene ovulation induction therapy. Subgroup analysis was also carried out using a cut-off BMI level of 30 kg/m<sup>2</sup>.



Reproduced with permission from [Tang T et al. Cochrane Database Syst Rev 2012;\(5\):CD003053](#)

Which statement of the following best describes the above findings?

- a) Metformin is equally as effective as clomifene in the non-obese group (BMI < 30)
- b) Metformin is equally as effective as clomifene in the obese group (BMI > 30)
- c) Metformin is less effective than clomifene in the non-obese group (BMI <30)
- d) Metformin is less effective than clomifene in the obese group (BMI >30)
- e) Metformin is more effective than clomifene in the obese group (BMI >30)

**Question 10**

A 23-year-old primigravid woman presents at the emergency department at 6 weeks of gestation with threatened miscarriage. On examination, her vital signs were normal and her abdomen was soft with minimal tenderness on deep palpation. On speculum examination, there was a small amount of brown (old) blood in the vagina. A transvaginal ultrasound scan showed an intrauterine gestation sac measuring 18 mm x 15 mm x 12 mm. No yolk sac or fetal pole was visible. What would be the best management plan for her?

- a) Arrange a dating scan at 12 weeks of gestation
- b) Arrange a repeat scan after 7 days
- c) Arrange serial  $\beta$ -HCG levels
- d) Arrange serum progesterone level
- e) Arrange surgical management of miscarriage

**Question 11**

A 23-year-old woman whose mother died at the age of 56 of cervical cancer comes to see you. She wants to know how to reduce her own risk of cervical cancer. What is the single most important piece of advice you could give her?

- a) To attend regularly for cervical screening

- b) To avoid sexual promiscuity
- c) To stop smoking
- d) To stop smoking
- e) To undergo prophylactic risk-reducing bilateral salpingo-oophorectomy

**Question 12**

A 48-year-old woman presents 1 week after a total abdominal hysterectomy. She has persistent weakness of hip flexion and paraesthesia over the anterior and medial aspects of her left thigh. Damage to which nerve is the most likely cause?

- a) Femoral
- b) Genito-femoral
- c) Ilio-inguinal
- d) Lateral cutaneous of the thigh
- e) Obturator

**Question 13**

A 16-year-old girl presents to the gynaecology outpatient clinic with primary amenorrhea. She is 148 cm tall and weighs 54 kg (BMI 24.7). Breast development is assessed as Tanner stage 2 and her pubic hair is noted to be sparse. Further examination identifies cubitus valgus. She has no other dysmorphic features. What is the most likely diagnosis?

- a) Congenital adrenal hyperplasia
- b) Down syndrome
- c) Mayer-Rokitansky-Kusterhauser syndrome
- d) Testicular feminisation
- e) Turner syndrome

**Question 14**

A 22-year-old medical student presents with a request for contraception. Her menstrual cycle is irregular and she complains of acne and hirsutism. Previous investigation has diagnosed

polycystic ovary syndrome (PCOS). She wishes to have a combined oral contraceptive with the best risk profile and most impact on her androgenic symptoms. Which one of the following is the best available option to recommend for her?

- a) Cilest® (ethinyl estradiol/norgestimate)
- b) Loestrin® (ethinyl estradiol/levonorgestrol)
- c) Marvelon® (ethinyl estradiol/desogestrel)
- d) Microgynon® (ethinyl estradiol/norethisterone)
- e) Yasmin® (ethinyl estradiol/drospirenone)

**Question 15**

A 68-year-old woman with postmenopausal bleeding is attending for a diagnostic hysteroscopy under general anaesthetic. You discuss the complications with her. What is the incidence of serious complications during hysteroscopy?

- a) 1 in 50
- b) 1 in 100
- c) 1 in 500
- d) 1 in 1000
- e) 1 in 5000

**Question 16**

A 36-year old woman undergoes laparoscopic resection of deep infiltrating endometriosis. You advise her regarding the risk of injury to her ureters during the surgery and the fact that this may be a direct injury or a thermal injury related to electrocautery. If she does receive a thermal injury, when would you expect her to present?

- a) 1–2 days post surgery
- b) 3–4 weeks post surgery
- c) 5–6 weeks post surgery

- d) 5–7 days post surgery
- e) 10–14 days post surgery

**Question 17**

You see a 48-year-old woman opting for a hysterectomy for management of her heavy menstrual bleeding. While obtaining her consent for the operation you explain to her that haemorrhage requiring transfusion is a 'common' procedural risk. What is the numerical ratio for a complication when it is quoted as 'common'?

- a) 1/1 to 1/10
- b) 1/10 to 1/100
- c) 1/100 to 1/1000
- d) 1/1000 to 1/10 000
- e) Less than 1/10 000

**Question 18**

You prescribe hormone replacement therapy (HRT) for vasomotor instability in a healthy 51-year-old woman who has no significant past medical or family history. During her appointment you counsel her regarding the risks of estrogen and progestogen HRT. How many estimated additional cases of breast cancer are there per 1000 women using HRT for five years?

- a) 3 cases per 1000 women
- b) 6 cases per 1000 women
- c) 9 cases per 1000 women
- d) 12 cases per 1000 women
- e) 14 cases per 1000 women

**Question 19**

You see a 45-year-old nulliparous woman at your gynaecology clinic who is a carrier for the BRCA2 mutation. She wishes to discuss surgery to reduce her cancer risk. What is the



approximate average cumulative risk of her developing ovarian-type cancer by the age of 70?

- a) 10%
- b) 25%
- c) 40%
- d) 55%
- e) 70%

**Question 20**

A 42-year-old para 2 woman is referred to your gynaecology clinic complaining of regular but heavy menstrual bleeding that is affecting her quality of life. Which of the following investigations is most appropriate at the first clinic visit?

- a) Full blood count (FBC)
- b) Gonadotrophin assay
- c) Thyroid function tests (TFTs)
- d) Thyroid function tests (TFTs)
- e) Transvaginal ultrasound (TVS)

**Question 21**

You have informed a 45-year-old that she has stage 3c ovarian cancer. She is keen to know about her prognosis. What is the 5-year survival rate in UK for ovarian cancer?

- a) 20–25%
- b) 30–35%
- c) 40–45%
- d) 50–55%
- e) 60–65%

**Question 22**

A 16-year-old girl attends the gynaecology clinic for heavy periods and confides that she is being forced to undergo female

genital mutilation (FGM) by her parents. What is the estimated number of children at risk of FGM in the UK?

- a) 500
- b) 5000
- c) 10 000
- d) 20 000
- e) 50 000

**Question 23**

A 40-year-old woman presents with severe pelvic pain. She has had a myomectomy in the past through a vertical abdominal incision to the level of the umbilicus. To investigate her pelvic pain, she undergoes a diagnostic laparoscopy using the Palmer point of entry. Where is Palmer's point?

- a) 3 cm below the left costal margin in the midaxillary line
- b) 3 cm below the left costal margin in the midclavicular line
- c) 3 cm below the right costal margin in the midaxillary line
- d) 3 cm below the right costal margin in the midclavicular line
- e) 3 cm below xiphisternum in the midline

**Question 24**

A 36-year-old woman presents to the early pregnancy assessment unit with a history of mild bleeding for 3 days and lower abdominal pain. She has had two vaginal deliveries in the past. She has factor V Leiden deficiency, which was diagnosed during her first pregnancy. Her last menstrual period was 7 weeks ago and this is an unplanned pregnancy. She has no other significant medical or surgical history. She lives with her husband and children. On ultrasound scan, she was found to have an

intrauterine gestational sac with a fetal pole measuring 8 mm. No fetal heart beat was seen and was confirmed by two ultrasonographers. What is the best initial management for this woman?

- a) Book a repeat scan in 7–10 days
- b) Counsel her regarding expectant management of miscarriage
- c) Discuss medical management of miscarriage and prescribe oral administration of 200 mg mifepristone
- d) Discuss medical management of miscarriage and prescribe oral administration of 600 micrograms of misoprostol
- e) Prescribe antibiotics for 7 days and discuss expectant management of miscarriage

**Question 25**

A 46-year-old fit and healthy woman has urodynamically confirmed stress urinary incontinence. She has undergone pelvic floor muscle training without improvement. On examination she is noted to have a POPQ grade 1 anterior vaginal wall prolapse. In view of the effect of her urinary symptoms on her quality of life she is requesting definitive treatment. What is the most appropriate surgical intervention for her?

- a) Anterior colporrhaphy
- b) Artificial urinary sphincter
- c) Intramural bulking agent
- d) Laparoscopic colposuspension
- e) Synthetic mid-urethral tape

**Question 26**

A 26-year-old woman presents to the emergency gynaecology clinic requesting emergency contraception (EC). She had unprotected sex 6 days ago. She is not currently using any contraception, having not had a partner for a year. She has a regular 28 day menstrual cycle, which can be heavy. The first day

of her last period was 15 days ago. What emergency contraception option, if any, would you advise?

- a) A copper bearing intrauterine device
- b) A Mirena® coil
- c) It is too late for emergency contraception
- d) Levonelle®
- e) Ulipristal acetate

**Question 27**

A 27-year-old woman has had three successive first trimester miscarriages. Investigations show that she has antiphospholipid syndrome. Which treatment option will improve the chance of a successful pregnancy?

- a) Aspirin and heparin
- b) Corticosteroids and intravenous immunoglobulin
- c) Human chorionic gonadotrophin
- d) Metformin
- e) Progesterone

**Question 28**

A 17-year-old girl presents with a 12 hour history of lower abdominal pain. She had unprotected intercourse a week ago, which was 6 days after her last period. Her pulse is 110 beats per minute, her blood pressure is 110/70 mmHg, her temperature 37.8°C and she is tender over her lower abdomen, especially in the right iliac fossa where there is rebound tenderness. There is cervical excitation. Her Hb is 137g/l (normal 115–165) and her white cell count  $17.6 \times 10^9/l$  (normal 4–11). What is the most likely diagnosis?

- a) Acute appendicitis
- b) Acute pelvic inflammatory disease
- c) Ectopic pregnancy

- d) Pelvic endometriosis
- e) Ruptured corpus luteum

**Question 29**

A 65-year-old postmenopausal woman attends the clinic having been found to have a 4.9 cm simple cyst arising from the right ovary. There is no other abnormality on scan. Her Ca 125 is 29. She is asymptomatic and the cyst was picked up on investigation for haematuria. What is the most appropriate management?

- a) Aspiration of the cyst under ultrasound guidance
- b) Laparoscopic aspiration of the cyst
- c) Repeat scan and Ca 125 test in 4 months
- d) Right oophorectomy
- e) Right ovarian cystectomy

**Question 30**

A 67-year-old woman is referred to the rapid access clinic with a 2 day history of postmenopausal bleeding, which has since resolved. She is otherwise fit and well. The endometrial thickness is 7 mm on transvaginal ultrasound scan, the endometrium appears polypoidal at hysteroscopy and histology on an endometrial sample is reported as showing irregular and tightly packed glands with large and vesicular nuclei containing prominent nucleoli. What is the most appropriate management for this woman?

- a) Bilateral oophorectomy
- b) Combined estrogen and progestogen hormone replacement therapy
- c) Expectant management

- d) Hysterectomy
- e) Insertion of a levonorgestrel-releasing intrauterine system

**Question 31**

A 40-year-old woman has regular heavy menstrual bleeding. The history and investigations indicate that pharmacological treatment is appropriate. Her GP has tried tranexamic acid without success. What is the most appropriate next pharmaceutical treatment?

- a) Etamsylate
- b) Gonadotrophin-releasing hormone analogues
- c) Injected long acting progestogens
- d) Levonorgestrel-releasing intrauterine system (LNG-IUS)
- e) Norethisterone 15 mg daily from day 5 to day 26 of cycle

**Question 32**

A 23-year-old woman had an ultrasound scan that was suggestive of a missed miscarriage. She underwent evacuation of the uterus and products of conception were sent for histology. The histology report confirmed that this had been a partial molar pregnancy. What are the most likely genetic features of the partial molar pregnancy?

- a) 46 XY
- b) 46 YY
- c) 46 YYY
- d) 69 XYY
- e) 69 YYY

**Question 33**

You see a 38-year-old woman with a 2.5 cm malignant tumour on her cervix and no extracervical disease on imaging. She is fit and healthy. What is her best treatment option?

- a) Radical hysterectomy and bilateral pelvic lymphadenectomy

- b) Radical hysterectomy
- c) Radical trachelectomy and bilateral pelvic lymphadenectomy
- d) Radical trachelectomy
- e) Radiotherapy

**Question 34**

A 55-year-old woman is seen in the pre-assessment clinic. She is due to undergo full staging surgery for ovarian cancer as recommended by the MDT. Her only current medications are clopidogrel and thyroxine. If the benefits of stopping clopidogrel outweigh the risks, how long should clopidogrel be stopped prior to surgery?

- a) 1 day
- b) 3 days
- c) 5 days
- d) 7 days
- e) 14 days

**Question 35**

A 45-year-old woman is due to have a total abdominal hysterectomy and bilateral salpingo oophorectomy for chronic pelvic pain. You receive a letter from her GP informing you that her recent cervical smear has shown borderline changes in endocervical cells. What arrangement will you make, if any, prior to her admission?

- a) Endometrial sampling
- b) HPV testing
- c) No change in her management
- d) Referral to colposcopy
- e) Repeat cervical cytology

**Question 36**

A 46-year-old nulliparous woman has been referred by her GP having been treated for heavy regular menstrual bleeding with

cyclical progestogens for a period of 6 months. The treatment has failed to improve her symptoms. What is the most appropriate next line of management?

- a) Endometrial biopsy
- b) Levonorgestrel intrauterine system
- c) Non-steroidal anti-inflammatory drugs
- d) Pelvic ultrasound
- e) Tranexamic acid

**Question 37**

A 25-year-old woman with a bicornuate uterus attends the emergency gynaecology unit requesting emergency contraception (EC). She has been on holiday and forgot to take her contraceptive pill for 3 days in the first week of the calendar pack and had unprotected sexual intercourse (UPSI) four days ago. She is in good health. Which of the following is the recommended EC?

- Copper IUCD
- Levonorgestrel (LNG)
- Mifepristone
- Mirena IUS
- Ulipristal acetate (UA)

**Question 38**

A 30-year-old multiparous woman with a suspected borderline left ovarian tumour is awaiting laparotomy, frozen section and conservative or complete staging surgery. She wants to know the accuracy of frozen section. How many cases diagnosed as borderline ovarian tumours on frozen section would be later reclassified as invasive tumours?

- a) One-fifth of cases
- b) One-half of cases
- c) One-quarter of cases



- d) One-tenth of cases
- e) One-third of cases

**Question 39**

A 63-year-old woman with a history of postmenopausal bleeding returns to the gynaecology clinic. Recent endometrial biopsy shows complex hyperplasia without atypia. She wants to know what the risk is of these abnormal cells progressing to cancer. What is the risk of her complex hyperplasia progressing to endometrial cancer over 10 years?

- a) 4%
- b) 8%
- c) 12%
- d) 16%
- e) 20%

**Question 40**

A 36-year-old parous woman was diagnosed with stage 3 endometriosis. She was on GnRH (gonadotrophin releasing hormone) analogue for 12 months. Subsequently she had laparoscopic excision of recto-vaginal endometriosis. She continues to be in pain despite medical and surgical management. What is the next most appropriate management option for her?

- a) Aromatase inhibitors
- b) Danazol
- c) Long term GnRH
- d) Progesterone only pills
- e) Tibolone

**Question 41**

A 51-year-old woman attends your clinic with history of severe vasomotor symptoms (hot flushes, night sweats). She has a family history of breast cancer and would like to avoid hormone replacement therapy (HRT). Which non-hormonal medication is most likely to control her symptoms?

- a) Citalopram
- b) Metoprolol
- c) Nifedipine
- d) Phentolamine
- e) Venlafaxine

**Question 42**

A 26-year-old woman has been admitted with late onset severe ovarian hyperstimulation syndrome (OHSS) 10 days after embryo transfer in an IVF cycle. She reports generalised abdominal pain and sickness for 2 days. Abdominal examination revealed significant ascites, whilst abdominal ultrasound showed bilateral enlarged ovaries with a maximal diameter of 10 cm. Which of the following combination of blood results is commonly observed on admission?

- a) Haematocrit decreased, fibrinogen increased, albumin increased
- b) Haematocrit increased, fibrinogen decreased, albumin decreased
- c) Haematocrit increased, fibrinogen decreased, albumin increased
- d) Haematocrit increased, fibrinogen increased, albumin decreased
- e) Haematocrit increased, fibrinogen increased, albumin increased

**Question 43**

A 48-year-old woman undergoes a total abdominal hysterectomy and bilateral salpingo-oophorectomy and omental biopsy for an ovarian tumour. Pathology confirms a serous borderline ovarian tumour. Which of the following is a feature of borderline ovarian tumours?

- a) Absence of stromal invasion
- b) Complex histological architecture
- c) Mitotic figures
- d) Peritoneal implants
- e) Raised serum CA125

**Question 44**

A 23-year-old woman undergoes laparoscopic cystectomy of a right endometrioma, densely adherent to the pelvic side wall. She is discharged home soon after the surgery but presents 36 hours later with right flank pain. Which investigation would you arrange to confirm and locate any ureteric injury?

- a) Computerised tomography intravenous urogram
- b) Magnetic resonance imaging
- c) Renogram
- d) Transurethral cystoscopy and stenting
- e) Ultrasonography

**Question 45**

A 24-year-old woman in her first pregnancy attends the antenatal clinic. Her community midwife has referred her to a Consultant clinic as she disclosed having had female genital mutilation (FGM) at 8 years of age. Which one of the following countries is this woman LEAST likely to originate from?

- a) Egypt
- b) Eritrea
- c) Nigeria
- d) Somalia
- e) Sudan

**Question 46**

Your consultant asks you to prescribe a 3 month course of ulipristal acetate to a woman with fibroids prior to having a

hysterectomy. To which class of drugs does ulipristal acetate belong?

- a) Aromatase inhibitor
- b) Gonadotrophin releasing hormone (GnRH) antagonist
- c) Progestogen antagonist
- d) Prostaglandin
- e) Selective estrogen receptor modulator (SERM)

**Question 47**

A 15-year-old girl attends sexual health clinic requesting termination of pregnancy. She is 7 weeks pregnant. Her boyfriend is also 15-years-old and studies in the same school. She has not informed anyone of this pregnancy. What is your most likely immediate action?

- a) Encourage her to inform her parents
- b) Inform specialist youth worker
- c) Inform the GP
- d) Inform the school head teacher
- e) Reject the request without parental consent

**Question 48**

A 25-year-old woman develops a wound infection after a straight forward elective subtotal hysterectomy. What is the single most likely causative organism?

- a) *Escherichia coli*
- b) *Haemophilus influenzae*
- c) Methicillin resistant *Staphylococcal aureus*
- d) *Staphylococcal aureus*
- e) *Streptococcus milleri*

**Question 49**

A 37-year-old woman is undergoing a diagnostic laparoscopy for investigation of pelvic pain. Following insertion of the laparoscope through the umbilical port you find bowel adherent to the anterior abdominal wall in the midline. You are worried that bowel may be adherent under the umbilicus. What is the recommended course of action?

- a) Continue with procedure as Palmer's test was normal
- b) Convert to laparotomy
- c) Remove port and reinsert at Palmer's point
- d) Seek surgical advice
- e) Visualise the primary trocar site from a secondary port site

**Question 50**

A 23-year-old woman has been referred to the gynaecology clinic by her GP after being on the combined oral contraceptive pill (COCP) for 3 months. She has been on 20 micrograms of ethinyl oestradiol and 150 micrograms of desogestrel. She is experiencing irregular vaginal bleeding, which is interfering with her lifestyle. She has been taking the pills as prescribed and has not missed a dose. The pregnancy test in the clinic is negative. She reports no symptoms of abdominal pain. A cervical smear was performed 5 months ago and was normal. What is the best management option?

- a) Add extra progesterone cover for 5 days per month during the pill-free interval
- b) Advise that this is normal and review in a further 3 months
- c) Change to a COCP with 30 micrograms of ethinyl estradiol and reassess after 3 months
- d) Change to a progesterone-only formulation and reassess after 3 months
- e) Stop the pill and monitor her symptoms before trying alternative hormonal contraception

**Question 51**

A medical student asks for clarification on the relevance of the following documentation from an examination of a woman with prolapse:

- Aa: 0; Ba: 0; C: -3; D: -4; Bp: -5; Ap: -3

Which of the following is a standard quantifying tool for the measurement of pelvic organ prolapse?

- a) AFS score
- b) Baden-Walker halfway scoring system
- c) Bristol Female Lower Urinary Tract Symptoms (BFLUTS) questionnaire
- d) King's College Health Questionnaire (KHQ)
- e) Pelvic Organ Prolapse Quantification System (POP-Q)

**Question 52**

A 32-year-old woman had normal vaginal delivery 6 months ago. She complains of stress urinary incontinence on coughing and sneezing. Abdominal and pelvic examinations were unremarkable and stress incontinence was demonstrable. What is the most appropriate strategy to manage her stress incontinence?

- a) No action required as symptoms are likely to improve with time
- b) Pelvic floor muscle training
- c) Ring pessary
- d) Tension-free vaginal tape
- e) Urodynamics

**Question 53**

A 65-year-old woman is referred to the gynaecology outpatient department with left-sided lower abdominal discomfort. A bimanual examination reveals discomfort in her left iliac fossa.

She is concerned that she may have ovarian cancer. What is the most appropriate radiological investigation for this woman?

- a) Colour flow Doppler
- b) Computed tomography
- c) Magnetic resonance imaging
- d) Positron emission tomography
- e) Transvaginal ultrasound

**Question 54**

A 30-year-old woman was diagnosed with polycystic ovary syndrome presents with primary subfertility of 4 years. Her BMI is 20. Her partner's semen analysis is satisfactory (WHO criteria 2010). Hysterosalpingography has confirmed bilateral tubal patency. What is the most appropriate first-line treatment for this couple?

- a) In vitro fertilization (IVF)
- b) Intracytoplasmic sperm injection (ICSI)
- c) Intrauterine insemination (IUI)
- d) Ovulation induction with clomifene citrate
- e) Ovulation induction with gonadotrophins and intrauterine insemination

**Question 55**

A group of trainees are preparing a tutorial session on laparoscopic hysterectomies. They plan to review the risks of urinary tract damage associated with laparoscopic hysterectomy in order to provide information about the risks and diagnosis of urinary tract injury. What important information as part of the tutorial needs to be included:

- a) Damage to the ureter at the vesico-ureteric junction is the most common urinary tract injury
- b) MRI is suboptimal to diagnose vesico-vaginal fistula because of poor tissue contrast in the area

- c) The most common site of bladder injury is in the midline above the interureteric bar
- d) Thermal injuries usually present within 72 hours with uroperitoneum or vesico–vaginal fistula
- e) Traumatic bladder injury is prevented by catheterisation

The answer is that the most common site of bladder injury is in the midline above the interureteric bar.

#### **Question 56**

An ST3 is asked to review a previously fit woman. She is 6 hours postoperative following a laparoscopic hysterectomy. She looks pale and is confused and agitated. Her pulse is 120 beats per minute, respiratory rate is 40 breaths per minute and her blood pressure is 60/40 mmHg. She has a urine output of 5 ml per hour. Her weight is 70 kg. Approximately what percentage of her blood volume has she lost?

- a) 10–15%
- b) 20–25%
- c) 30–35%
- d) 40–45%
- e) 50–55%

#### **Question 57**

A 52–year–old postmenopausal woman wishes to discuss the option of hormone replacement therapy (HRT). She is particularly concerned about the risk of breast cancer. Which study focuses mainly on the risk of breast cancer associated with HRT?

- a) The Cochrane Collaboration Systematic Review 2012
- b) The Heart and Estrogen/Progestin Replacement Study (HERS) I & II
- c) The Million Women Study
- d) The Women's Health Initiative Study
- e) The Women's Hormone Intervention Secondary Prevention Study



**Question 58**

A 57-year-old postmenopausal woman is referred by her GP following the incidental finding of an endometrial polyp on a transvaginal scan during the investigation of lower abdominal pain. She is otherwise asymptomatic. What is the incidence of atypical hyperplasia in this case?

- a) 0.6%
- b) 1.2%
- c) 2%
- d) 3.1%
- e) 4.3%

**Question 59**

A 28-year-old nulliparous woman presents with symptoms of overactive bladder (OAB) with urgency urinary incontinence. Her urinalysis is negative and a bladder diary shows a daytime frequency of 12-14 and a nocturnal frequency of 2. She is very concerned as it affects her quality of life. What is the prevalence of OAB in adult females?

- a) 13-16%
- b) 17-20%
- c) 21-24%
- d) 5-8%
- e) 9-12%

Done