PAPER CODE: UG001

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
TELANGANA STATE, WARANGAL – 506 002
POST DOCTORAL FELLOWSHIP EXAMINATIONS: DECEMBER, 2024

GYNAECOLOGY AND UROGYNAECOLOGY
PAPER–I

Time: 3 Hours. **Max Marks: 100**

Note: Answer all questions with neat diagrams whenever necessary
All question carry equal marks.

Write an essay on the following: **10 X 10 = 100**

1. a. Define Haematuria. How would you approach it.
b. Discuss the pathophysiology of Recurrent UTI.
c. On examination you see an exposed mesh at 7^{o} Clock position after Mid Urethral Sling (MUS) six months ago. What will you do next and how will you treat her.

2. a. An 89 year old with history of Mixed Incontinence and Stroke and she is on OAB Drugs. She has now been c/o losing Urine on coughing and straining. How will you approach.
b. A patient had erosion and removal of Pubocervical Sling. She still has stress Incontinence. Describe what you will do for her and what results you will expect from her.

3. a. A 70 year old widow comes to you with mass per Vagina she had h/o hysterectomy 10 years ago. The patient is obese with COPD and smokes three packs of Cigarette per day. What would you advise for next and how do you proceed.
b. The same patient after Surgery compliance of leaking Urine per vagina on the tenth day. What are the tests you will do now and what will you do for her.

4. a. A 25-year-old, patient was operated on the Tethered Syndrome of the spinal cord and was operated for it six years of age. She has come to you after marriage and having had one child by normal spontaneous vaginal delivery. She is now complains of Fecal Incontinence. How would you approach this patient what would you do for her and how successfully you think you can treat her.
b. A 30-year-old school teacher G2P2 complains of pain in the vulvar region a burning sensation in her urine on and ff and pain in abdomen on and off since her last delivery. How would you approach this patient and what are the treatments of choice.

5. a. A 18-year-old girl comes to you for lack of mensuration. She has been investigated normally and found to be normal. On physical examination you find a small dimple in the place of vagina. What would you do next. How will you advise the following.

b. A 46-year-old woman complains of urgency of urine with incontinence. Lately she has been having Gait difficulties and also history of falls. How will you investigate this patient.

6. a. A 20-year-old newly married with burning pain in lower abdomen while urinating. How would you approach this patient. What would be your preference of antibiotics and why.

b. A 76-year-old woman come with multiple surgeries to correct her anal sphincter deficiency. You have done a transnasal scan and found that the edges are at 9'0 clock position and 2'0 clock position. The patient is fully continent. Discuss your approach and also describe the continence mechanism of the anus.

7. a. A 72-year old, woman comes to you with a feeling of incomplete emptying and the Urodynamics study shows that her post void residual is 400ml. how will you treat this patient.

b. You are doing a UDS study on 42-year-old, G4P4 all home deliveries. The patient complains of loss of urine on coughing, sneezing and change of position. The uroflow study is normal and you have put the patient on the table to put the catheters in the meantime the patient coughs and losses urine again. You proceed with the UDS and find it to be normal. What will you do for this patient in her next line of treatment.

8. a. A 52-year-old with history of fibroids with pulling pain in the lower abdomen. Her pelvic examination shows grade-3 anterior vaginal wall prolapse and grade-2 posterior vaginal wall prolapse. The uterus is 12 weeks size and cervix is at – 2 station. What will you do for her and why.

b. A 70-year-old patient comes to you with OAB and still symptomatic after taking Mirabegron and Solifenacin. What will you do for her next and describe the results of synergy1 and synergy2 trials and symphony trial.

9. a. What is the Neurophysiology of the bladder.

b. Describe the apical support of the uterus.

10.a. Describe Laparoscopic Sacro colpopexy and Burch procedure.

b. Describe High Utero Sacro Ligament (HUSL) and compare with sacro spinous Ligament Fixation (SSLF).

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