

**MODEL PAPER UHS**  
**OSPE FOR FINAL YEAR M.B.B.S.**  
**SUBJECT: SURGERY**  
**UNIVERSITY OF HEALTH SCIENCES, LHR**

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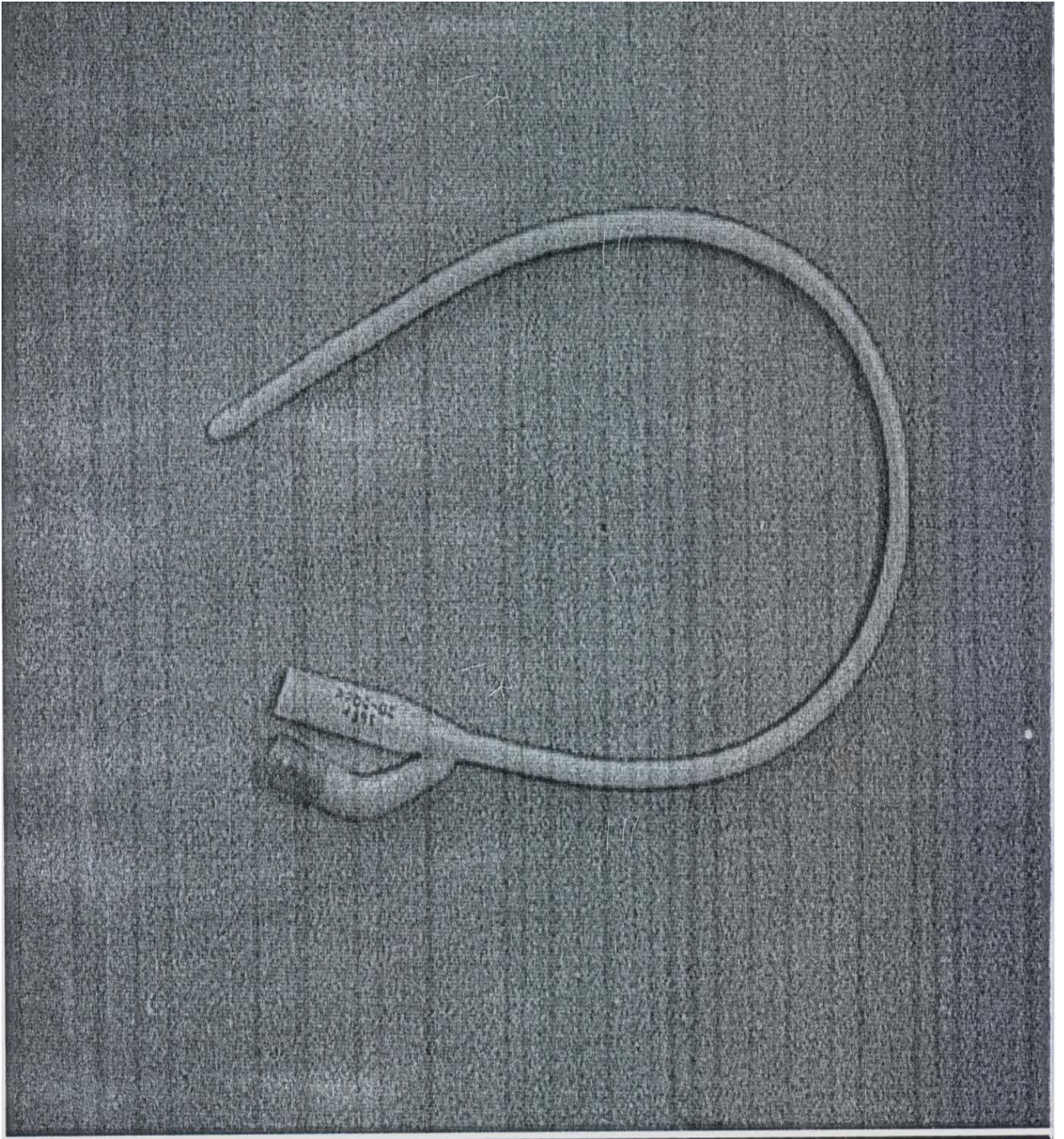
**Time allowed: 05 minutes**

**UNIT No.01**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- ❖ Name the object.
- ❖ Name its different parts.
- ❖ Give three indications for use.
- ❖ Give two indications for supra pubic cystostomy.



## **Key Unit 01**

- a** Foley catheter. 1
  
- b** Balloon at the tip. 3
  - ❖ Part for injecting fluid in balloon.
  - ❖ Part for urine bag application.
  
- c** Bladder out flow obstruction (BPH, CA-prostate) 3
  - ❖ After TURP
  - ❖ After TVP
  - ❖ For supra-pubic cystostomy
  - ❖ For measurement of urine out in hypovolemia or shocked patient.
  
- d** Stricture urethra 3
  - ❖ Urethral injury

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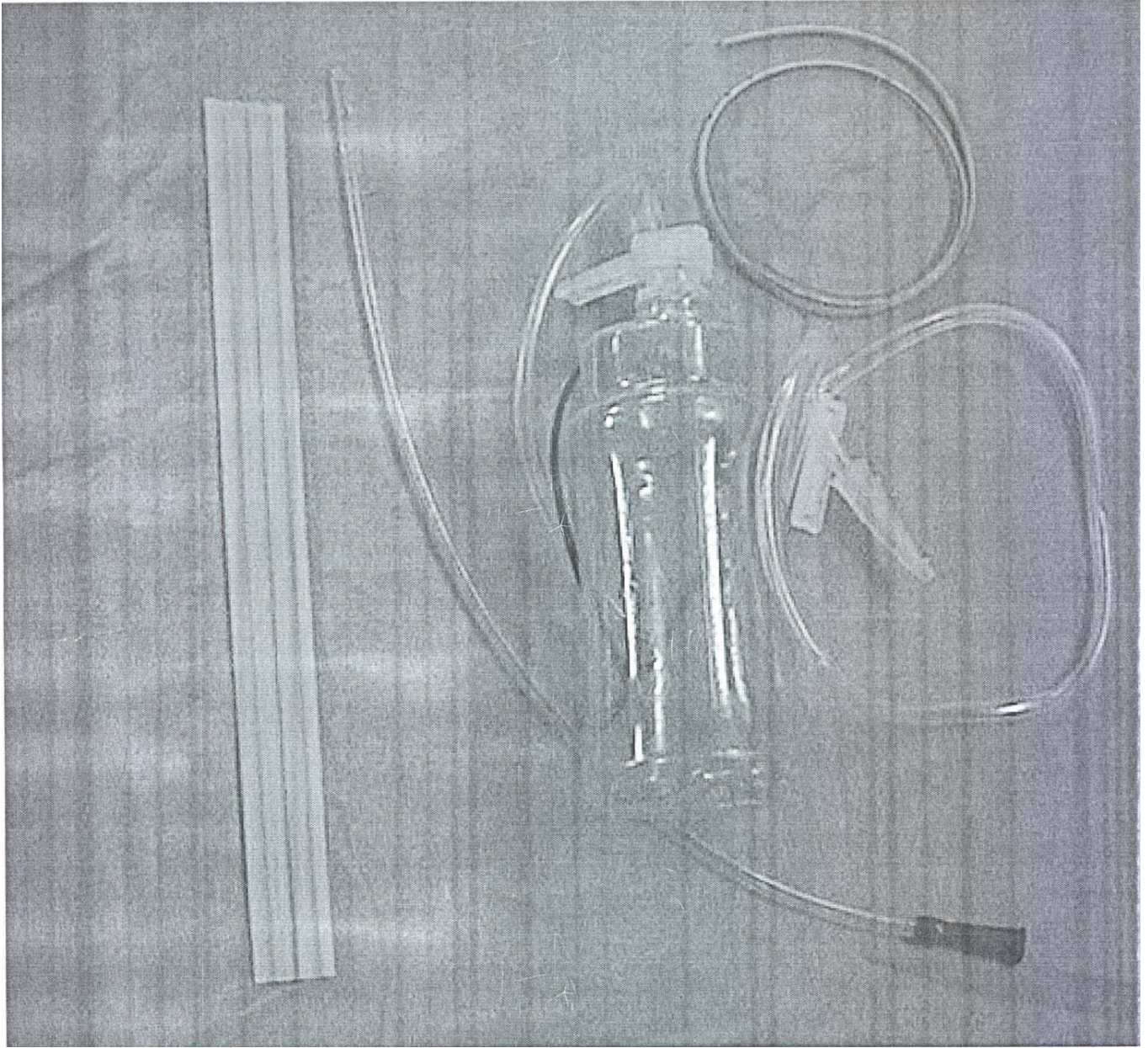
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**UNIT No.02**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- ❖ Name these objects.
- ❖ One indication of use of each object.
- ❖ Mechanism of action of each.
- ❖ Which drain is used after thyroidectomy?



## **Key Unit 02**

- a** CRD, Nealetion Drain, Redivac Suction Drain. 3
- b** CRD=placed in abdomen after purulent peritonitis. 3  
Nealetion Drain= After Laparatomy placed abdomen.  
Redivac Suction Drain (R.S.D) = after thyroidectomy, after Mastectomy.
- c** CRD= Multi channel drain. 3  
Nealetion= Gravity/ Dependent Drainage  
R.S.D.= vacuum drain
- d** R.S.D

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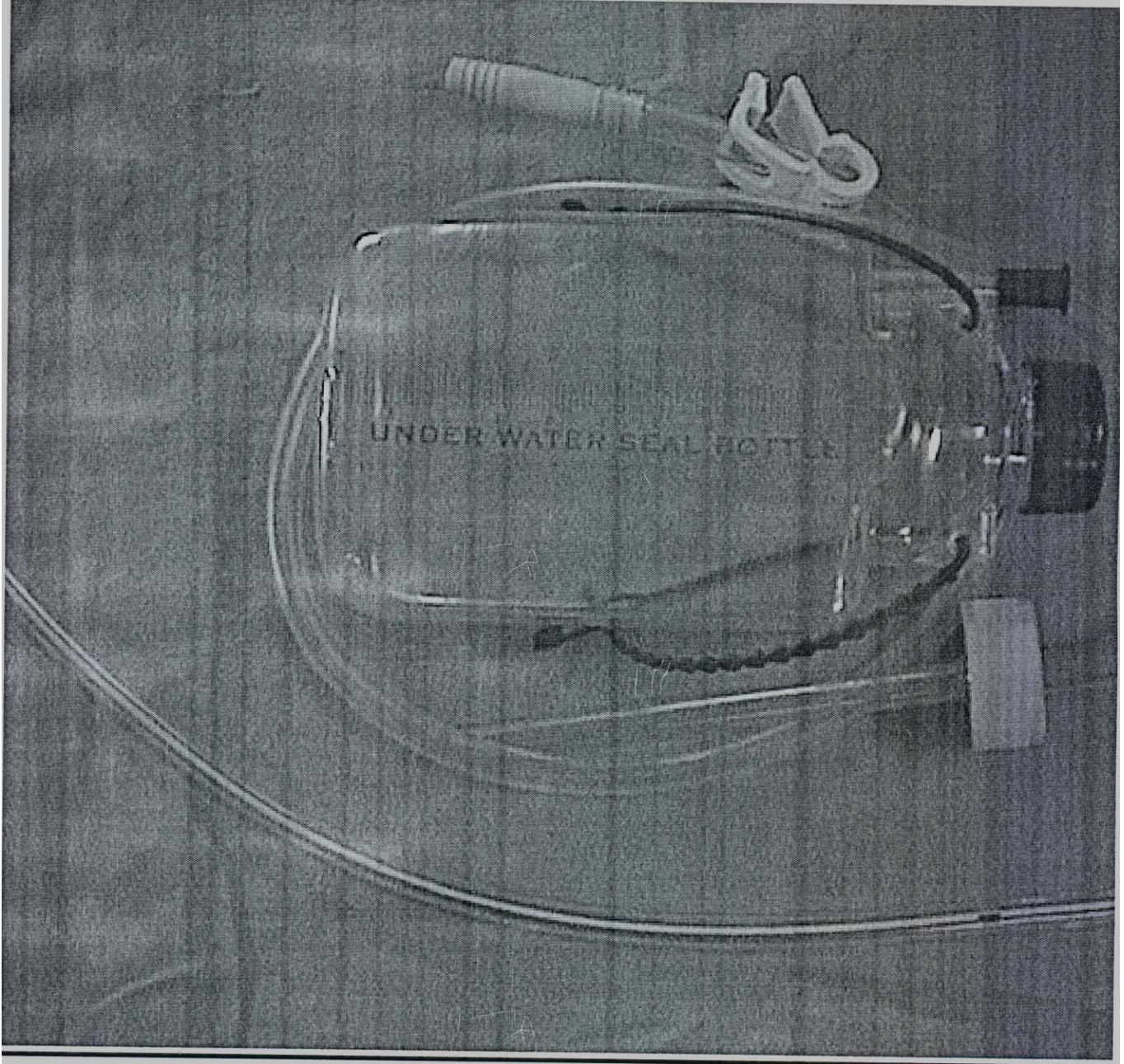
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**UNIT No.03**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- ❖ Identify
- ❖ Name the different parts.
- ❖ Give three indications for the use of this equipment.
- ❖ Give three indications of thoracotomy.





## **Key Unit 03**

- a) Chest tube with under water seal bottle. 1
- b) Chest tube. 3
- ❖ Under water seal bottle with tubing.
- c) Pneumothorax – Haemothorax- Haemopneumothorax 3
- Pyothorax---flail chest---Post thoracotomy etc.
- d) Indications for thoracotomy after blunt trauma 3
- ❖ 1000ml blood drained at insertion of chest tube.
  - ❖ Continuous brisk bleeding > 100ml per 15 min.
  - ❖ Continued bleeding > 200ml per hr for three or more hrs.
  - ❖ Rupture of bronchus, aorta, oesophagus, and diaphragm.
  - ❖ Cardiac tamponade.

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**UNIT No.04**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What are the findings?
- ❖ What is the provisional diagnosis?
- ❖ What other investigations would you like to have?
- ❖ What are the boundaries of triangle of safety for chest intubations?

## **Key Unit 05**

- a** Well circumscribed radio-opaque shadow is 3
- ❖ Rt Hemi thorax
  - ❖ Pneumothorax
  - ❖ Lung is callapsed.
  - ❖ Chest tube in Rt Hemi Thorax.
  - ❖ Obliteration of costo phranic angle
- b** Hydatid cyst, aspergiloma 1
- c** ABGS 3
- ❖ C-t chest abdominal
  - ❖ USG
  - ❖ Routine blood investigate
- d** Upper border of 5<sup>th</sup> rib 3
- ❖ Mid axillary line
  - ❖ Anterior axillary line

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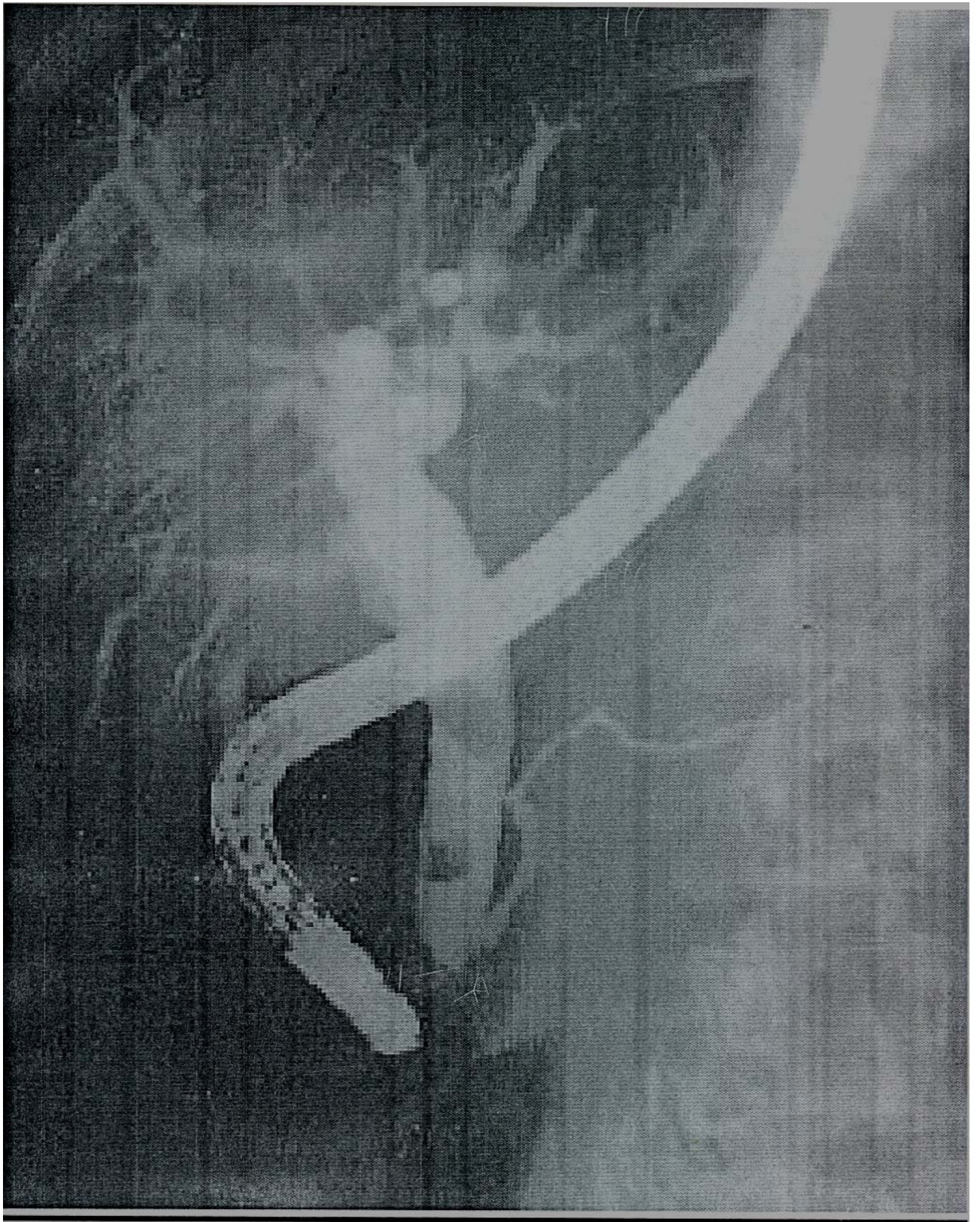
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**UNIT No.06**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What is this investigation?
- ❖ What are the findings?
- ❖ One indication for CBD exploration.
- ❖ What is residential stone?
- ❖ Name three different methods of residential stone removal?



## **Key Unit 06**

- a.** T. tube Cholangiogram 1
- b.** T-tube in place 4
  - ❖ Dilated extrahepatic biliary Channels.
  - ❖ Dye is Visible going into the duodenum.
  - ❖ One negative shadow at the lower end of CBD.
- c.** Choledocholithiasis 1
- d.** A stone that remains in Common bile duct after CBD exploration. 1
- e.** ERCP (sphincterotomy) 3
  - ❖ Burhennes technique
  - ❖ Tans Duodenal Sphincterotomy

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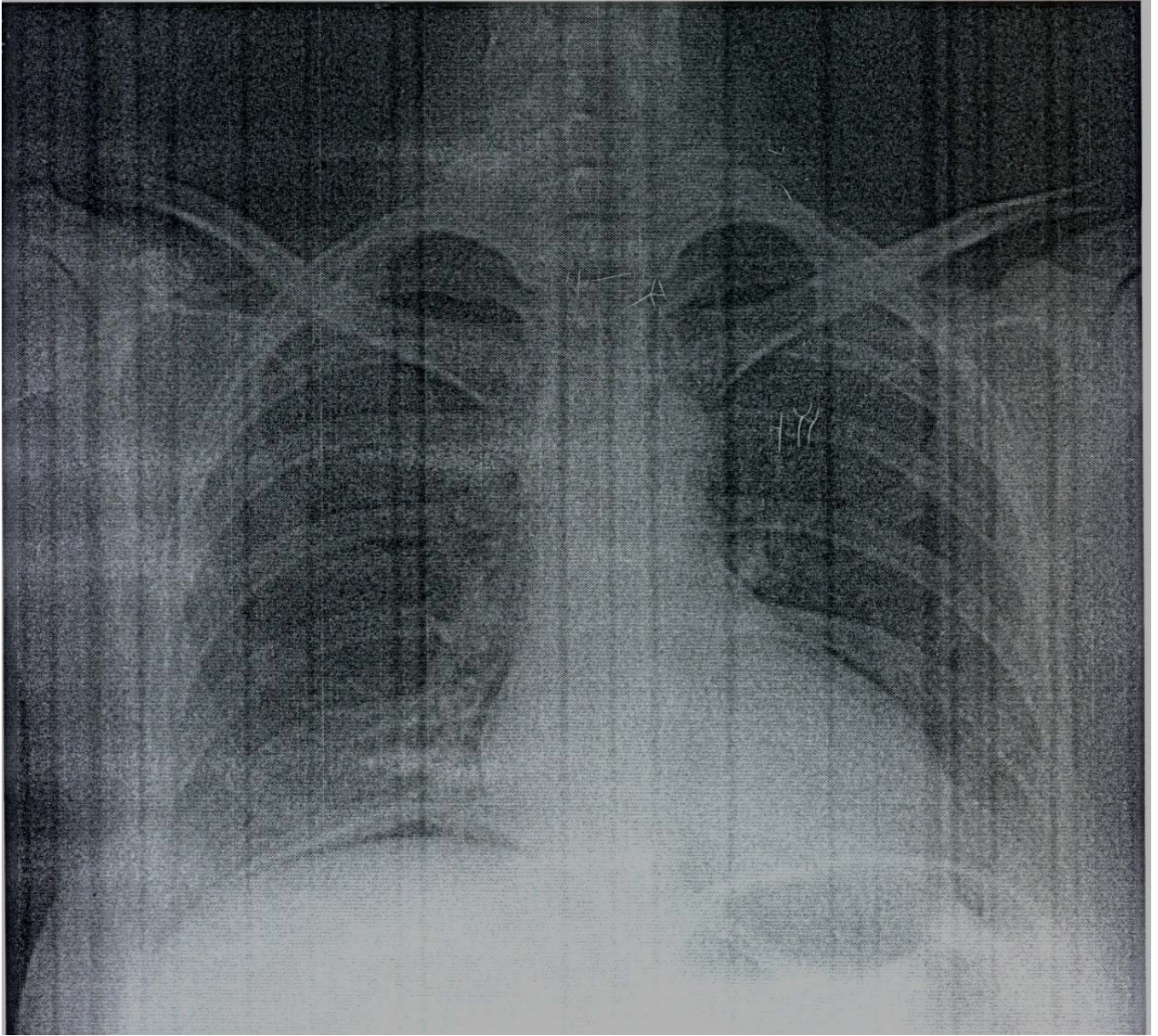
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**UNIT No.07**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What is this investigation?
- ❖ What are the findings?
- ❖ Give three causes of these findings?
- ❖ Which part of duodenum usually perforates after ulceration?





## **Key Unit 07**

- a** Plain X-Ray Abdomen. Errect posture 2
- b** Free gas (crescent shaped) under diaphragm (Bilaterally). 3
- c** Any hollow viscous perforation in abdomen 3
  - ❖ After Laparotomy
  - ❖ Penetrating injury to abdomen.
- d.** Second part. 2

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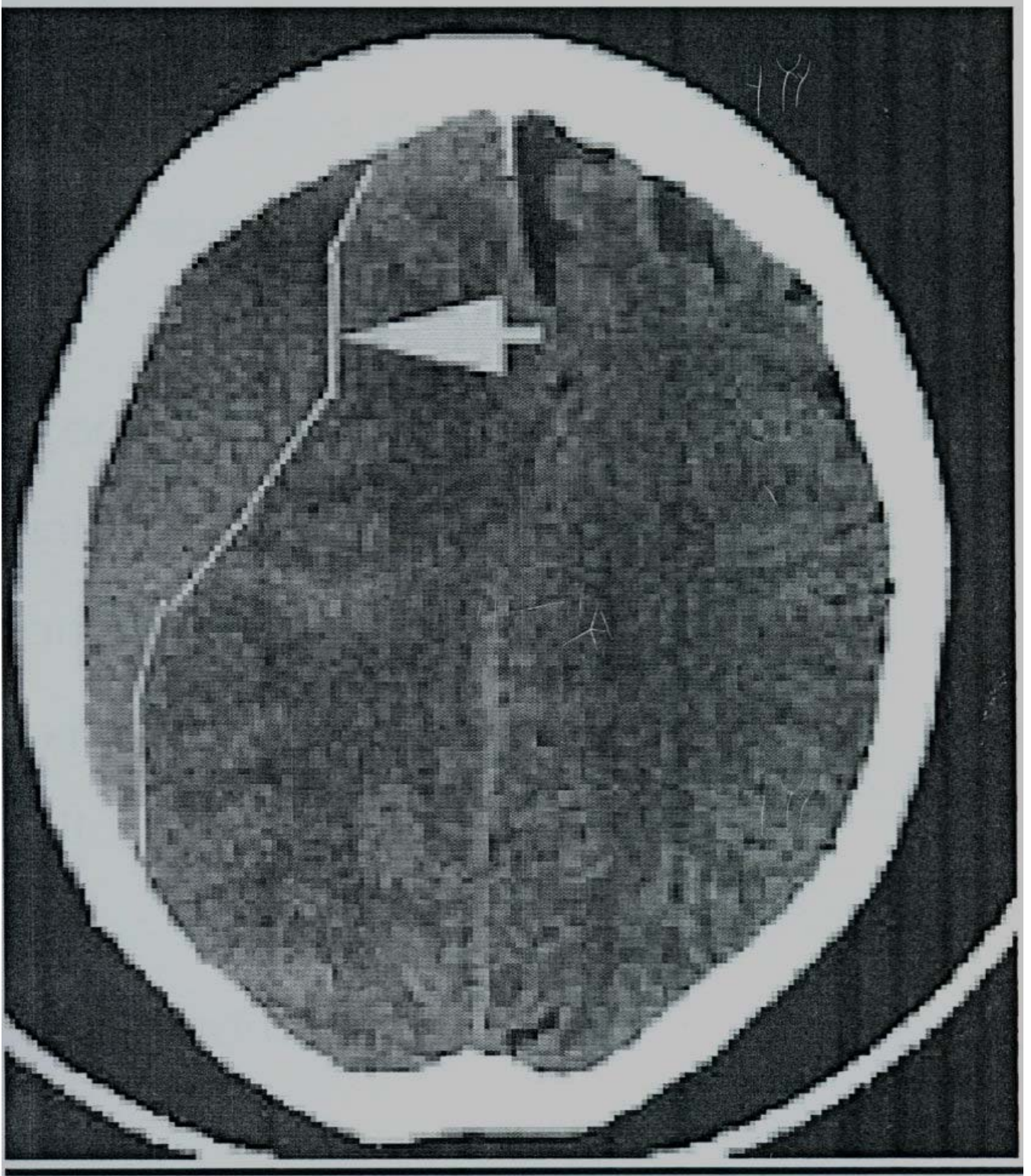
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**UNIT No.08**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ Name this investigation?
- ❖ What are the findings?
- ❖ Name different types of intra-cranial hemorrhage.
- ❖ What is emergency management of this patient?
- ❖ Which operation is done for extra-dural hemorrhage?



## **Key Unit 08**

- a** CT-Scan Brain. 1
  
- b** Sub dural hematoma.....midline shift. 2
  
- c** Extra dural haematoma. Sub-dural Haematoma. Intra cerebral Bleeding/ 3
  
- d** According to ABC of traumatology. 3
  - ❖ Maintain airway & I.V line.
  
  - ❖ Tetanus toxoid
  
  - ❖ Pain killer
  
  - ❖ Monitor vitals
  
- e** Burr hole craniotomy. 1

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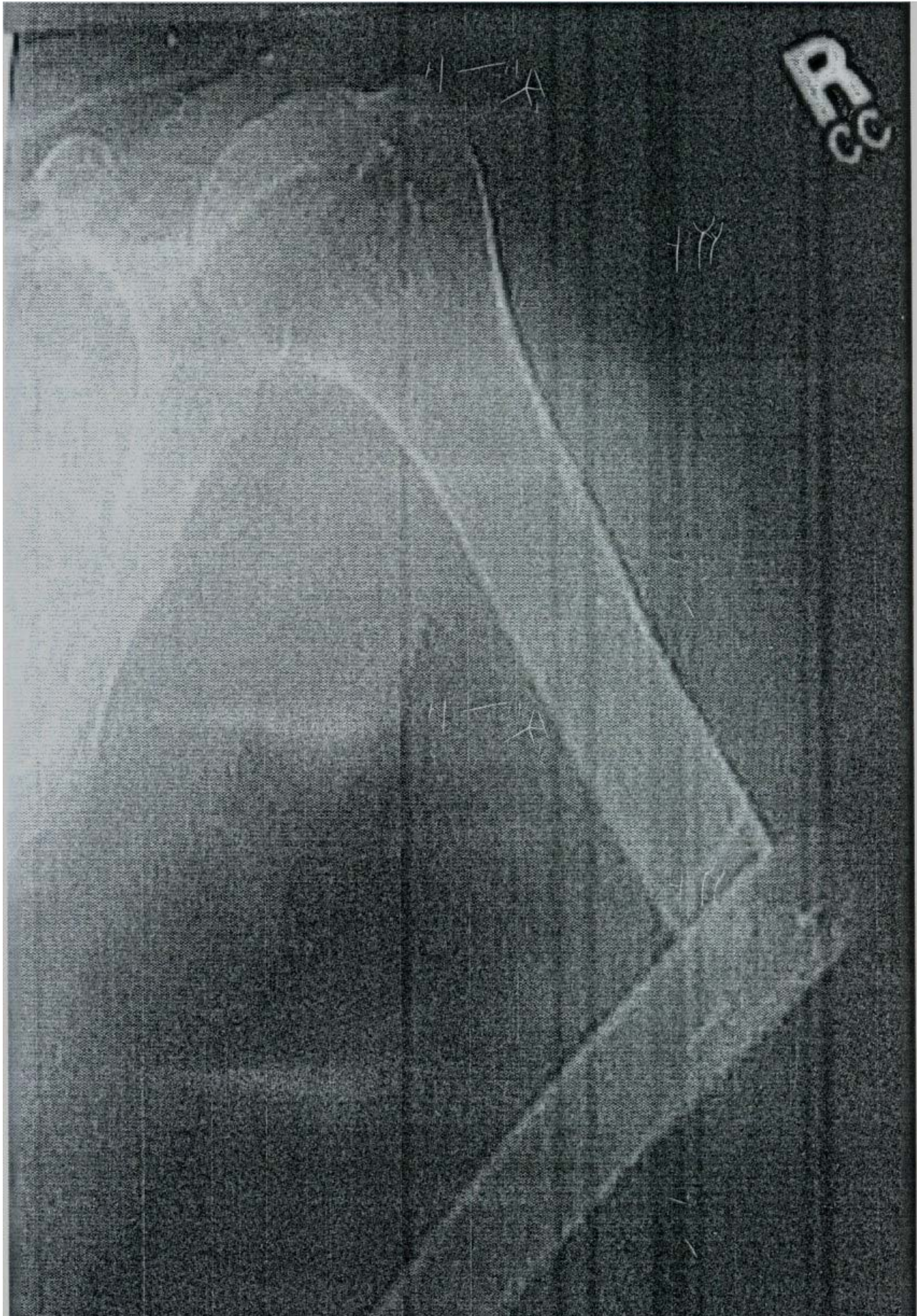
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**UNIT No.09**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What is this investigation?
- ❖ What are the findings?
- ❖ What types of fracture is this?
- ❖ What is emergency management of this patient?
- ❖ What is definite management of this fracture, if it is not compound?



## **Key Unit 09**

- a. X-Ray Arm. AP view. 1
  
- b. Transverse fracture of shaft of Humerus. 2
  - ❖ With a small piece of bone visible.
  
- c. Transverse fracture 2
  
- d. According to ABC of traumatology 3
  - ❖ Tetanus toxoid
  - ❖ Pain killer
  - ❖ Immobilization of fracture
  - ❖ Antibiotics if open wound
  - ❖ U-slab application
  - ❖ 2-Hanging cast application
  
- e. Application of a hanging cast or internal fixation by plating 2

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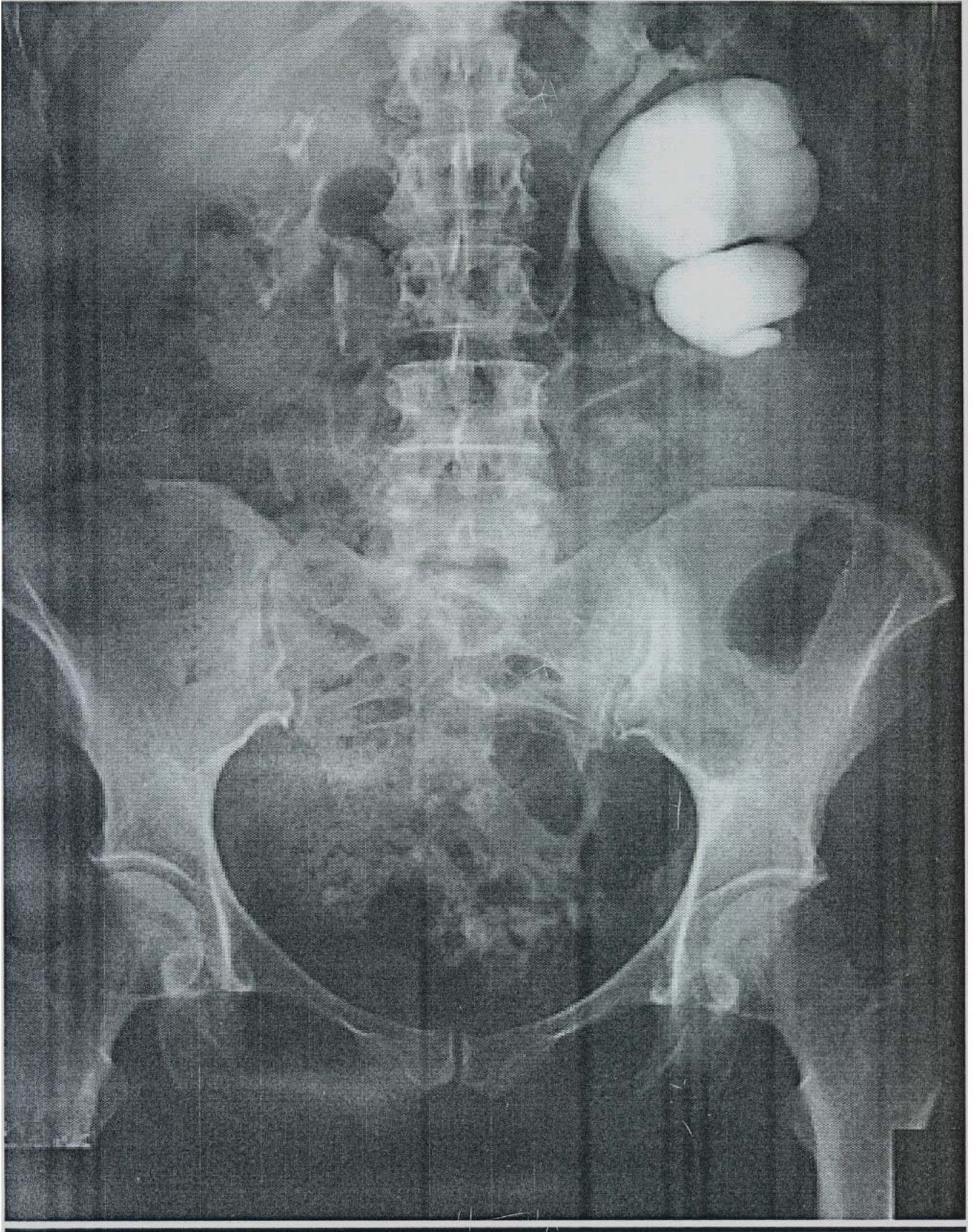
**UNIT No.10**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What is this investigation?
  
- ❖ What are the findings?
  
- ❖ What are indications of this investigation?
  
- ❖ What are the causes of bilateral hydronephrosis?
  
- ❖ What is surgical treatment of stone in renal pelvis?





## **Key Unit 10**

- a.** Intravenous urogram 1
  
- b.** Dilated left renal pelvis and major calyces 3  
Normal right intra and extra renal excretory system.
  
- c.**
  - 1.** Renal/ ureteric stone 2
  - 2.** Vesicoureteric reflux
  - 3.** pelviureteric junction obstruction
  - 4.** Obstruction due to retroperitoneal tumor.
  
- d.**
  - 1.** Obstruction of urethra due to stone or stricture 2
  - 2.** Retro peritoneal fibrosis.
  
- e.** Pyelolithotomy 2

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**UNIT No.11**

**Instruction to Candidates:**

Carefully observe the provided Photograph and answer the following questions.

- ❖ What is this?
  
- ❖ What Type of gangrene usually develops in diabetic patients?
  
- ❖ What are three important points for pathogenesis of diabetic?
  
- ❖ How will you manage diabetic foot?
  
  
- ❖ Name the levels of amputation in lower limb.



## **Key Unit 11**

- a.** Diabetic foot, ulcer of foot. 1
- b.** Wet gangrene. 1
- c.** Hyperglycemia.....Ischemia.....Neuropathy 2
- d.** Routine investigations 3
  - X-Ray foot to see for osteomyelitis
  - Control of BSL
  - Wound debridement
  - Amputation if bone involved
- e.** Ray's amputation, 3
  - Trans meta tarsal
  - Syme's amputation
  - Below knee
  - Through knee
  - Gritti-Stokes
  - Above knee

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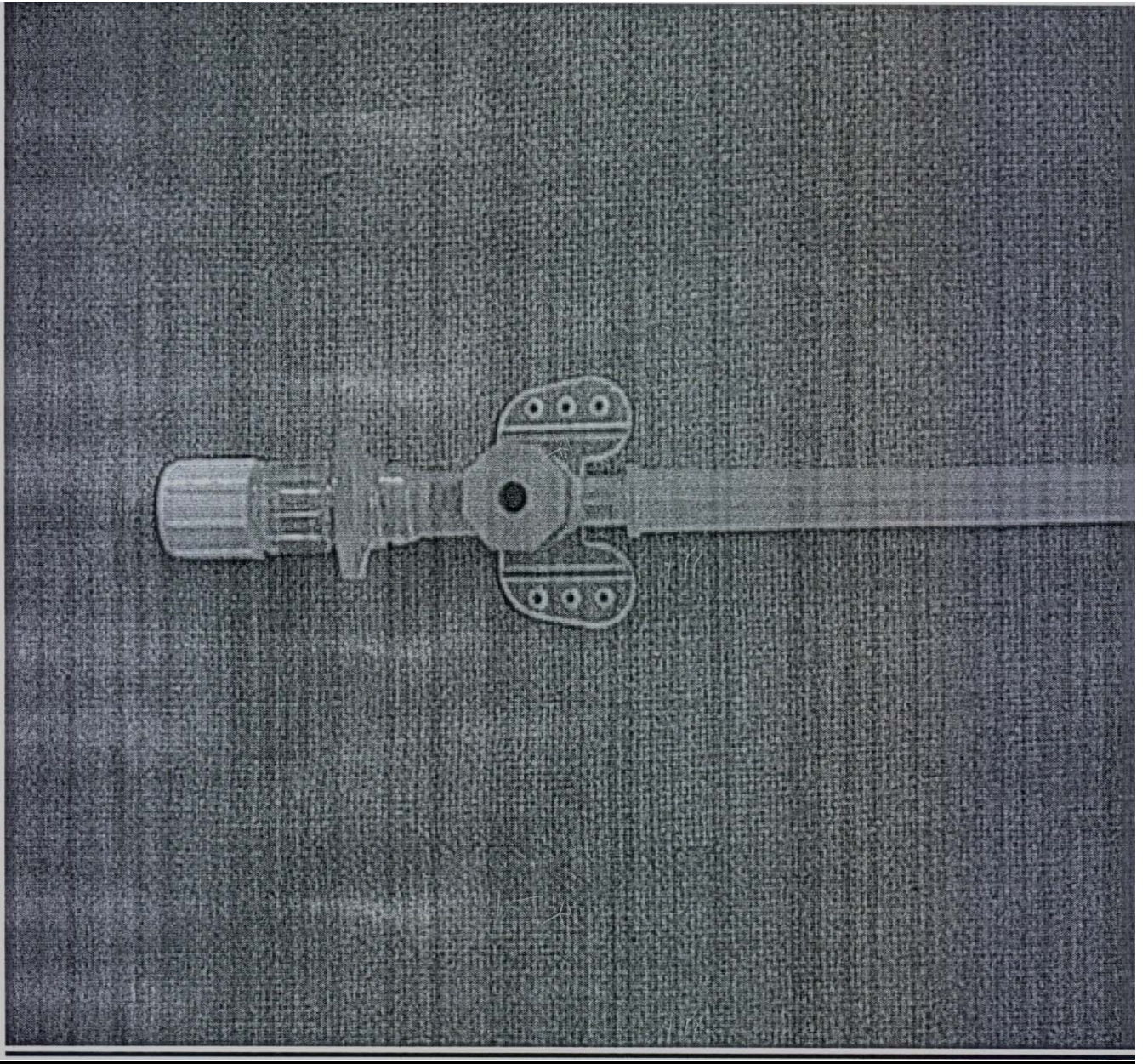
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**UNIT No.12**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- ❖ What is this object?
- ❖ What is its number/ size?
- ❖ Name three methods of maintaining IV line.
- ❖ Name three I-V fluids used routinely.
- ❖ Give two complications of this object.



## **Key Unit 12**

- a.** Branula/ I.V canula 1
- b.** Number 20 1
- c.** IV Branula, central venous line venous cut  
Down / vene section. 3
- d.** Normal saline, Ringer's Lactate, 5% D/W  
D/S solution-10/% D/W. 3
- e.** Thrombophlebitis, thrombo-embolism fracture and embolism of  
canula. 2



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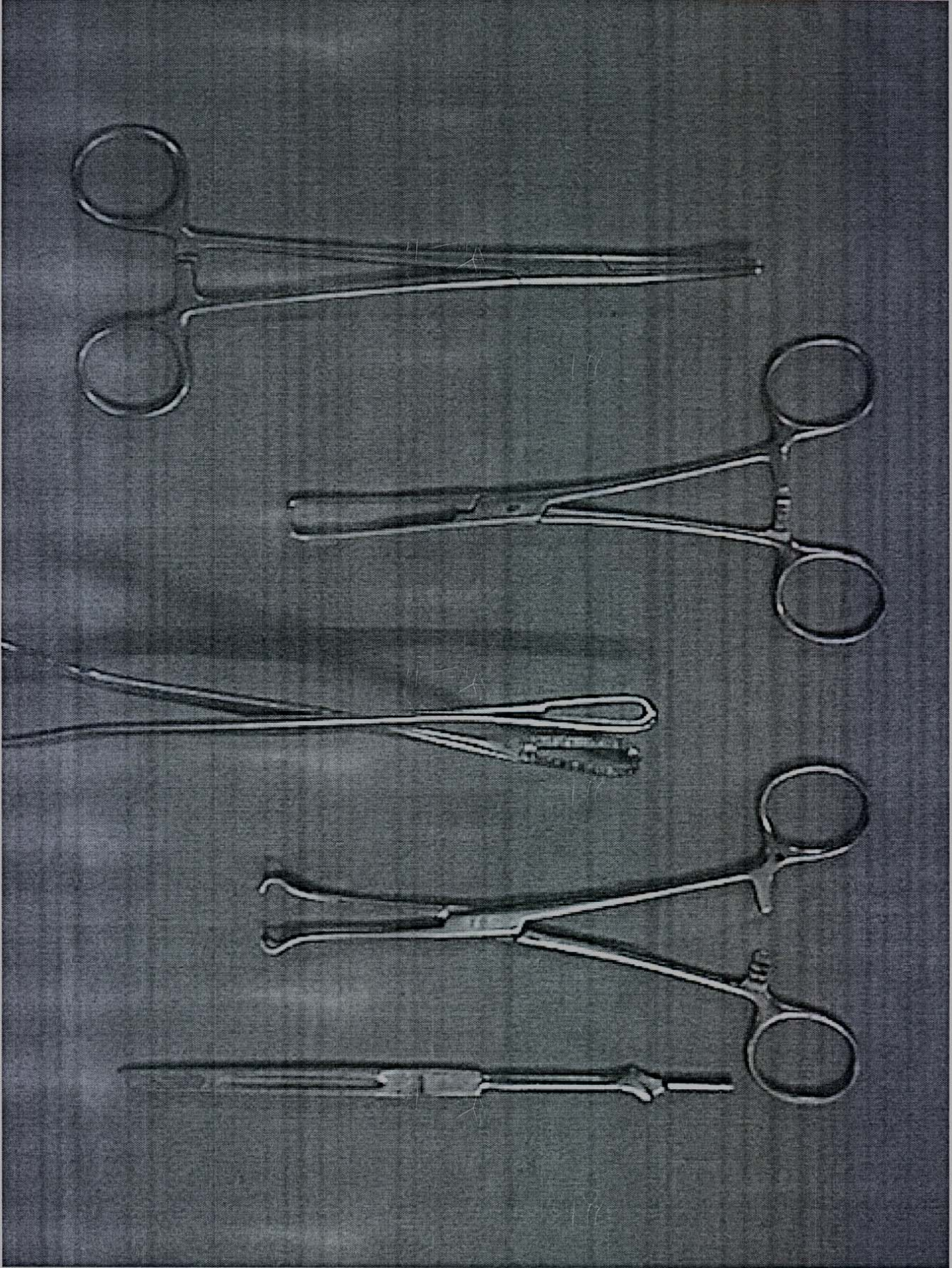
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**UNIT No.13**

**Instruction to Candidates:**

Carefully observe the provided objects, identify and explain their uses.



## Key Unit 13

### CHECK LIST FOR THE EXAMINER

Sr.#	Questions	Marks				
1	<b>Curved artery forceps uses:</b> <b>For haemostasis. For holding thread. For holding Sub-cutaneous tissue and aponeurosis.</b>	<b>1+1</b>				
2	<b>Allis's forceps Uses:</b>  <b>For holding Sub-cutaneous tissue, Aponeurosis, deep fascia, sac of hydrocele, for holding fibrous capsule of some sac during dissection.</b>	<b>1+1</b>				
3	<b>Sponge holding forceps uses:</b>  <b>For holding sponge for painting. For holding gall bladder during Cholecystectomy.</b>	<b>1+1</b>				
4	<b>Babcock's tissue forceps.</b>  <b>Uses:</b> <b>For holding appendix, Ureter, fallopian tube. For holding gut wall.</b>	<b>1+1</b>				
5	<b>Scalpel (knife handle) Holding positions:</b> ❖ <b>Dinner knife position.</b> ❖ <b>Writing (pen holding) position.</b> ❖ <b>Fiddle bow position</b> ❖ <b>Grasping position.</b>	<b>1+1</b>				
	<b>TOTAL</b>	<b>10</b>				

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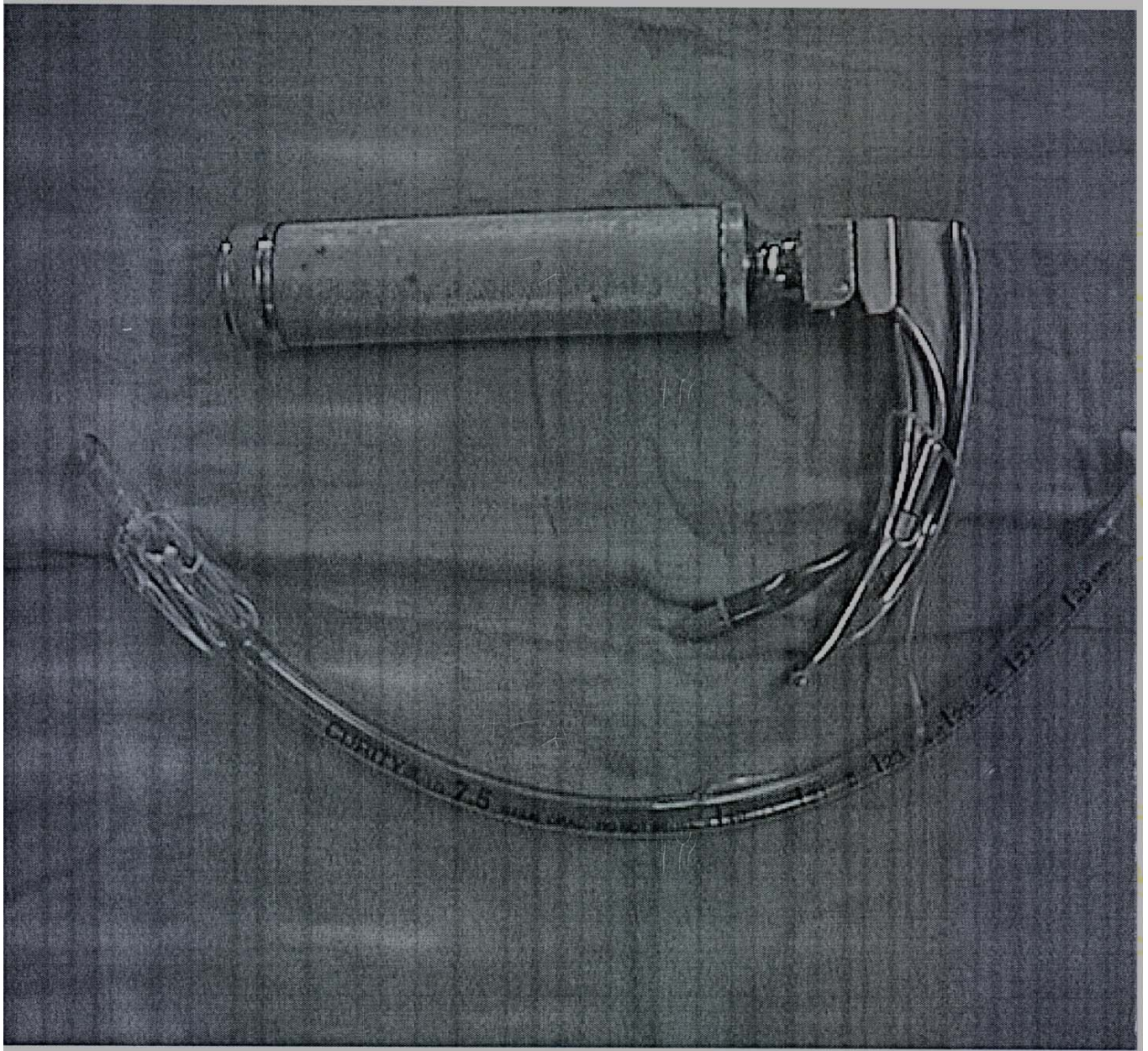
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**Time allowed: 05 minutes**

**UNIT No.14**

**Instruction to Candidates:**

Carefully observe the provided objects and Illustrate their usage in everyday life of a medical practitioner.



## **Key Unit 14**

### **CHECK LIST FOR THE EXAMINER**

<b>Sr.#</b>	<b>Questions</b>	<b>Marks</b>				
<b>1</b>	<b>What are these instruments?</b> Endotracheal tube and Laryngoscope.	<b>2</b>				
<b>2</b>	<b>Type of anaesthesia required for usage of these instruments?</b> General Anaesthesia	<b>1</b>				
<b>3</b>	<b>Indication for their use?</b> <b>General Anaesthesia.</b> Unconscious patient after Trauma	<b>2</b>				
<b>4</b>	<b>Other methods of maintaining airway?</b> Head tilt, chin lift maneuver. Oropharyngeal  Airway. Cricothyroidotomy. Mini tracheostomy. Tracheostomy.	<b>3</b>				
<b>5</b>	<b>Complications?</b> Tracheal injury. Blockage of tube.	<b>2</b>				
	<b>TOTAL</b>	<b>10</b>				

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