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This article has been accredited for CEU's (ref. no. DT/A01/P00008/2023/00008)

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### Activity 175

1. According to the study by Chinnery et al., the indications for the placement of endoscopic naso-jejunal tubes included:
  - a. Peri-operative optimisation of patients with gastric outlet obstructions, anastomotic leaks, upper gastro-intestinal fistulae following surgery for penetrating trauma and chronic pancreatitis.
  - b. Pre-operative optimisation of patients with gastric outlet obstructions, anastomotic leaks, upper gastro-intestinal fistulae following surgery for penetrating trauma and severe acute pancreatitis.
  - c. Pre-operative optimisation of patients with gastric outlet obstructions, proximal stomas, upper gastro-intestinal fistulae following surgery for penetrating trauma and chronic and acute pancreatitis.
2. The combination of endoscopy and fluoroscopy in the placement of naso-jejunal tubes has been shown to:
  - a. Make no significant difference when compared to endoscopy alone.
  - b. Be only necessary if a high-grade stricture is present or expected.
  - c. Significantly improve successful tube placement beyond the ligament of Treitz.
3. Failure to successfully place a naso-jejunal tube was most often due to:
  - a. Inability to pass a guidewire across a high-grade stricture or beyond a distal duodenal fistula.
  - b. Inexperienced endoscopists attempting placement of naso-jejunal tubes in complicated gastro-intestinal situations.
  - c. Patients being uncooperative during the procedure.
4. With regards to blockage of tubes it was found that:
  - a. In patients receiving medication via naso-jejunal tubes the blockage rates were significantly higher compared to patients receiving only feeds or fluids via the tube.
  - b. In patients receiving crushed medication via the naso-jejunal tube, the blockage rates were significantly higher but in patients receiving syrup forms of medication the blockage rates were not significantly higher than in patients receiving feeds and fluids only via the tube.
  - c. In patients receiving medication via naso-jejunal tubes the blockage rates were not significantly higher compared to patients receiving only feeds or fluids via the tube.
5. With regards to the cost analysis:
  - a. The cumulative cost over time after which parenteral nutrition support overtook the higher initial insertion cost of the naso-jejunal tube was after 3 days in the public sector and after 4 days in the private sector.
  - b. There was no difference in cost due to the much higher initial cost of the naso-jejunal tube placement.
  - c. The cumulative cost over time after which parenteral nutrition support overtook the higher initial insertion cost of the naso-jejunal tube was after 3 days in the public sector but was never achieved in the private sector.
6. The study by Chinnery et al demonstrated that the economic benefit related to the placement of naso-jejunal tubes over parenteral nutrition support was:
  - a. Only in the public sector.
  - b. In both the public and private sector but only when patients required nutrition support for an extended period.
  - c. In both the public and private sector even in patients requiring short term nutrition support.
7. It is well reported that perioperative nutritional optimisation in gastro-intestinal malignancies improves:
  - a. Surgical outcomes, and has no effect on postoperative morbidity, hospital length of stay and cost.
  - b. Surgical and oncological outcomes, decreases postoperative morbidity and hospital length of stay and reduce cost.
  - c. Surgical and oncological outcomes, increases postoperative morbidity and hospital length of stay and reduce cost.
8. Malnutrition rates of over \_\_\_ have been reported in the general surgical population, increasing to over \_\_ in patients with upper gastro-intestinal malignancies presenting for elective curative treatment:
  - a. 21%, 40%
  - b. 12%, 60%
  - c. 40%, 21%
9. In high income countries, most patients with obstructive malignancies:
  - a. Are not malnourished on presentation.
  - b. Present with significant malnutrition.
  - c. Are overweight at the time of presentation.

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10. In the local setting, patients presenting with obstructive malignancies:
  - a. Usually presents early with low disease burden and good nutritional status.
  - b. Usually presents late with advanced disease but good nutritional status due to the higher burden of overweight in the population.
  - c. Usually presents late with advanced disease and significant malnutrition.
11. Various techniques for placement of naso-jejunal tubes exist. According to the article by Chinnery et al., in patients with obstruction:
  - a. There was no difference in achieving correct placement between the techniques.
  - b. Placing a tube over an endoscopically placed guidewire using simultaneous fluoroscopy was the most successful at achieving the desired tube position.
  - c. Placement of naso-jejunal tubes was unlikely to be achieved regardless of the technique.
12. Qin et al. reported a 100% success rate in placement of naso-jejunal tubes:
  - a. In unobstructed patients using a guidewire technique.
  - b. In obstructed patients using a guidewire technique.
  - c. In obstructed patients using fluoroscopy.
13. Placing naso-jejunal tubes into or beyond the fourth part of the duodenum was:
  - a. Impossible due to limitations related to tube length and endoscopic instruments.
  - b. Less successful when only the endoscopic technique was used.
  - c. Was easy to achieve with the guidewire technique.
14. In the study by Chinnery et al, placement of naso-jejunal tubes over a guidewire with endoscopic and fluoroscopy technique achieved success in:
  - a. 90% of attempts.
  - b. 97.4% of attempts.
  - c. 83.9% of attempts.
15. In the study by Chinnery et al, the mean duration of tube patency prior to blockage requiring replacement was:
  - a. 9 days.
  - b. 10 days.
  - c. 12 days.