



Urology mini osce rawh 4.Dec



Q 01

DEFINE:
RADICAL ORCHICTOMY
RADICAL NEPHRECTOMY
RADICAL CYSTECTOMY FOR BOTH SEX

Radical nephrectomy: Removal of: kidney, perirenal fat, Gerota fascia, upper half of ureter, +/- ipsilateral adrenal gland

Radical orchidectomy: removal of the entire testis + spermatic cord up to the internal inguinal ring

Radical cystectomy: complete removal of the urinary bladder, pelvic lymph nodes ; external/ internal iliac LNs and obturator LNs , and adjacent organs ; (prostate, seminal vesicle and proximal part of urethra in males / ovaries , fallopian tubes , uterus , cervix and anterior vaginal wall in females)

Q 02

CASE OF ED START TO COMPLAIN FROM ERECTION AND EJACULATION DYSFUNCTION AND WORSENING WITH TIME
65 YEARS OLD/HX OF HTN & DM2 & NORMAL LIBIDO FUNCTION:
A) GIVE THREE MANDATORY LABS FOR THIS CASE
B) 2 WAY OF TREATMENT

A- Fasting glucose

Serum total and/or free testosterone

Fasting lipid profile

B- any 2 can be correct :

1. Lifestyle Optimization & Risk Control

2. Psychosexual Counseling

3. PDE5 Inhibitors

4. Local & Mechanical Therapies (ICI / MUSE / VED)

5. Surgical Options (Prosthesis / Vascular)

6. Hormonal Therapy (TRT)

Q 03

GIVE 5 COMPLICATIONS OF UNDESCENDED TESTIS

increased risk of cancer

Reduced fertility (atrophy)

Increased risk of testicular torsion

Increased risk of direct inguinal hernias / Increased risk for trauma

Q 04

**PATIENT WITH 10CM SIMPLE CYST(BOSNIACK GRADE 1)&
COMPLAIN FROM PAIN**

A)RISK TO DEVELOP MALIGNANCY?

B)WHEN DO YOU MANANGE TO FOLLOW UP THE PATIENT?

1- zero

2- no need for follow up

Q 05

MATCH:

-BEST WAY TO DIAGNOSE URETHRAL STRICTURE —

**-TREATMENT OF PROSTATIC CA PATIENT & LIFE EXPECTANCY
<5YEARS—**

**-POST OBSTRUCTION DIARUSES THAT HAPPENS AFTER INSERTION
OF FOLYE'S CATHETER HAPPENS IN___**

-SUDDEN IRRESISTIBLE DESIRE TO VOID—

-PROSTATE CA HAPPENS IN ___(WHICH ZONE)

- retrograde urethrograph
- watchfull waiting
- chronic retention
- urgency
- peripheral zone

Q 06

RTA ACCIDENT & CT WAS GIVEN IN THE QUESTION

**2 CM LACERATION AND NO URINARY COLLECTING SYSTEM
INVOLVMENT**

A)ACCORDING TO AAST GRADE WHAT IS THE GRADE??

B)GIVE 2 OR 3 INDICATIONS FOR SURGICAL INTERVENTION?

C) GIVE 2 CHRONIC COMPLICATIONS FOR RENAL INJURY

A- grade 3

B- hemodynamic unstable

Multiple organ injury

Grade 5

C- hydronephrosis

HTN

BLEEDING

Q 07

A 65-YEAR-OLD MALE PATIENT WITH BPH (PROSTATE SIZE \approx 70 G) HAS BEEN ON AN α -BLOCKER AND FINASTERIDE WITH NO CLINICAL IMPROVEMENT. HE CONTINUES TO COMPLAIN OF SIGNIFICANT LOWER URINARY TRACT SYMPTOMS (LUTS).

A) MENTION TWO INDICATIONS FOR SURGICAL INTERVENTION IN THIS PATIENT.

B) THE PATIENT UNDERGOES TURP. DURING THE PROCEDURE, HE DEVELOPS HYPERTENSION, BRADYCARDIA, AND HYPONATREMIA. WHAT IS THE NAME OF THIS CLINICAL CONDITION? EXPLAIN THE CAUSE BEHIND IT. HOW IS IT MANAGED?

a) failure of treatment

Recurrent UTI

B)- TUR Syndrome

-use hypotonic solution (glycine)

- diuretic (furosemide)

Q 08

WRITE THE BEST TREATMENT FOR:

ASYMPTOMATIC WITH STONE \rightarrow CONSERVATIVE + α BLOCKER

UPPER URETER + STONE 3MM \rightarrow ESWL

LOWER OR MID URETER + STONE 6MM \rightarrow URETROSCOPIC

RENAL STONE + 3CM STONE \rightarrow PCNL

RENAL STONE... ENDOSCOPY/ESWL NOT AVAILABLE \rightarrow OPEN SURGERY

DONE BY :

**BAYAN ABU HAIJA/ BARAA AHMAD
ALA' SARAIRAH /SEREEN YASEEN**