Post course Multiple Choice Questionnaire 2025

Dear Participant,

Congratulations on completing the DAVOS GI Course 2025!

We would like to thank you for five days of **dedication, energy, and excellence**. Your **engagement** and **effort** throughout this intensive experience were truly inspiring, and **it has been an honor to share this journey with you.**

The knowledge and skills you've gained here are more than just theoretical — they **are tools meant to elevat your daily surgical practice and improve the care of every patient you mee**t. Now, as you return to the clinical world, it's time to begin putting those tools into action.

Before you go, we kindly ask you to complete one final step: the post-course MCQ assessment.

Please approach it not as a test, but as a celebration of everything you've learned. Fill it out with a sense o pride and accomplishment — because your participation is shaping the future of surgical education.

Thanks to you, we are one step closer to a world where surgical training is more adaptive, more effective, and ultimately, safer for patients everywhere.

You are not just a participant; you are a pioneer.

With sincere gratitude,
Your DAVOS GI 2025 Course Faculty

(Every question has only one correct answer)

* Gibt eine erforderliche Frage an

1. Name *

2. Year of birth *

3. What makes **early laparoscopic cholecystectomy feasible** in cases **beyond 72 hours** from sympton onset?

Markieren Sie nur ein Oval.

- ◯ Decline in bacterial virulence
- ◯ New laparoscopic equipment
- ◯ Improved surgical experience and evidence of safety
- ◯ Reduced gallstone load

4. What **laboratory marker** is particularly useful in **assessing the severity of inflammation in acute cholecystitis** according to Tokyo Guidelines 18 (TG18)?

Markieren Sie nur ein Oval.

- ◯ C-reactive protein (CRP)
- ◯ Alanine Transaminase (ALT)
- ◯ Lipase
- ◯ Hemoglobin

5. **According to Tokyo Guidelines 18 (TG18)**, what should be confirmed **before removing a percutaneous cholecystostomy tube**?

Markieren Sie nur ein Oval.

- ◯ Pain resolution only
- ◯ Normal White Bloodcells Count
- ◯ Maturation of the tract and patent cystic duct
- ◯ Tube output <50ml/day

6. Which of the following is a **Grade III** (severe) complication in **Tokyo Guidelines 18 (TG18) classification**?

Markieren Sie nur ein Oval.

- Pericholecystic fluid
- Empyema of gallbladder
- Organ dysfunction
- Gallbladder wall thickening

7. What is the role of the Tokyo Guidelines 18 (**TG18) severity grading in acute cholecystitis?** *

Markieren Sie nur ein Oval.

- To guide antibiotic therapy duration only
- To determine nutritional support
- To guide surgical timing and choice of intervention
- To diagnose gallstones

8. What **Tokyo Guidelines (TG18) grade** mandates **intensive care unit** (ICU) admission due to high mortality risk?

Markieren Sie nur ein Oval.

- Grade I
- Grade II
- Grade III
- Tokyo Guidelines do not mandate ICU admissions

9. What is the **preferred antibiotic duration** after early laparoscopic cholecystectomy in **uncomplicated cases?**

Markieren Sie nur ein Oval.

- 7-10 days
- 5 days
- Until CRP normalises
- Discontinue after surgery

10. What is the **best intraoperative strategy** when inflammation **prohibits safe dissection of Calot's triangle?**

Markieren Sie nur ein Oval.

- Continue blindly and clip structures
- Perform subtotal cholecystectomy or convert to open surgery
- Abort the procedure
- Use the surgical stapler

11. What is a common **long-term complication** of **subtotal cholecystectomy**? *

Markieren Sie nur ein Oval.

- Recurrent pancreatitis
- Bile duct transection
- Retained gallbladder remnants and stones
- Internal hernias

12. A patient with **prior upper abdominal surgery** presents with acute cholecystitis. **What is the preferred approach?**

Markieren Sie nur ein Oval.

- Open cholecystectomy only
- Laparoscopic cholecystectomy, if feasible
- ERCP before cholecystectomy
- Percutaneous cholecystostomy with following cholecystectomy

13. What is the most **frequent pathogen found** in bile cultures in acute cholecystitis? *

Markieren Sie nur ein Oval.

- Streptococcus pyogenes
- Escherichia coli
- Pseudomonas aeruginosa
- Enterococcus faecium

14. What is a r**ecommended empiric antibiotic class** for community-acquired cholecystitis? *

Markieren Sie nur ein Oval.

- Macrolides
- Penicillin G
- Third-generation cephalosporins
- Aminoglycosides alone

15. What is the **minimum requirement to make a *suspected*** diagnosis of acute cholecystitis accordin to Tokyo Guidelines (TG18)?

Markieren Sie nur ein Oval.

- Fever and vomiting
- Ultrasound findings only
- One local and one systemic sign of inflammation
- Elevated bilirubin alone

16. Which **imaging modality is most useful** when gallbladder perforation with abscess is suspected? *

Markieren Sie nur ein Oval.

- MRI/MRCP
- CT Scan
- Ultrasound
- PET Scan

17. What is a **clinical advantage of early laparoscopic cholecystectomy** over delayed surgery in moderate cholecystitis?

Markieren Sie nur ein Oval.

- Lower the costs of surgery
- Lower the rates of bile duct stones
- Shorter overall hospital stay and reduced complications
- Less antibiotic use.

18. In which situation is it **most appropriate** to consider converting a laparoscopic cholecystectomy tc open?

Markieren Sie nur ein Oval.

- Surgeon preference
- Delay in equipment availability
- Inability to achieve Critical View of Safety (CVS)
- Gallbladder perforation

19. Which of the following would suggest **acalculous cholecystitis** on imaging? *

Markieren Sie nur ein Oval.

- Gallstones and thickened gallbladder wall
- Normal ultrasound with right upper quadrant pain (RUQ)
- No gallstones, distended gallbladder, and wall thickening
- Gas in gallbladder wall

20. According to Tokyo Guidelines 18 (TG18), what factor **most strongly predicts a difficult laparoscopic cholecystectomy?**

Markieren Sie nur ein Oval.

- BMI>25
- Diabetes
- Male gender and symptom duration >72hours
- Use of steroids

21. Which is the best next step for a **patient who had percutaneous cholecystostomy for Grade III cholecystitis and is now stable?**

Markieren Sie nur ein Oval.

- ◯ Remove tube and observe
- ◯ Perform cholecystectomy during the same hospitalisation or soon after
- ◯ Leave the tube permanently
- ◯ Begin long-term antibiotics

22. Which **antibiotic regimen** is recommended for patients with **hospital-acquired, severe acute cholecystitis?**

Markieren Sie nur ein Oval.

- ◯ Amoxicillin alone
- ◯ Ceftriaxone with Metronidazole
- ◯ Piperacillin-Tazobactam or Carbapenem
- ◯ Macrolide with Aminoglycoside