

INI CET Surgery

Sample Paper – 10

Duration: 14 Minutes

Maximum Marks: 15

Instructions

- This paper contains **15** Multiple Choice Questions (Single Best Response), modelled on the Surgery content of **INI CET** (Institutes of National Importance Combined Entrance Test) conducted by AIIMS New Delhi.
- The **15-question** length matches the number of Surgery items you actually meet in the real 200-question paper.
- Each correct answer carries **+1 mark**. There is **negative marking of one-third (0.33) mark** for every incorrect answer; unattempted questions carry no penalty.
- Every question has **exactly one best answer**. Choose the single most appropriate option for the surgical scenario described.
- Attempt this practice paper in one timed sitting of about **14 minutes**, the pace the real computer-based test demands.

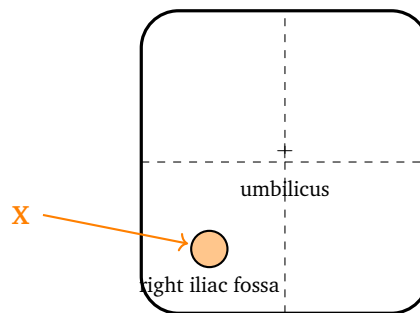
Gastrointestinal Surgery

- Q1.** In a patient with massive lower gastrointestinal bleeding that continues despite resuscitation and in whom the exact bleeding source cannot be localised, the definitive surgical procedure of choice is:
- (A) Blind segmental colectomy of a random segment
(B) Right hemicolectomy alone
(C) Total (subtotal) colectomy
(D) Loop ileostomy alone
- Q2.** The single most common cause of massive upper gastrointestinal bleeding requiring endoscopic or surgical intervention is:



- (A) Peptic (duodenal) ulcer disease
- (B) Mallory-Weiss tear
- (C) Gastric carcinoma
- (D) Dieulafoy lesion

Q3. In the anterior abdominal wall diagram, the stoma sited in the right iliac fossa with a deliberately spouted (protruding) opening draining liquid effluent, marked X, is characteristically a:



- (A) Ileostomy
- (B) Transverse colostomy
- (C) Sigmoid (end) colostomy
- (D) Gastrostomy

Hepatobiliary and Pancreatic Surgery

Q4. A 6-week-old infant has persistent conjugated (direct) jaundice, pale clay-coloured stools and dark urine. A HIDA scan shows good hepatic uptake but no excretion of tracer into the bowel. The most likely diagnosis is:

- (A) Physiological jaundice
- (B) Breast-milk jaundice
- (C) Biliary atresia
- (D) Gilbert syndrome

Q5. The operation of choice for a Type I choledochal cyst is:



- (A) Percutaneous cyst aspiration alone
- (B) Cystojejunostomy (internal drainage leaving the cyst in situ)
- (C) Endoscopic stenting of the cyst
- (D) Complete cyst excision with Roux-en-Y hepaticojejunostomy

Breast and Endocrine Surgery

- Q6.** A patient with a large multinodular goitre reports positional dyspnoea, and a chest radiograph shows tracheal deviation with a soft-tissue mass extending below the thoracic inlet. The best imaging to define the retrosternal extent before surgery is:
- (A) Neck ultrasound alone
 - (B) Radioiodine uptake scan
 - (C) CT scan of the neck and thorax
 - (D) Fine-needle aspiration cytology
- Q7.** Within a few hours of total thyroidectomy for a large goitre, a patient develops rapidly progressive neck swelling and stridor. The most immediately life-threatening complication, demanding urgent bedside wound decompression, is:
- (A) Hypocalcaemia from parathyroid injury
 - (B) Unilateral recurrent laryngeal nerve palsy causing hoarseness
 - (C) Superficial wound infection
 - (D) Tension haematoma compressing the airway

Trauma and Critical Care

- Q8.** After blunt chest trauma a patient has hypotension, tachycardia, distended neck veins and muffled heart sounds. This combination indicates which category of shock?
- (A) Hypovolaemic shock
 - (B) Obstructive shock from cardiac tamponade



- (C) Septic (distributive) shock
- (D) Anaphylactic shock

Q9. A young man with a high cervical spinal cord injury is hypotensive but has a paradoxically slow heart rate (bradycardia) with warm, dry, well-perfused skin. The type of shock is:

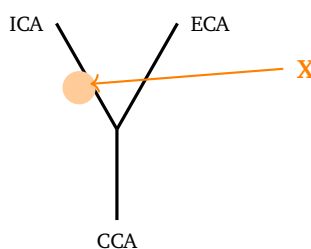
- (A) Neurogenic shock
- (B) Hypovolaemic shock
- (C) Cardiogenic shock
- (D) Obstructive shock

Q10. In a patient with severe intra-abdominal sepsis from a perforated hollow viscus who meets SIRS criteria, the single most important surgical principle, alongside resuscitation and antibiotics, is:

- (A) Delaying any operation until the patient is fully normalised
- (B) Early source control by drainage or removal of the septic focus
- (C) High-dose corticosteroids as first-line therapy
- (D) Transfusing blood to a supranormal haemoglobin

Urology and Vascular Surgery

Q11. In the carotid diagram, the atheromatous plaque marked X, responsible for the patient's transient ischaemic attacks, most characteristically forms at which site?



- (A) Origin of the external carotid artery
- (B) Carotid bifurcation and proximal internal carotid artery



- (C) Aortic arch
- (D) Distal internal carotid within the cavernous sinus

Q12. A patient has had an ipsilateral hemispheric transient ischaemic attack within the last 3 months and imaging shows 70–99% stenosis of the internal carotid artery. The intervention proven to best reduce future stroke risk is:

- (A) Aspirin alone with no further intervention
- (B) Long-term warfarin anticoagulation alone
- (C) Surgical ligation of the common carotid artery
- (D) Carotid endarterectomy combined with best medical therapy

Surgical Oncology and Miscellaneous

Q13. In the ASA physical status table shown, a patient with well-controlled diabetes and hypertension, that is a mild systemic disease with no functional limitation, marked **X**, corresponds to which grade?

ASA	Physical status
I	Normal healthy patient
II	Mild systemic disease
III	Severe systemic disease

← **X**

- (A) ASA I
- (B) ASA II
- (C) ASA III
- (D) ASA IV

Q14. For a high-risk surgical patient, the most effective pharmacological agent for perioperative venous thromboembolism (deep vein thrombosis) prophylaxis is:

- (A) Aspirin alone
- (B) Oral vitamin K



- (C) Low molecular weight heparin
- (D) Intravenous crystalloid fluids alone

Q15. Around the 5th to 8th postoperative day after a midline laparotomy, the classic warning sign of impending abdominal wound dehiscence (burst abdomen) is:

- (A) A sudden serosanguineous (“pink”) discharge soaking the dressing
- (B) High swinging fever with frank pus
- (C) Bright red pulsatile arterial bleeding
- (D) A painless gradual swelling developing over several weeks



Detailed Solutions**Q1.****Solution**

Concept – surgery for unlocalised lower GI bleed: The procedure depends on whether the bleeding point is known.

Step 1 – the problem: Bleeding continues, resuscitation is failing, and neither colonoscopy nor angiography has localised the source.

Step 2 – choose the operation: When the site is truly unknown, a **total (subtotal) colectomy** removes all potential colonic sources in one definitive step.

Why the other options are wrong:

- A, blind segmental colectomy: high rebleed rate because the source may lie in the retained bowel.
- B, right hemicolectomy alone: only justified if bleeding is proven right-sided.
- D, loop ileostomy: diverts stool but does not stop colonic bleeding.

Final Answer: Total (subtotal) colectomy ⇒

Answer: (C) [Go Back to Q1](#)

Q2.**Solution**

Concept – cause of massive upper GI bleed: One diagnosis dominates the emergency workload.

Step 1 – name it: **Peptic (duodenal) ulcer disease** is the single most common cause of major upper GI haemorrhage.

Step 2 – mechanism: A posterior duodenal ulcer can erode the gastroduodenal artery and bleed briskly.

Why the other options are wrong:

- B, Mallory-Weiss tear: usually self-limiting after vomiting.
- C, gastric carcinoma: bleeding is usually chronic and low-grade.
- D, Dieulafoy lesion: a rare cause, though it can bleed massively.

Final Answer: Peptic (duodenal) ulcer disease ⇒

Answer: (A) [Go Back to Q2](#)



Q3.

Solution

Concept – reading a stoma: Site, spout and effluent together name the stoma.

Step 1 – identify X: A **right iliac fossa** stoma that is deliberately **spouted** and drains liquid content is an **ileostomy**.

Step 2 – why spouted: The spout keeps irritant small-bowel effluent off the skin.

Why the other options are wrong:

- B, transverse colostomy: sits in the upper abdomen and is flush.
- C, sigmoid end colostomy: sits in the left iliac fossa, flush, with formed stool.
- D, gastrostomy: an epigastric feeding tube, not an intestinal stoma.

Final Answer: Ileostomy ⇒ A

Answer: (A) [Go Back to Q3](#)

Q4.

Solution

Concept – neonatal obstructive jaundice: Conjugated jaundice with pale stools signals blocked bile flow.

Step 1 – read the HIDA scan: Good hepatic uptake but **no excretion into the bowel** means bile cannot reach the gut.

Step 2 – diagnosis: This pattern, with pale stools and dark urine at 6 weeks, is **biliary atresia**, and a Kasai portoenterostomy is best done early.

Why the other options are wrong:

- A, physiological jaundice: unconjugated and resolves in the first two weeks.
- B, breast-milk jaundice: unconjugated, with normal stools.
- D, Gilbert syndrome: mild unconjugated hyperbilirubinaemia, not a neonatal cholestasis.

Final Answer: Biliary atresia ⇒ C

Answer: (C) [Go Back to Q4](#)



Q5.

Solution

Concept – choledochal cyst surgery: Leaving cyst wall behind risks later malignancy.

Step 1 – name the operation: For a Type I cyst the standard is **complete cyst excision with Roux-en-Y hepaticojejunostomy**.

Step 2 – rationale: Excision removes the premalignant epithelium and restores bilioenteric drainage.

Why the other options are wrong:

- A, aspiration: does not remove the cyst and it recurs.
- B, cystojejunostomy: leaves cyst wall in place with a real cholangiocarcinoma risk.
- C, endoscopic stenting: a temporising measure, not definitive.

Final Answer: Excision with Roux-en-Y hepaticojejunostomy ⇒ D

Answer: (D) [Go Back to Q5](#)

Q6.

Solution

Concept – imaging a retrosternal goitre: The key is mapping extent below the thoracic inlet.

Step 1 – choose the modality: A **CT scan of the neck and thorax** best shows the inferior extent, tracheal compression and mediastinal relations.

Step 2 – surgical value: It tells the surgeon whether a cervical approach will suffice or a sternotomy is needed.

Why the other options are wrong:

- A, ultrasound: cannot see behind the sternum and bony thorax.
- B, radioiodine scan: assesses function, not anatomical extent.
- D, FNAC: samples cells for cytology, it does not map extent.

Final Answer: CT of the neck and thorax ⇒ C

Answer: (C) [Go Back to Q6](#)



Q7.

Solution

Concept – early airway crisis after thyroidectomy: Some complications kill within minutes.

Step 1 – identify the emergency: Rapid neck swelling with stridor hours after surgery is a **tension haematoma** compressing the trachea.

Step 2 – action: Open the wound at the bedside immediately to release the clot, then return to theatre.

Why the other options are wrong:

- A, hypocalcaemia: causes tetany and paraesthesia, typically over a day or two.
- B, unilateral RLN palsy: gives hoarseness, not acute airway obstruction.
- C, wound infection: develops over days, not hours.

Final Answer: Tension haematoma compressing the airway ⇒ D

Answer: (D) [Go Back to Q7](#)

Q8.

Solution

Concept – Beck's triad: The vein and heart-sound signs separate the shock types.

Step 1 – read the signs: Hypotension with **distended neck veins** and **muffled heart sounds** after chest trauma is Beck's triad of cardiac tamponade.

Step 2 – classify: Tamponade obstructs cardiac filling, so this is **obstructive shock**.

Why the other options are wrong:

- A, hypovolaemic: neck veins are collapsed, not distended.
- C, septic: skin is usually warm with a bounding pulse early.
- D, anaphylactic: expect urticaria, wheeze and an exposure history.

Final Answer: Obstructive shock from tamponade ⇒ B

Answer: (B) [Go Back to Q8](#)



Q9.

Solution

Concept – neurogenic shock: Loss of sympathetic tone gives an unusual picture.

Step 1 – read the clues: Hypotension with **bradycardia** and **warm dry skin** after a cervical cord injury is **neurogenic shock**.

Step 2 – mechanism: Sympathetic outflow is lost, so vessels dilate and the heart rate cannot rise.

Why the other options are wrong:

- B, hypovolaemic: causes tachycardia and cold clammy skin.
- C, cardiogenic: a failing pump with congestion, not warm dilated skin.
- D, obstructive: raised venous pressure, not warm vasodilated periphery.

Final Answer: Neurogenic shock ⇒

Answer: (A) [Go Back to Q9](#)

Q10.

Solution

Concept – surgical sepsis: Antibiotics cannot cure an undrained focus.

Step 1 – state the principle: **Early source control**, draining or removing the septic focus, is the decisive surgical step in intra-abdominal sepsis.

Step 2 – application: For a perforated viscus this means closing or resecting the perforation and washing out the peritoneum.

Why the other options are wrong:

- A, delaying surgery: worsens sepsis; resuscitate and operate promptly.
- C, high-dose steroids: not first-line and may harm.
- D, supranormal transfusion: does not address the source.

Final Answer: Early source control ⇒

Answer: (B) [Go Back to Q10](#)



Q11.

Solution

Concept – site of carotid atheroma: Plaque favours areas of turbulent flow.

Step 1 – identify X: The **carotid bifurcation and proximal internal carotid artery** is the classic site, where flow divides and shear stress is high.

Step 2 – clinical link: Emboli from this plaque cause transient ischaemic attacks and amaurosis fugax.

Why the other options are wrong:

- A, external carotid origin: not the usual embolic source to the brain.
- C, aortic arch: a possible source but not what the bifurcation diagram shows.
- D, distal intracranial ICA: a less common atheroma site.

Final Answer: Carotid bifurcation / proximal ICA ⇒ **B**

Answer: (B) [Go Back to Q11](#)

Q12.

Solution

Concept – symptomatic high-grade carotid stenosis: Revascularisation prevents future stroke.

Step 1 – choose treatment: For recent ipsilateral TIA with 70–99% stenosis, **carotid endarterectomy plus best medical therapy** gives the greatest stroke reduction.

Step 2 – timing: The benefit is largest when surgery is done within about two weeks of symptoms.

Why the other options are wrong:

- A, aspirin alone: inferior to endarterectomy for high-grade symptomatic disease.
- B, warfarin alone: not the standard and adds bleeding risk.
- C, carotid ligation: causes ischaemia and is not the treatment.

Final Answer: Carotid endarterectomy plus medical therapy ⇒ **D**

Answer: (D) [Go Back to Q12](#)



Q13.

Solution

Concept – ASA physical status: Each grade reflects systemic disease burden.

Step 1 – match X: Well-controlled diabetes and hypertension are **mild systemic disease without functional limitation**, which is **ASA II**.

Step 2 – anchor the scale: ASA I is a normal healthy patient; ASA III is severe but not incapacitating disease.

Why the other options are wrong:

- A, ASA I: reserved for a patient with no systemic disease.
- C, ASA III: needs severe, functionally limiting disease.
- D, ASA IV: a constant threat to life, far beyond this patient.

Final Answer: ASA II $\Rightarrow$ B

Answer: (B) [Go Back to Q13](#)

Q14.

Solution

Concept – VTE prophylaxis: Pharmacological cover is the mainstay in high-risk surgery.

Step 1 – choose the agent: **Low molecular weight heparin** is the most effective pharmacological prophylaxis against perioperative deep vein thrombosis.

Step 2 – combine measures: It is used with mechanical methods such as graduated compression stockings and early mobilisation.

Why the other options are wrong:

- A, aspirin alone: weaker than LMWH for surgical VTE prevention.
- B, oral vitamin K: promotes clotting, the opposite of what is needed.
- D, IV fluids alone: help avoid stasis but are not prophylaxis.

Final Answer: Low molecular weight heparin $\Rightarrow$ C

Answer: (C) [Go Back to Q14](#)



Q15.

Solution

Concept – wound dehiscence: A herald sign precedes the burst abdomen.

Step 1 – recognise the sign: Around day 5 to 8, a sudden **serosanguineous** (“pink”) **discharge** soaking the dressing signals impending dehiscence.

Step 2 – act: Cover the wound, avoid straining and arrange prompt return to theatre for resuturing.

Why the other options are wrong:

- B, swinging fever with pus: points to wound infection or abscess.
- C, arterial bleeding: suggests a vessel bleed, not fascial dehiscence.
- D, painless slow swelling: describes an incisional hernia, a late event.

Final Answer: Serosanguineous (“pink”) discharge ⇒ A

Answer: (A) [Go Back to Q15](#)



Answer Key

Q	Ans	Q	Ans	Q	Ans	Q	Ans	Q	Ans
1	C	2	A	3	A	4	C	5	D
6	C	7	D	8	B	9	A	10	B
11	B	12	D	13	B	14	C	15	A

