

### BLADDER DYSFUNCTION

For the following scenario select the most appropriate management.

A seven year old girl with urinary urgency, urge incontinence, frequency and enuresis. She cannot take tablet medication.

- A. Augmentation enterocystoplasty
- B. Cystoscopy/simple bladder overdistension
- C. Desmopressin 200 micrograms at night
- D. Duloxetine 20 mg bd
- E. Intradetrusor botulinum toxin A injection
- F. Intradetrusor botulinum toxin B injection
- G. Oral pentosan polysulphate
- H. Oxybutynin 2.5 mg twice daily
- I. Sodium hyaluronate bladder instillation
- J. Supra-pubic catheter
- K. Tolterodine extended release 4 mg once daily
- L. Trans-cutaneous nerve stimulation
- M. Urethral catheter
- N. Urinary diversion

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For the following scenario select the most appropriate management.

A 32 year old man with longstanding urinary urgency and frequency and childhood enuresis. MSSU and cystoscopy are normal. He has recently been diagnosed with open angle glaucoma.

- A. Augmentation enterocystoplasty
- B. Cystoscopy/simple bladder overdistension
- C. Desmopressin 200 micrograms at night
- D. Duloxetine 20 mg bd
- E. Intradetrusor botulinum toxin A injection
- F. Intradetrusor botulinum toxin B injection
- G. Oral pentosan polysulphate
- H. Oxybutynin 2.5 mg twice daily
- I. Sodium hyaluronate bladder instillation
- J. Supra-pubic catheter
- K. Tolterodine extended release 4 mg once daily
- L. Trans-cutaneous nerve stimulation
- M. Urethral catheter
- N. Urinary diversion

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For the following scenario select the most appropriate management.

A 62 year old woman with longstanding history of interstitial cystitis and rheumatoid arthritis. She complains of suprapubic pain and hourly frequency. Recent urodynamic studies show a bladder capacity of 50ml with low compliance.

- A. Augmentation enterocystoplasty
- B. Cystoscopy/simple bladder overdistension
- C. Desmopressin 200 micrograms at night
- D. Duloxetine 20 mg bd
- E. Intradetrusor botulinum toxin A injection
- F. Intradetrusor botulinum toxin B injection
- G. Oral pentosan polysulphate
- H. Oxybutynin 2.5 mg twice daily
- I. Sodium hyaluronate bladder instillation
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- K. Tolterodine extended release 4 mg once daily
- L. Trans-cutaneous nerve stimulation
- M. Urethral catheter
- N. Urinary diversion

### ANTIBIOTICS

For the following scenario select the most appropriate antibiotic regimen from the list below. Antibiotic prophylaxis for a penicillin-allergic patient with a prosthetic aortic valve who needs a flexible cystoscopy for painless haematuria. Urine culture shows no infection.

- A. IV ciprofloxacin
- B. IV co-amoxiclav
- C. IV gentamicin
- D. IV gentamicin and amoxicillin
- E. IV piperacillin
- F. IV teicoplanin and gentamicin
- G. None
- H. Oral ciprofloxacin
- I. Oral clindamycin
- J. Oral vancomycin

### ANTIBIOTICS

For the following scenario select the most appropriate antibiotic regimen from the list below. Antibiotic prophylaxis for a penicillin-allergic patient undergoing ureteroscopy for an obstructing mid-ureteric stone. Urine culture shows no infection.

- A. IV ciprofloxacin
- B. IV co-amoxiclav
- C. IV gentamicin
- D. IV gentamicin and amoxicillin
- E. IV piperacillin
- F. IV teicoplanin and gentamicin
- G. None
- H. Oral ciprofloxacin
- I. Oral clindamycin
- J. Oral vancomycin

### ANTIBIOTICS

For the following scenario select the most appropriate antibiotic regimen from the list below. A patient suffering from moderate *Clostridium difficile* - associated diarrhoea following radical nephrectomy

- A. IV ciprofloxacin
- B. IV co-amoxiclav
- C. IV gentamicin
- D. IV gentamicin and amoxicillin
- E. IV piperacillin
- F. IV teicoplanin and gentamicin
- G. None
- H. Oral ciprofloxacin
- I. Oral clindamycin
- J. Oral vancomycin