

## AOL

### PROVISIONAL ANSWER KEY (CBRT)

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### Instructions / સૂચના

**Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -**

- (1) All the suggestion should be submitted in prescribed format of suggestion sheet Physically.
- (2) Question wise suggestion to be submitted in the prescribed format (Suggestion Sheet) published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question shall be made on separate sheet. Objection for more than one question in single sheet shall not be considered & treated as cancelled.

**ઉમેદવારે નીચેની સૂચનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂચન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં**

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂચનો રજૂ કરવા વેબસાઈટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂચન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ ન કરતા તમામ વાંધા-સૂચનો વેબસાઈટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સૂચન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીની જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચન ધ્યાનમાં લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

001. Pain associated with a stone in the ureter is the result of:  
 (A) obstruction of urine flow with distention of the renal capsule.  
 (B) irritation of the ureteral mucosa by the stone.  
 (C) excessive ureteral peristalsis in response to the obstructing stone.  
 (D) irritation of the intramural ureter.
002. All of the following are typical lower urinary tract symptoms associated with benign prostatic hyperplasia EXCEPT:  
 (A) urgency. (B) frequency.  
 (C) nocturia.  (D) dysuria.
003. Conditions that decrease urine specific gravity include all of the following EXCEPT:  
 (A) increased fluid intake. (B) use of diuretics.  
 (C) decreased renal concentrating ability.  (D) dehydration.
004. The relative radiation level associated with abdominal computed tomography (CT) without and with contrast is:  
 (A) minimal, less than 0.1 mSv. (B) low, 0.1 to 1.0mSv.  
 (C) moderate, 1 to 10 mSv.  (D) high, 10 to 100 mSv.
005. Radiation exposure diminishes as the square of the distance from the radiation source. An exposure of 9 mSv at 1 foot from the source would be how much at 3 feet from the source?  
 (A) 0.09 mSv  (B) 1 mSv  
 (C) 3 mSv (D) 9 mSv
006. Type 2 diabetics on oral metformin biguanide hyperglycemic therapy are at risk for biguanide lactic acidosis after exposure to intravascular radiologic contrast media if they:  
 (A) discontinue metformin 48 hours before the study.  
 (B) have severe renal insufficiency and take metformin the day of the study.  
 (C) are given a saline injection while taking metformin.  
 (D) have normal kidney function and fail to stop metformin 48 hours before the study.
007. Which of the following is NOT a risk factor for developing contrast-induced nephropathy (CIN)?  
 (A) Type 2 diabetes mellitus (B) Dehydration  
 (C) Hypertension  (D) Ventricular ejection fraction less than 50%
008. The artifact that occurs when an ultrasound wave strikes an interface at a critical angle and is refracted with limited reflection is:  
 (A) reverberation artifact. (B) increased through- transmission artifact.  
 (C) edging artifact. (D) comet-tail artifact.
009. Ultrasound waves are examples of:  
 (A) radio waves.  (B) mechanical waves.  
 (C) electromagnetic waves. (D) ionizing radiation.
010. <sup>99m</sup>Tc-diethylenetriaminepentaacetic acid (<sup>99m</sup>Tc-DTPA) undergoes renal clearance by which mechanism?  
 (A) Glomerular filtration (B) Active tubular secretion  
 (C) Anion exchange (D) Both (A) and (B)

011.  $^{99m}\text{Tc}$ -dimercaptosuccinic acid ( $^{99m}\text{Tc}$ -DMSA) undergoes renal clearance and is endocytosed by cells of which part of the nephron?
- (A) Glomerulus (B) Proximal tubule  
(C) Distal tubule (D) Ascending loop of Henley
012. 2-Deoxy-2-[ $^{18}\text{F}$ ]fluoro-D-glucose ( $^{18}\text{F}$ -FDG) is phosphorylated by which glycolytic enzyme, trapping it inside metabolically active cells?
- (A) Hexokinase (B) Glucokinase  
(C) Phosphofructo kinase (D) Pyruvate kinase
013. Which of the following methods has not been suggested as a technique to assess patient experience of pain?
- (A) Collect verbal or written descriptions of the pain.  
(B) Query patient's caregiver regarding patient's pain level.  
(C) Have subject rate pain via its effect on observable behavior.  
(D) All of the above can be used to assess pain levels.
014. The Hippocratic Oath does not include the ethical principle of:
- (A) beneficence. (B) non-maleficence.  
(C) patient privacy. (D) patient autonomy.
015. Important events leading to the modern framework of medical ethics include:
- (A) The Nuremberg Trials. (B) The Tuskegee Syphilis Studies.  
(C) The Milgram Experiments. (D) All of the above.
016. With regard to unique patient populations, which of the following statements is TRUE?
- (A) Although elderly patients have an increased perioperative risk, recent larger trials have not found age to be an independent risk factor for perioperative morbidity and mortality.  
(B) Morbidly obese patients should undergo open rather than laparoscopic surgery because of increased risk of pulmonary complications.  
(C) In a pregnant patient presenting with urolithiasis, operative intervention should be delayed, if possible, until the second trimester.  
(D) A patient who presents with a 30-pound weight loss over the previous 3 months should be started on parenteral feedings immediately postoperatively after elective surgery.
017. A 74-year-old man with muscle-invasive bladder cancer is scheduled for radical cystectomy and ileal conduit urinary diversion. Preoperative urine culture shows no growth at 72 hours. The most important factor in the prevention of surgical site infection in this patient is:
- (A) preoperative bowel preparation with oral antibiotics (Nichols prep) and sodium phosphate solution (Fleet).  
(B) administration of 2 g cefoxitin 1 hour before incision.  
(C) continuation of perioperative antibiotics for 48 hours following surgery.  
(D) preoperative hair removal with mechanical clippers and proper sterile preparation of the operative field.

018. Following a motor vehicle crash (MVC), a 35-year-old male is found to have a significant right-sided renal hilar injury on imaging. He becomes hemodynamically unstable, despite intravenous fluid resuscitation and massive transfusion protocol. The decision is made to take him to the OR. What incision should you use?
- (A) Flank incision  (B) Complete midline incision  
(C) Chevron incision  (D) Subcostal incision
019. Which approach of abdominal wall fascial closure has been shown to have a higher rate of abdominal wall hernias?
- (A) Rapidly absorbable suture, running continuous closure  
 (B) Rapidly absorbable suture, interrupted closure  
 (C) Slowly absorbable suture, running continuous closure  
 (D) Slowly absorbable suture, interrupted closure
020. Which incision is rarely used due to high risk of nerve injuries and ventral hernias?
- (A) Midline incision  (B) Paramedian incision  
(C) Thoraco-abdominal incision  (D) Pfannenstiel incision
021. In a patient undergoing an exploratory laparotomy for pelvic abscess following radical cystectomy, the best method of abdominal fascial closure is with:
- (A) polyglycolic acid (Dexon) suture with continuous closure.  
(B) silk suture with continuous closure.  
(C) polyglactin (Vicryl) suture with interrupted closure.  
 (D) polydioxanone suture (PDS) with continuous closure.
022. The anterior male urethra is surrounded by
- (A) The bulbospongiosus muscle  (B) Corpus spongiosum  
 (C) Both (A) and (B)  (D) None of the above
023. The female urethra is approximately \_\_\_\_\_ cm long
- (A) 4  (B) 6  
 (C) 8  (D) 10
024. A 16-Fr catheter is approximately \_\_\_\_\_ mm in outer diameter.
- (A) 16  (B) 10.4  
 (C) 8.7  (D) 5.3
025. The correct order of the division of the intrarenal branches of the renal artery is:
- (A) segmental, arcuate, interlobar (infundibular), interlobular.  
(B) segmental, arcuate, interlobular, interlobar (infundibular).  
 (C) segmental, interlobar (infundibular), arcuate, interlobular.  
(D) interlobular, segmental, interlobar (infundibular), arcuate.
026. Compared with an 18-gauge needle, the 21-gauge needle for percutaneous renal access:
- (A) should not be used by inexperienced operators.  
(B) requires a 0.025-inch guidewire.  
(C) cannot be directed aseptically.  
 (D) is more traumatic.

027. Indications for ureteroscopy (rigid or flexible) include all of the following except:
- (A) obstructing ureteral calculus.
  - (B) filling defect of the renal pelvis.
  - (C) 1.2-cm renal calculus in the lower pole.
  - (D) ureteropelvic junction obstruction with a large crossing vessel present.
028. If the Veress needle has been unintentionally placed in the iliac artery creation of pneumoperitoneum for insufflation of the abdomen, which of the following is course of action to minimize further patient injury?
- (A) Remove the Veress needle, and proceed to open the abdomen.
  - (B) Remove the Veress needle, and then proceed with insufflating at a different location.
  - (C) Leave the Veress needle in place, and open the abdomen.
  - (D) Leave the Veress needle in place, and proceed with insufflation of the abdomen at a different location.
029. All of the following are treatment options for a gas embolism during laparoscopy are true EXCEPT:
- (A) Hyperventilate the patient with 100% oxygen.
  - (B) Immediately cease insulation.
  - (C) Place the patient in a head-down position.
  - (D) Place the patient in a right lateral decubitus position with the left side up.
030. The wavelength for the holmium:YAG (Ho:YAG) laser is:
- (A) 1064 nm.
  - (B) 1318 nm.
  - (C) 2140 nm.
  - (D) 2640 nm.
031. The likelihood of finding a malignancy in a patient with microhematuria is influenced by all of the following EXCEPT:
- (A) age.
  - (B) gender.
  - (C) use of anticoagulants.
  - (D) tobacco use.
032. Which of the following has the greatest effect on pseudoaneurysm development following partial nephrectomy?
- (A) The open approach versus minimally invasive (1% vs. 5%)
  - (B) Patients with higher nephrometry score are at increase risk
  - (C) Early unclamping even in the presence of arterial bleed
  - (D) Tumor depth has no impact on incidence of pseudoaneurysm.
033. Which of the following statements is FALSE regarding imaging in pregnant patients?
- (A) Ultrasound and magnetic resonance imaging are the techniques of choice.
  - (B) Routine imaging with magnetic resonance imaging (MRI) should employ use of gadolinium contrast.
  - (C) Radiation from computed tomography (CT) scan is usually at a dose lower than that associated with fetal harm.
  - (D) Safety of nuclear medicine studies is dependent on the isotope utilized.

034. The fused lower pole of the horseshoe kidney is trapped by which of the following structures during the ascent?
- (A) Inferior mesenteric artery                      (B) Superior mesenteric artery  
 (C) Celiac artery    (D) Common iliac artery
035. The mature nephron segments arise from which embryonic precursors?
- (A) Pronephros    (B) Mesonephros  
 (C) Mesonephric duct                                       (D) Metanephros
036. Which of the following is accurate with regard to prenatal intervention for lower urinary tract obstruction (LUTO)?
- (A) Improved survival; unchanged long-term renal function  
 (B) Decreased survival; improved long-term renal function  
 (C) Unchanged survival; improved long-term renal function  
 (D) Improved survival; decreased long-term renal function
037. What is the optimal timing of spinal ultrasonography during screening for occult spinal dysraphism?
- (A) Before 6 months of age                      (B) 6 months to 2 years of age  
 (C) At any age before puberty                      (D) At any age
038. All of the following statements about postnatal ultrasound findings of hydronephrosis are true EXCEPT:
- (A) hydronephrosis may be obstructive or nonobstructive.  
 (B) hydronephrosis is always an indication of obstruction.  
 (C) hydronephrosis can be more fully evaluated by functional imaging to identify obstruction.  
 (D) hydronephrotic pelvicalyceal system can be differentiated from renal cysts based on whether the fluid spaces do not or do communicate.
039. The most common pediatric uropathogen is:
- (A) Escherichia coli.                                      (B) Klebsiella.  
 (C) Proteus.    (D) Enterobacter.
040. NPO (nothing by mouth [nil per os]) status recommendations in children include:
- (A) There should be an 8-hour period between the intake of full meals prior induction of general anesthesia, regional anesthesia, or sedation/analgesia.  
 (B) There should be a 4-hour period of time between the consumptions of breast milk and administration of general anesthesia, regional anesthesia, or sedation/analgesia.  
 (C) Children may have clear liquids up to 2 hours before elective procedures requiring anesthesia administration since risk of aspiration is low.  
 (D) All of the above.
041. Which of the following procedures has not been shown to have a length of stay benefit for minimally invasive approaches as compared with the open surgical counterpart?
- (A) Pyeloplasty    (B) Ureteral reimplant  
 (C) Hernia/hydrocele                                      (D) Appendicovesicostomy

042. What is the significance of debris visualized within the bladder or collecting system on ultrasound?
- (A) This is a normal finding
  - (B) Concern for ureterocele
  - (C) Increased risk of symptomatic urinary tract infection
  - (D) Increased risk of positive urine culture regardless of symptoms
043. What is the accepted ratio of tunnel length to ureteral diameter found in most normal children without reflux?
- (A) 5:1
  - (B) 4:1
  - (C) 3:1
  - (D) 2:1
044. Which of the following statements best describes visualization of the fetal bladder?
- (A) Transabdominal imaging is more sensitive than transvaginal imaging for early detection of the fetal bladder.
  - (B) The fetal bladder typically empties every 15 to 20 minutes, and nonvisualization of the bladder necessitates prolonged inspection to make sure that a full bladder was not missed.
  - (C) At 10 weeks of gestation the bladder will be visualized in 25% of fetuses.
  - (D) At 13 weeks of gestation the bladder will be visualized in 50% of fetuses. e. During the first trimester the normal bladder diameter is 12 mm or less.
045. What is the live birth risk of bladder exstrophy in the offspring of individuals with bladder exstrophy and epispadias?
- (A) 1 in 70
  - (B) 1 in 300
  - (C) 1 in 500
  - (D) 1 in 700
046. Which of the following organ systems are MOST likely to impact the early life of the patient with prune-belly syndrome?
- (A) Cardiac
  - (B) Urinary
  - (C) Pulmonary
  - (D) Endocrine
047. All of the following findings on antenatal imaging should raise suspicion of posterior urethral valves EXCEPT:
- (A) thickened bladder wall.
  - (B) bilateral pelvicaliectasis with ureterectasis.
  - (C) oligohydramnios.
  - (D) ambiguous genitalia.
048. What is the primary goal in management of neuromuscular dysfunction of the lower urinary tract?
- (A) Achievement of urinary continence
  - (B) Achievement of fecal continence
  - (C) Preservation of renal function
  - (D) Facilitation of sexual function
049. Lower urinary tract (LUT) dysfunction is associated with which of the following?
- (A) Constipation
  - (B) Neuropsychiatric issues
  - (C) UTIs
  - (D) All of the above
050. Which of the following metabolic/endocrinologic pathologies is unlikely to cause constipation?
- (A) Hypercalcemia
  - (B) Hypokalemia
  - (C) Hypothyroidism
  - (D) Precocious puberty

051. Complete ureteral duplications with reflux can be best managed surgically by:
- (A) separating the ureters and reimplanting them separately.
  - (B) a common sheath repair in which both ureters are mobilized with one mucosal cuff.
  - (C) performing an upper to lower ureteroureterostomy and reimplanting the lower ureter.
  - (D) performing a lower to upper ureteroureterostomy and reimplanting the upper ureter.
052. Which statement best describes noninflammatory bladder conditions?
- (A) Bladder hemangiomas are often multiple.
  - (B) Bladder hemangiomas often require radical resection.
  - (C) Bladder hemangiomas are associated with Klippel-Trenaunay or Sturge-Weber syndrome.
  - (D) Fibroepithelial polyps are the most common cause of bladder masses in children.
053. Nephrogenic adenoma:
- (A) is more common in children than in adults.
  - (B) often demonstrates malignant transformation.
  - (C) rarely recurs after local treatment.
  - (D) can be seen as a reaction to infection or urolithiasis.
054. When the diagnoses of cystitis cystica and eosinophilic cystitis is being considered, it is important to note that:
- (A) cystitis cystica more commonly occurs in males.
  - (B) eosinophilic cystitis can be treated with steroids, antihistamines, and antibiotics.
  - (C) eosinophilic cystitis more commonly occurs in females.
  - (D) eosinophilic cystitis in young children will almost always progress.
055. Factors that mitigate against use of a single-stage reconstruction technique for cloacal exstrophy include the presence of:
- (A) a large omphalocele.
  - (B) a wide pubic diastasis.
  - (C) a concomitant myelomeningocele.
  - (D) all of the above.
056. Complications of the complete primary exstrophy repair technique include:
- (A) myogenic bladder failure.
  - (B) testicular atrophy.
  - (C) urethrocutaneous fistula.
  - (D) hip dislocation.
057. Considering the surgical management of PBS patients, which of the statements is CORRECT?
- (A) Abdominoplasty must be planned and performed after urinary tract reconstruction is completed.
  - (B) The surgical and anesthesiologic risks are elevated when orchidopexy and abdominoplasty are performed simultaneously with the urinary tract reconstruction before puberty.
  - (C) Vesicoureteral reflux can be corrected with the Gregoir-Lich procedure in most cases.
  - (D) Even when reduction cystoplasty is performed, significant postvoid results may remain or recur.



058. A 13-year-old boy with a history of posterior urethral valves progresses to end-stage renal disease and is a candidate for renal transplant. Of the complications listed below, which one may be most likely to occur in a child with a history of posterior urethral valves?
- (A) Acute graft rejection
  - (B) Vesicoureteral reflux
  - (C) Chronic graft rejection
  - (D) Ureteral obstruction at site of ureteroneocystostomy
059. In a child with urethral duplication, all of the following are true EXCEPT:
- (A) In a case of duplicated urethra, the ventral urethra is morphologically more normal in terms of caliber and function.
  - (B) Not all urethral duplications require surgical correction.
  - (C) Most children with urethral duplication present with incontinence.
  - (D) Children with urethral duplication are not at high risk for urinary tract infection.
060. An 8-year-old boy presents with a few drops of blood at the urethral meatus at the end of voiding intermittently, over the past 3 months. Which of the following is true regarding the diagnosis of urethrorrhagia?
- (A) Presents classically as painful hematuria
  - (B) Associated with an increased risk of urinary tract infection
  - (C) Cystoscopy is essential to locate a bladder or urethral source of bleeding and rule out the presence of a neoplasm.
  - (D) May be associated with dysfunctional elimination syndrome
061. The most common presenting urinary symptom in children with transverse myelitis is:
- (A) urinary incontinence.
  - (B) urinary tract infection.
  - (C) urinary retention.
  - (D) urinary frequency.
062. An 8-year-old boy presents to your office with his parents for consultation regarding treatment for primary nocturnal enuresis. Behavioral modification, desmopressin, and the enuresis alarm have failed. Which of the following parameters is the best predictor of response to treatment with desmopressin?
- (A) Age of child
  - (B) Bladder capacity
  - (C) Motivation of family
  - (D) Nocturnal polyuria
063. The use of efferent nipple valves for continence in children:
- (A) has not approached the results achieved in adults.
  - (B) has a higher complication and reoperation rate than a flap valve.
  - (C) is equivalent to any other continence mechanism.
  - (D) is often associated with difficulty in catheterization.
064. In complex pediatric urinary undiversion procedures it is most difficult to:
- (A) provide adequate outflow resistance.
  - (B) create a compliant urinary reservoir.
  - (C) achieve an effective antireflux mechanism without upper tract obstruction.
  - (D) provide a reliable access for intermittent catheterization.

065. Between the sixth and ninth week, normal rotation of the kidney toward the midline to attain its orthotopic position involves:
- (A) 60 degrees of lateral rotation. (B) 90 degrees of lateral rotation.  
 (C) 180 degrees of lateral rotation. (D) 90 degrees of medial rotation.
066. Congenital renal arteriovenous fistulas are:
- (A) usually congenital. (B) cirroid in configuration.  
 (C) symptomatic before the third decade. (D) more common in males.
067. Bilateral megacalycosis:
- (A) occurs more frequently in females. (B) has an increased number of dilated calyces.  
 (C) is associated with ureteral dilation. (D) is autosomal recessive in inheritance pattern.
068. A 50-year-old man with known von Hippel-Lindau disease presents with a single episode of gross hematuria. CT scan reveals a 3-cm enhancing mass in the upper pole of each kidney. Metastatic evaluation is negative. He is otherwise healthy. Appropriate treatment at this point would be:
- (A) bilateral radical nephrectomy with the placement of a peritoneal dialysis catheter.  
 (B) bilateral upper pole partial nephrectomy.  
 (C) right radical nephrectomy with left upper pole partial nephrectomy.  
 (D) observation with serial CT every 4 months.
069. The principal effects of congenital renal obstruction are:
- (A) glomerulosclerosis, interstitial fibrosis, and atrophy.  
 (B) hypoplasia and increased epithelial-mesenchymal transformation.  
 (C) altered growth regulation, renal differentiation, and functional integration.  
 (D) glomerulosclerosis, renin downregulation, and tubular hypertrophy.
070. In the fetal kidney, angiotensin activity:
- (A) is tightly regulated by EGF.  
 (B) acts predominantly through the AT-1 receptor.  
 (C) affects epithelial-mesenchymal transformation.  
 (D) is an important regulator of renal growth.
071. Inflammatory change in the congenitally obstructed kidney:
- (A) is similar to those seen in postnatally obstructed kidneys.  
 (B) is mediated by the renin-angiotensin system.  
 (C) is minimal in the absence of overt infection.  
 (D) is the key element in glomerular damage.
072. Failure of atrophy of which vessel leads to the formation of a preureteral vena cava?
- (A) Posterior cardinal vein (B) Subcardinal vein  
 (C) Supracardinal vein (D) Umbilical artery

073. Which of the following types of ureterocele is associated with the lowest incidence of secondary procedures after transurethral decompression?
- (A) Ectopic ureterocele
  - (B) Ureterocele in a female patient
  - (C) Intravesical ureterocele
  - (D) Ureterocele associated with a duplicated system
074. After the perinatal period, what is the most common method of presentation of a ureterocele?
- (A) Incontinence
  - (B) Abdominal mass
  - (C) Failure to thrive
  - (D) Urinary tract infection
075. A patient with a suspected ectopic ureter due to incontinence has no hydronephrosis on an ultrasonographic study and apparent single systems bilaterally. Which of the following tests is a sensitive method of determining if there is an ectopic ureter and associated renal moiety?
- (A) Diethylenetriaminepentaacetic acid (DTPA) renal scanning
  - (B) Magnetic resonance imaging (MRI) of the abdomen and pelvis
  - (C) Nuclear voiding cystourethrography
  - (D) Positron emission tomography
076. Which of the following is TRUE regarding secondary obstructive megaureters?
- (A) It is caused by an aperistaltic juxtavesical segment that is unable to propagate urine at acceptable rates of flow.
  - (B) It most commonly occurs with neurogenic and non-neurogenic voiding dysfunction or infravesical obstruction such as posterior urethral valves.
  - (C) It may be due to acute infections, nephropathies, and other medical conditions that cause significant increases in urinary output that overwhelm maximal peristalsis.
  - (D) It is diagnosed once reflux, obstruction, and secondary causes of dilatation are ruled out.
077. Which of the following is the most serious complication to ureteral tailoring?
- (A) Gradual tapering can cause an abrupt change of the ureteral caliber and subsequently kinking.
  - (B) A too short intravesical tunnel can cause vesicoureteral reflux.
  - (C) Compromising of the distal vasculature of the ureter with subsequent fibrosis.
  - (D) Secondary stenosis of the ureteral orifice.
078. Which of the following interventions is NOT recommended for the treatment of cystinuria?
- (A) D-penicillamine
  - (B) Potassium citrate
  - (C) Alpha-mercaptopyropionylglycine
  - (D) Hydrochlorothiazide
079. Which of the following is generally NOT associated with normocalcemic hypercalciuria?
- (A) Bartter syndrome
  - (B) Primary hyperparathyroidism
  - (C) Dent disease
  - (D) Distal renal tubular acidosis (DRTA)
080. Hydrocele formation after varicocele ligation is least likely to occur after which of the following procedures?
- (A) Retroperitoneal ligation
  - (B) Subinguinal ligation
  - (C) Laparoscopic ligation
  - (D) Transvenous embolization

081. Which of the following is NOT a relative indication for elective varicocele repair?
- (A) Pain (B) Oligospermia  
(C) Small testes (D) Continuous spermatic venous reflux
082. A 14-year-old undergoes a first-stage buccal graft reoperation that involves grafting along the entire penile shaft. The next morning he is found to have visible hematoma under the shaft skin. The next step is:
- (A) return immediately to the operating room to evacuate the hematoma.  
(B) apply a compression dressing over the penis and scrotum.  
(C) check coagulation profiles for bleeding diathesis.  
(D) observe with continued bed rest.
083. A 19-month-old male presents for evaluation of scrotal hypospadias. The mother has noted that his pupils seem enlarged, and she is concerned he might have developmental delay. He is crying during examination, hindering inspection of his eyes. He has scrotal hypospadias with a deep scrotal cleft, but both testes are in the scrotum. His evaluation before surgery should include:
- (A) renal sonogram.  
(B) testicular sonogram.  
(C) VCUG.  
(D) assessment of testosterone/dihydrotestosterone (T/DHT) ratio.
084. Parents report that their 1-year-old boy seems to be having difficulty urinating 3 months after TIP repair for coronal hypospadias. They have observed the stream once or twice and thought it looked thin. On examination the glans looks normal, except that the meatus appears small. In the operating room you attempt to calibrate the meatus, and an 8-Fr sound will not pass. The most likely cause for this complication is:
- (A) balanitis xerotica obliterans (BXO).  
(B) ischemia of the neomeatus.  
(C) postoperative edema of the meatus.  
(D) suturing the urethral plate too far into the distal glans.
085. When in fetal development does the testicle pass into the inguinal canal?
- (A) 5 to 7 weeks gestation (B) 10 to 14 weeks gestation  
(C) 20 to 28 weeks gestation (D) 30 to 34 weeks gestation
086. How commonly does cryptorchidism occur in full-term males?
- (A) <1% (B) 1% to 4%  
(C) 5% to 10% (D) 15%
087. A 1-month-old full-term male presents with a unilateral nonpalpable testicle. The next step after a confirmatory exam is:
- (A) ultrasound to identify the position of the testicle.  
(B) MRI with gadolinium.  
(C) hormonal therapy to induce descent.  
(D) observation for spontaneous descent until 6 months of age.

088. In most cases of labial adhesions, which of the following is true?
- (A) They are believed to occur because of a relative state of hyperestrogenism.
  - (B) They should be treated with surgical lysis.
  - (C) They require no treatment.
  - (D) They occur secondary to sexual abuse.
089. In a neonate with hypospadias and a unilateral cryptorchid testis:
- (A) midshaft location of the urethral meatus is an important risk factor for DSD.
  - (B) impalpability of the cryptorchid testis carries a 50% risk of a DSD.
  - (C) palpability of the cryptorchid testis effectively rules out DSD.
  - (D) perineal hypospadias is not a risk factor for a DSD.
090. Gender identity:
- (A) is synonymous with gender role.
  - (B) is primarily determined by prenatal exposure to androgens.
  - (C) is primarily determined by postnatal environmental influences.
  - (D) is defined as the identification of self as either male or female.
091. Surgical management of cloacal malformations involves all of the following steps EXCEPT:
- (A) decompression of the gastrointestinal tract.
  - (B) decompression of the genitourinary tract.
  - (C) vaginostomy.
  - (D) definitive repair of the cloaca.
092. Fecal continence after cloacal reconstruction is most closely related to:
- (A) the level of rectal confluence.
  - (B) associated urinary anomalies.
  - (C) neurologic status.
  - (D) the type of repair.
093. In boys with posterior urethral valves:
- (A) intervention in utero will prevent the need for renal transplant in adulthood.
  - (B) fertility will likely be normal.
  - (C) 60% will have urinary incontinence.
  - (D) there is no increased risk of proteinuria.
094. Eighteen months following an uncomplicated living related renal transplant, a 5-year-old boy with a history of posterior urethral valves develops a rising serum creatinine level, graft hydronephrosis, and two febrile UTIs. VCUG shows grade III reflux into the graft and moderate bladder trabeculation similar to his pre-transplant pattern. The next step in his care is:
- (A) psoas hitch ureteral reimplantation.
  - (B) nontunneled ureteroneocystostomy.
  - (C) ileo-cystoplasty and appendicovesicostomy.
  - (D) urodynamic evaluation and likely antimuscarinics and intermittent catheterization.

095. Which of the following is not an acceptable option for initial management of urethral disruption?
- (A) Gentle attempt at blind catheter placement in suspected partial urethral disruption by retrograde urethrogram
  - (B) Suprapubic tube placement in complete urethral disruption
  - (C) Cystoscopy per urethra in emergency room (ER) for catheter placement in complete urethral disruption
  - (D) Dual cystoscopy in operating room (OR) retrograde from urethra and antegrade from bladder in complete urethral disruption
096. The tuberous sclerosis complex is associated with the development of angiomyolipoma and cystic renal disease. These patients have been found to have an abnormality of chromosome:
- (A) 1. (B) 7.
  - (C) 9. (D) 12.
097. A 2-year-old boy is found to have bilateral Wilms tumor. There is a tumor occupying more than 50% of the left kidney and a 4.0-cm tumor in the upper pole of the right kidney. The best next step is:
- (A) left nephrectomy and right renal biopsy.
  - (B) bilateral partial nephrectomy.
  - (C) right partial nephrectomy and left renal biopsy.
  - (D) chemotherapy.
098. A 5-year-old male presents with difficulty voiding and gross hematuria as well as right flank discomfort. US demonstrates a 5-cm mass at the level of the trigone with moderate-severe right hydronephrosis. A pelvic CT scan confirms these findings and does not show pelvic adenopathy. The next steps would be:
- (A) open resection and right ureteral reimplantation.
  - (B) endoscopic biopsy followed by right internal stent placement if possible.
  - (C) to attempt a complete endoscopic resection.
  - (D) percutaneous nephrostomy tube placement followed by open biopsy.
099. Antimicrobial prophylaxis is characterized as:
- (A) administration of an antimicrobial agent within 4 to 6 hours of the procedure.
  - (B) administration of an antimicrobial agent for a period of time covering the first 48 hours after the procedure.
  - (C) administration of an antimicrobial agent within 30 minutes of the initiation of a procedure and for a period of time covering the first 48 hours after the procedure.
  - (D) administration of an antimicrobial agent within 60 to 120 minutes of the initiation of a procedure and for a period of time that covers the duration of the procedure.
100. Which of the following organisms is NOT associated with positive nitrites on urine analysis?
- (A) *Enterococcus* (B) *E. coli*
  - (C) *Proteus mirabilis* (D) *Klebsiella pneumoniae*
101. What is the best option for repair of midureteral transection after a stab wound, in a stable patient?
- (A) Ureteroureterostomy (B) Transureteroureterostomy
  - (C) Boari flap (D) Nephrectomy

102. The proteinaceous portion of stones is composed of:
- (A) concentric lamination. (B) protein-crystal complex.  
 (C) matrix. (D) nephrocalcin.
103. Patients with enteric hyperoxaluria are most likely to form stones composed of:
- (A) calcium phosphate.  (B) calcium oxalate.  
 (C) magnesium ammonium phosphate. (D) uric acid.
104. What is the preferred treatment for a known brushite stone former harboring a lower pole renal calculus 25 mm in diameter?
- (A) SWL  
 (B) SWL with ureteral stenting  
 (C) Flexible ureteroscopy with holmium laser lithotripsy  
 (D) PNL
105. What are the preferred initial power settings for holmium laser lithotripsy of ureteral stones?
- (A) 0.6 J, 6 Hz (B) 0.6 J, 10 Hz  
 (C) 1.0 J, 10 Hz (D) 1.2 J, 10 Hz
106. Identify the correct statement out of the following?
- (A) Extracorporeal shockwave lithotripsy (ESWL) as a modality of treatment has been considered as an option in patients with bladder calculi with artificial urinary sphincters or penile prosthesis.  
 (B) Transurethral surgery is completely safe even with longer OR times.  
 (C) Suprapubic surgery is ideal in patients who have had previous urethral or abdominal surgeries.  
 (D) Stones more than 2 cm should be treated with open surgery.
107. The key finding on CT imaging that differentiates Bosniak I-III from Bosniak III-IV renal cysts is:
- (A) enhancement on administration of intravenous contrast.  
 (B) high-density cystic fluid.  
 (C) intraseptal calcifications.  
 (D) septal nodularity.
108. Following partial nephrectomy of a solitary kidney, what is the most effective method of screening for hyperfiltration nephropathy?
- (A) Urinary dipstick test for protein  
 (B) Albumin-to-creatinine ratio  
 (C) Iothalamate glomerular filtration rate (GFR) measurement  
 (D) Serum creatinine measurement
109. The majority of ureteral tumors occur in the:
- (A) proximal ureter. (B) midureter.  
 (C) distal ureter.  (D) distal and mid ureter.
110. What is the strongest modifiable risk factor for renal insufficiency after partial nephrectomy?
- (A) Duration of renal ischemia (B) Surgical approach  
 (C) Administration of nephrotoxins (D) Resection margin





118. Patients with irritable bowel syndrome (IBS) often report changes in bladder function. Which of the following statements is correct?
- (A) This is an example of cross-organ sensitization.
  - (B) In animal models, colonic inflammation rarely leads to bladder dysfunction.
  - (C) Cross-organ sensitization only occurs between the gastrointestinal tract and the urinary bladder.
  - (D) The mediators, which are responsible for these conditions, have been well described.
119. The “guarding reflex” refers to the:
- (A) abrupt increase in striated sphincter activity seen with a cough during normal bladder filling/storage.
  - (B) spinal sympathetic inhibition of parasympathetic ganglion activity.
  - (C) gradual increase in striated sphincter activity seen during normal bladder filling/storage.
  - (D) gradual inhibition of the pontine-mesencephalic micturition center by the cerebral cortex during normal bladder filling/storage.
120. A patient is suspected of having a urinary tract–vaginal fistula. Which is the best dye test method to facilitate diagnosis of an isolated ureterovaginal fistula?
- (A) Oral pyridium.
  - (B) Intravesical indigocarmine.
  - (C) Intravenous indigocarmine.
  - (D) Simultaneous oral pyridium and intravesical indigocarmine.
121. Initial assessment of men with UI includes all of the following except:
- (A) flowtest.
  - (B) invasive urodynamics.
  - (C) frequency/volume chart.
  - (D) urinalysis.
122. Which of the following tests assesses bladder compliance?
- (A) Cystometrogram(CMG)
  - (B) Micturitional urethral pressure profile
  - (C) Postvoid residual volume
  - (D) Voiding pressure flow study
123. What factor has been associated with LUTS but not urinary incontinence in women?
- (A) Advancing age.
  - (B) Caucasian race.
  - (C) Number of prior vaginal deliveries.
  - (D) Caffeine intake.
124. Which of the following is the most common long-term expression of lower urinary tract dysfunction after a cerebrovascular accident(CVA)?
- (A) Detrusor areflexia
  - (B) Lack of sensation of filling
  - (C) Impaired bladder contractility
  - (D) Detrusor overactivity
125. A patient with a history of cervical SCI is undergoing urodynamic evaluation and currently has 350 cc infused volume. He begins to complain of headache and develops hypertension and bradycardia. What is the next step?
- (A) Continue filling and reassure him
  - (B) Administer an antibiotic
  - (C) Give terazosin 5 mg immediately
  - (D) Empty his bladder
126. Which symptoms are included in overactive bladder syndrome(OAB)?
- (A) Dysuria
  - (B) Straining
  - (C) Urgency incontinence
  - (D) Bladder pain

127. Most current diagnostic criteria estimate which aspect of detrusor contraction?  
 (A) Efficiency (B) Sustainability  
 (C) Speed (D) Strength
128. All of the following statements are true about nocturia EXCEPT:  
 (A) Nocturia is voiding that is preceded and followed by sleep.  
 (B) the prevalence of nocturia increases with age.  
 (C) nocturia impairs sleep efficiency, sleep latency, and slow-wave sleep and is associated with increased mortality.  
 (D) one or more voids per night appear to be clinically significant.
129. The use of antimuscarinic agents to treat OAB is limited by their lack of uroselectivity. Which of the following is NOT a recognized side effect of antimuscarinic agents?  
 (A) Dry mouth (B) Constipation  
 (C) Cognitive dysfunction (D) Bradycardia
130. Which of the following pharmacologic actions is most likely responsible for the effects of oxybutynin when given systemically?  
 (A) Antimuscarinic, direct muscle relaxant, and local anesthetic actions, equally  
 (B) Direct muscle relaxant effect alone  
 (C) Direct muscle relaxant effect and local anesthetic action  
 (D) Antimuscarinic effect
131. When teaching the urge suppression technique, patients are encouraged to:  
 (A) Stay near a bathroom as much as possible, so they won't have far to go when they feel an urge to void.  
 (B) Stay away from the bathroom until they feel an urge to void. Then get to the bathroom as soon as possible.  
 (C) Stay away from the bathroom until urgency or the urge to void occurs. Then they should sit down, practice urge suppression techniques, and once the urge has passed, slowly walk to the bathroom to void.  
 (D) Wait as long as possible to go to the bathroom to increase bladder capacity.
132. The current approved indications for sacral neuromodulation include all of the following EXCEPT:  
 (A) urinary urgency. (B) urinary frequency.  
 (C) urgency urinary incontinence. (D) interstitial cystitis.
133. Retropubic colposuspension procedures may act via which of the following mechanisms?  
 (A) Re-creating the normal continence mechanism  
 (B) Elevating the anterior vaginal wall and paravesical tissues toward the iliopectineal line  
 (C) Anchoring the obturator internus fascia to the iliopectineal line  
 (D) Suspending the bladder onto the periosteum of the symphysis pubis
134. Which symptom changes the least following site-specific posterior colporrhaphy?  
 (A) Dyspareunia (B) Constipation  
 (C) Vaginal mass (D) Splinting

135. Which of the following statements about the preoperative assessment of a sling patient is TRUE?
- (A) It is generally not necessary to perform a focused neurologic examination.
  - (B) Urgency is not associated with worse outcomes after sling surgeries.
  - (C) The American Urological Association (AUA) Guidelines state that a postvoid residual (PVR) volume should be checked on all patients.
  - (D) Cystoscopy should be performed in all patients to rule out bladder pathology.
136. Which of the following is a contraindication for mesh sling placement?
- (A) Prior failed mesh sling
  - (B) Vaginal atrophy
  - (C) Urethral injury during procedure
  - (D) History of recurrent urinary tract infections (UTIs)
137. The Credé maneuver for emptying the bladder is relatively contraindicated in patients:
- (A) with decreased outlet resistance.
  - (B) who are obese.
  - (C) with vesicoureteral reflux.
  - (D) with high-pressure detrusor overactivity.
138. Urinary tract infections (UTIs) in elderly women may best be decreased by:
- (A) nitrofurantoin prophylaxis.
  - (B) systemic estrogen administration.
  - (C) cranberry juice.
  - (D) vaginal estrogen application.
139. The abdominal approach to VVF repair:
- (A) is the preferred approach in all patients with VVF.
  - (B) has a higher success rate than the vaginal approach.
  - (C) is suitable for the use of an omental interpositional flap.
  - (D) is associated with less morbidity and a shorter hospital stay than the vaginal approach.
140. The most common malignant tumor associated with bladder diverticula is:
- (A) urothelial.
  - (B) squamous cell.
  - (C) adenocarcinoma.
  - (D) sarcomatous.
141. The Advance male sling is hypothesized to provide continence by:
- (A) elevation of the bulbar urethra.
  - (B) compression of the membranous urethra.
  - (C) circumferential occlusion of the bulbar urethra.
  - (D) repositioning and lengthening of the membranous urethra.
142. What nerves may be injured during a psoas hitch procedure?
- (A) Obturator nerve
  - (B) Genitofemoral nerve
  - (C) Ilioinguinalnerve
  - (D) Sciatic nerve
143. Three months after a urethral distraction injury, a patient is found to have a 2-cm obliterative posterior urethral defect. Which of the following is TRUE about the repair?
- (A) One-stage, open, perineal anastomotic urethroplasty is preferred.
  - (B) Orthopedic hardware in the pubic symphysis area is a contraindication to open posterior urethroplasty.
  - (C) Buccal mucosa graft urethroplasty is recommended.
  - (D) Urethral stent placement is recommended.

144. The scrotum in transmen is made of the:  
 (A) labia majora                                       (B) labia minora  
 (C) anterior vaginal wall                                       (D) perineal skin
145. Inverted papillomas are:  
 (A) a benign tumor of the bladder.                                       (B) a precursor to low-grade papillary cancer.  
 (C) chemotherapy resistant.                                       (D) an invasive tumor.
146. The most common histologic bladder cancer cell type is:  
 (A) squamous.                                       (B) adeno.  
 (C) urothelial.                                       (D) small cell.
147. Which of the following agents is contraindicated for immediate postoperative intravesical chemotherapy (administered at time of transurethral resection of bladder tumor [TURBT])?  
 (A) Thiotepa                                       (B) Bacille Calmette-Guérin (BCG)  
 (C) Mitomycin C (MMC)                                       (D) Epirubicin.
148. A healthy 55-year-old man undergoes resection of a 2.0-cm bladder tumor in a posterior wall bladder diverticulum. Pathology demonstrates a pT1G3 bladder tumor with associated areas of CIS. Muscularis mucosa is involved, but there is no definite muscularis propria in the specimen. Optimal management includes  
 (A) repeat resection to stage the cancer.  
 (B) intravesical BCG therapy.  
 (C) partial cystectomy with excision of the diverticulum.  
 (D) radical cystectomy and urinary diversion.
149. Intravesical mitomycin C chemotherapy for high-risk superficial bladder cancer:  
 (A) reduces the risk of progression.  
 (B) reduces the risk of recurrence.  
 (C) is preferred over BCG, particularly for CIS.  
 (D) is virtually free of side effects.
150. All of the following have been reported to provide prognostic information with regard to pelvic lymphadenectomy EXCEPT  
 (A) absolute number of lymph nodes removed.  
 (B) laterality of a single positive lymph node.  
 (C) lymph node density.  
 (D) extranodal extension.
151. A 35-year-old woman in her third trimester is brought to the emergency department unresponsive with hypotension, anemia, and is found to have a retroperitoneal hemorrhage. The most likely cause is:  
 (A) angiosarcoma.                                       (B) clear cell renal cell carcinoma.  
 (C) metanephric adenoma.                                       (D) oncocytoma.

152. Which of the following would be considered diagnostic for renal angiomyolipoma (AML)?
- (A) Hyperechoic pattern on ultrasonography
  - (B) Enhancement of >30 Hounsfield units on CT scan
  - (C) Small area measuring less than -20 Hounsfield units on nonenhanced CT
  - (D) Aneurysmal changes on renal arteriogram
153. Of the following, which is the greatest determinant of renal function after partial nephrectomy?
- (A) Surgical approach (open vs. minimally invasive)
  - (B) Tumor size
  - (C) Absence of a functioning contralateral kidney
  - (D) Renal function before partial nephrectomy
154. In CT urography, a filling defect related to a radiolucent stone could be distinguished by:
- (A) measuring Hounsfield units (HU) in the range of 10 to 70 HU with an average 46 HU
  - (B) measuring Hounsfield units (HU) in the range of 70 to 100 HU with an average 82 HU
  - (C) measuring Hounsfield units (HU) in the range of 80 to 250 HU with an average 100 HU
  - (D) measuring Hounsfield units (HU) in the range of 250 to 850 HU with an average 420 HU
155. When performing a full bilateral template retroperitoneal lymphnode dissection (RPLND) for a mixed germ cell tumor in the retroperitoneum, the main packets are:
- (A) paracaval, suprahilar, interaortocaval, ipsilateral gonadal vein
  - (B) retrocrural, interaortocaval, para-aortic
  - (C) paracaval, interaortocaval, para-aortic, interiliac
  - (D) paracaval, interaortocaval, para-aortic, ipsilateral gonadal vessels
156. Ten days after a left partial nephrectomy for a 4.5-cm hilar tumor, there is persistent fluid output from the surgical drain. No ureteral stent was placed at the time of surgery, and a small opening in the collecting system was oversewn. The creatinine concentration of the drain fluid is 34.5 mg/dL, consistent with urine. Despite conservative management, the volume fails to decline. A retrograde pyelogram demonstrates a moderate amount of contrast extravasation, confirming the urinary fistula. What is the most appropriate management at this time?
- (A) Immediate reexploration and repair
  - (B) Percutaneous nephrostomy tube placement
  - (C) Removal of surgical drain
  - (D) Internalized ureteral stent placement, continued surgical drain monitoring, and placement of Foley catheter
157. A 58-year-old woman had a nephrectomy 6 years previously for a grade 2 clear cell carcinoma. She was incidentally found to have three left-sided pulmonary nodules (two <1.0 cm, other 2.5 cm). A physical examination is normal, as are all blood chemistries. Computed tomography (CT) of the brain, lungs, abdomen, and pelvis show three pulmonary nodules with no associated hilar or mediastinal adenopathy, and a bone scan is normal. Which of the following is the most appropriate next step in her management?
- (A) Therapy with high-dose IL-2
  - (B) Biopsy of a pulmonary nodule
  - (C) Mediastinoscopy followed by resection of the pulmonary nodules
  - (D) Observation

158. As one proceeds outward from the adrenal medulla, the three separate functional layers of the adrenal cortex, in correct order, are:
- (A) zona reticularis, zona fasciculata, and zona glomerulosa.
  - (B) zona fasciculata, zona reticularis, and zona glomerulosa.
  - (C) zona glomerulosa, zona fasciculata, and zona reticularis.
  - (D) zona glomerulosa, zona reticularis, and zona fasciculata.
159. Patients with adrenal crisis can exhibit all of the following symptoms EXCEPT:
- (A) hypotension unresponsive to fluid resuscitation.
  - (B) abdominal pain.
  - (C) nausea.
  - (D) priapism.
160. All of the following lesions can be extra-adrenal EXCEPT:
- (A) myelolipoma. (B) ganglioneuroma.
  - (C) aldosteronoma. (D) pheochromocytoma.
161. A 57-year-old male with no significant medical problems presented with a right-sided abdominal mass. Computed tomographic (CT) imaging showed an 18-cm right adrenal tumor with invasion of the upper pole of the right kidney and tumor thrombus extending into the retro hepatic inferior vena cava. Which is the best surgical approach for this patient?
- (A) Open lumbodorsal posterior approach (B) Open anterior transabdominal approach
  - (C) Open thoracoabdominal approach (D) Laparoscopic transperitoneal approach
162. The ureter can be injured during a hysterectomy:
- (A) at the time of the division of the ovarian artery.
  - (B) at the time of the division of the uterine artery.
  - (C) at the time of the division of the cardinal artery.
  - (D) all of the above.
163. Which imaging modality/procedure would be optimal to assess degree of invasion of a bulbar urethral tumor?
- (A) CT scan with contrast
  - (B) Retrograde urethrogram with fluoroscopy
  - (C) MRI of the pelvis with contrast with T1- and T2-weighted images
  - (D) Endoscopy with direct visualization
164. The principle behind neuromodulation in treating overactive bladder is:
- (A) inhibition of detrusor interstitial cell activity.
  - (B) block of release of postganglionic neuronal acetylcholine.
  - (C) activation of C-fiber afferents.
  - (D) inhibition of somatic afferent processing in spinal cord

165. Which of the following is an absolute requirement for a patient to be included in the symptom syndrome of overactive bladder?
- (A) Nocturia
  - (B) Urinary frequency
  - (C) Urgency
  - (D) Urgency incontinence
166. Which of the following pathophysiologic factors is shared by men and women with urinary incontinence (failure to store) due to outlet underactivity?
- (A) Bladder neck hypermobility
  - (B) Intrinsic sphincter dysfunction
  - (C) Proximal urethral hypermobility
  - (D) Nonrelaxing striated sphincter
167. A 50-year-old lady presents with pure stress urinary incontinence. She has no other lower urinary tract symptoms (LUTS) and no previous pelvic surgeries. According to the American Urological Association/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (AUA/SUFU) SUI guideline, the initial evaluation of this patient should include a thorough history with assessment of symptoms and the following:
- (A) Physical and pelvic exam with demonstration of SUI, urinalysis, postvoid residual, cystoscopy.
  - (B) Physical and pelvic exam with demonstration of SUI, urinalysis, postvoid residual, cystoscopy, urodynamics.
  - (C) Physical and pelvic exam with demonstration of SUI, urinalysis, cystoscopy, urodynamics.
  - (D) Physical and pelvic exam with demonstration of SUI, urinalysis, postvoid residual.
168. Which of the following is not a treatment for stress urinary incontinence (SUI) in men?
- (A) Pelvic floor muscle training
  - (B) Penile clamp
  - (C) Antimuscarinics
  - (D) Male sling
169. During multichannel urodynamics, what is the best measure that allows the clinician to look for abdominal straining occurring during micturition?
- (A) Rectal or vaginal catheter pressure
  - (B) Bladder catheter pressure
  - (C) Uroflow pattern
  - (D) Electromyogram activity and uroflow velocity
170. For women with stress incontinence, urodynamics have the most useful role in which of the following scenarios?
- (A) In women who are considering surgical correction who also have urgency incontinence symptoms or difficulty emptying the bladder
  - (B) In predicting outcomes of surgery for women with pure stress incontinence
  - (C) In predicting the likelihood of voiding dysfunction in women with pure stress incontinence
  - (D) In predicting outcomes of conservative, nonsurgical treatments for women with mixed incontinence
171. During bladder contraction, which is most active?
- (A) Pelvic nerve
  - (B) Hypogastric nerve
  - (C) Pudendal nerve
  - (D) A-delta nerves
172. 65-year-old female presents with a history of pelvic radiation for treatment of cervical cancer 30 years ago. What urodynamic findings would you expect?
- (A) Reduced bladder capacity
  - (B) Increased postvoid residual
  - (C) Normal compliance
  - (D) Decreased flow rate

173. Detrusor overactivity can be diagnosed:
- (A) only if involuntary filling phase contractions are greater than 15 cm H<sub>2</sub>O in amplitude.
  - (B) if an involuntary contraction is seen during bladder filling, irrespective of size.
  - (C) if there is urgency incontinence but no contraction.
  - (D) if leakage occurs during exercise.
174. Current thinking is that desmopressin is most appropriate to treat:
- (A) nocturnal polyuria.
  - (B) global polyuria.
  - (C) decreased global bladder capacity.
  - (D) decreased nocturnal bladder capacity.
175. Adrenergically induced smooth muscle contraction in the human lower urinary tract is mediated primarily by which receptor?
- (A)  $\alpha$ 1D
  - (B)  $\beta$ 3
  - (C)  $\beta$ 2
  - (D)  $\alpha$ 1A
176. When attempting to identify dietary bladder irritants, the patient should:
- (A) avoid spicy foods, tomatoes, and citric fruits
  - (B) eliminate caffeine
  - (C) keep a diary to see which foods or beverages increase urgency
  - (D) all of the above
177. Prolapse as a reported complication of retropubic repairs:
- (A) is rarely associated with a central defect cystocele.
  - (B) results in genitourinary prolapse as a sequel to Burch colposuspension to occur in less than 10% of women.
  - (C) may aggravate posterior vaginal wall weakness, predisposing to enterocele.
  - (D) will be prevented by a synchronous hysterectomy.
178. An 89-year-old woman who has failed numerous pessaries has symptomatic complete uterovaginal prolapse. She is frail, lives in a nursing home, and has medical comorbidities making her high risk for general anesthesia. Select the most appropriate surgical procedure.
- (A) Uterosacral hysteropexy
  - (B) Sacrospinous cervicopexy
  - (C) Sacrohysteropexy
  - (D) Le Forte colpocleisis
179. The transobturator tape technique involves:
- (A) either outside-in or inside-out approaches.
  - (B) no absolute requirement for cystoscopy.
  - (C) no risk of lower urinary tract injury.
  - (D) no risk of leg pain or dyspareunia.
180. A 68-year-old obese woman with significant daily stress incontinence comes for a follow-up. Her bladder diary shows maximal voided volume of 125 mL during the daytime. Each of these measures is appropriate EXCEPT:
- (A) adjustment of fluid excretion and voiding intervals.
  - (B) advising weight reduction.
  - (C) teaching her postural maneuvers.
  - (D) consideration of surgical correction.



181. Ureterovaginal fistulae are:
- (A) not associated with transvaginal hysterectomy.
  - (B) usually associated with normal voiding patterns.
  - (C) best diagnosed on VCUG.
  - (D) found more commonly following hysterectomy for malignancy than for benign indications.
182. Bladder diverticula:
- (A) often do not produce specific symptoms.
  - (B) can be associated with UTIs.
  - (C) are commonly diagnosed incidentally during the evaluation of other symptoms or conditions.
  - (D) all of the above.
183. A 73-year-old man with a history of Ta bladder cancer is found to have a 0.5-cm papillary lesion in the prostatic urethra and undergoes extensive transurethral resection of the prostate, revealing high-grade noninvasive disease of the prostatic urethra without ductal or stromal involvement. The next best step is:
- (A) perioperative mitomycin C.
  - (B) surveillance cystoscopy every 3 months.
  - (C) mitomycin C therapy.
  - (D) induction of and maintenance with BCG therapy.
184. According to the American Urological Association (AUA) risk stratification tables from the 2016 AUA/Society of Urologic Oncology (SUO) guideline of non-muscle-invasive bladder cancer (NMIBC), which of the following tumor characteristics would classify as an intermediate risk tumor?
- (A) HG T1
  - (C) Solitary LG Ta >3 cm
  - (B) Any CIS
  - (D) PUNLMP
185. An orthotopic neobladder in a woman undergoing anterior pelvic exenteration for muscle-invasive bladder cancer is contraindicated in the setting of
- (A) age older than 75 years.
  - (B) nodal metastasis.
  - (C) recurrent urinary tract infection.
  - (D) tumor invading the anterior vaginal wall.
186. Partial cystectomy is appropriate in which of the following settings?
- (A) 4-cm T2 lesion in the trigone
  - (B) 1-cm T2 lesion in the dome
  - (C) 3-cm T2 lesion in the dome with carcinoma in situ (CIS) in one location
  - (D) 1-cm T2 lesion with pelvic lymphadenopathy on imaging
187. Cancer occurring in urinary intestinal diversion is most likely to occur in:
- (A) augmentations.
  - (B) colon conduits.
  - (C) ileal conduits.
  - (D) ureterosigmoidostomies.
188. Pouch stone development occurs most commonly with which pouch?
- (A) T pouch
  - (B) Kock pouch
  - (C) Penn pouch
  - (D) Gastric-ileal composite pouch

189. A 49-year-old man had a cystectomy and neobladder 4 months previously. He has excellent continence in the daytime but still has accidents at night even though he gets up twice to empty. The next step is:
- (A) reassurance that the nighttime continence will likely improve with more time.
  - (B) trial of extended release oxybutynin.
  - (C) strict fluid restriction to no more than 1500cc per day.
  - (D) intermittent catheterization.
190. The most common cause of complications after RARC and intracorporeal urinary diversion is:
- (A) bleeding.
  - (B) sepsis.
  - (C) necrosis of the bowel segment.
  - (D) enteroenteric anastomotic leak.
191. According to international clinical guidelines, a patient with a large prostate volume and predominantly bothersome voiding symptoms should be counselled for:
- (A) surgical treatment.
  - (B)  $\alpha$ -blocker plus 5-ARI therapy.
  - (C)  $\alpha$ -blocker monotherapy.
  - (D) 5-ARI monotherapy.
192. In a patient with a first episode of acute urinary retention, what is the probability of a successful trial without catheter?
- (A) Approximately 60%.
  - (B) Less than 50%.
  - (C) Approximately 10%.
  - (D) Very low without concomitant  $\alpha$ -blocker therapy.
193. Which of the following is TRUE regarding transurethral incision of the prostate (TUIP)?
- (A) It commonly results in TUR syndrome.
  - (B) It is generally only used in prostates larger than 60 mL.
  - (C) It causes retrograde ejaculation in 80% of cases.
  - (D) It may have a lower rate of ejaculatory dysfunction in patients when done unilaterally.
194. Compared with open simple prostatectomy, robot-assisted laparoscopic simple prostatectomy has:
- (A) quicker operative time.
  - (B) longer hospital stay.
  - (C) decreased need for blood transfusion.
  - (D) shorter learning curve.
195. Compared with men without prostate cancer, the fraction of free or unbound PSA in serum from men with prostate cancer:
- (A) is equal.
  - (B) is lower.
  - (C) is greater.
  - (D) is undetectable by current assays.
196. When performing TRUS prostate biopsy:
- (A) only hypoechoic lesions should be sampled.
  - (B) sextant biopsy represents the current standard of care for the diagnosis of prostate cancer.
  - (C) the transition zone should be included in all initial biopsies because of the high incidence of cancer in this area.
  - (D) a minimum of 12 systematic biopsies is currently recommended.

197. Initial risk stratification and staging workup for a man with newly diagnosed clinically localized intermediate risk prostate cancer (T2b, GG 2, PSA 8) includes:
- (A) imaging is not indicated in this patient.
  - (B) cross-sectional abdominopelvic imaging.
  - (C) bone scan and cross-sectional abdominopelvic imaging.
  - (D) bone scan and cross-sectional abdominopelvic imaging only if a nomogram predicts greater than 10% probability of pelvic lymph node involvement.
198. Preservation of the bladder neck during radical prostatectomy has demonstrated:
- (A) Improved erectile function.
  - (B) Improved long-term urinary control.
  - (C) Decreased surgical margins.
  - (D) None of the above.
199. Men who are not candidates for laparoscopic/robotic-assisted laparoscopic radical prostatectomy include those with:
- (A) palpable tumors.
  - (B) history of prior pelvic surgery.
  - (C) morbid obesity.
  - (D) uncorrectable bleeding diatheses.
200. The current appropriate dose for adjuvant radiation therapy after radical prostatectomy is:
- (A) less than 45 Gy.
  - (B) 45 to 50 Gy.
  - (C) 51 to 55 Gy.
  - (D) greater than 60 Gy.