Cardiothoracic Surgical Science and Principles Examination (CSSP) Syllabus

EMBRYOLOGY AND NORMAL ANATOMY

The trainee is expected to have a detailed knowledge of the structures of the thorax, arm, leg, groin, upper abdomen, neck and Spinal Column. The following is a guide:

Normal anatomy of the Heart, Great Vessels, Lungs, Mediastinum and Chest wall (Normal Anatomy includes both gross and microscopic anatomy, plus the nerve and blood supply to the organ and venous and lymphatic drainage).

Normal Anatomy of the Arm, Leg, Groin, Neck, Upper abdomen Spinal Column as it relates to the practice of cardiothoracic surgery.

Normal Embryology of the Heart, Great Vessels, Lungs and Fore Gut.

Common Embryological abnormalities of the Heart, Great Vessels, Lungs and Fore Gut.

Sources for acquisition of relevant knowledge:

Last's Anatomy, Regional and Applied, 9th Edition Langman's Medical Embryology, 11th Edition, Surgical Anatomy of the Heart, (2005) Wilcox & Anderson Operative Anatomy of the Heart (2010) Berdajs Thoracic Anatomy Part 1. An issue of *Thoracic Surgery Clinics* (2007) Thoracic Anatomy Part 11. An issue of *Thoracic Surgery Clinics* (2011) (The Thoracic Surgery Clinics are available online through many libraries)

CARDIOVASCULAR PHYSIOLOGY (INCLUDING MONITORING OF PARAMETERS)

The trainee is expected to have a detailed knowledge of the normal physiological function and diseased states. The following is a guide:

Normal Physiology Physiology of the Myocardium Cardiac Action Potential Natural Excitation of the Heart Regulation of Heart Rate ECG Common dysrhythmias Inotropy Control of Cardiac output Concept of preload and afterload Interpretation of Atrial, Ventricular, Arterial and Venous wave forms

Peripheral Circulation Control of peripheral circulation Control of Blood Pressure

Physiological response to Exercise Sepsis Haemorrhage Intracardiac Shunts

| Extracardiac Shunts |
|--|
| Obstructive Cardiac Valve Lesions |
| Regurgitant Cardiac Valve Lesions |
| Restrictive Pericarditis/Tamponade |
| Restrictive Cardiomyopathy |
| |

Haemodynamics

Normal haemodynamics Monitoring/measurement of Heart rate, intracardiac pressures Monitoring/measurement of Cardiac Output Monitoring the peripheral circulation Quantification of intracardiac shunts

Sources for acquisition of relevant knowledge:

Cardiovascular Haemodynamics for the Clinician (2007) Stouffer Haemodynamic monitoring made incredibly visual (2010) Lippincott Functional Haemodynamic monitoring (2005) Pinsky. In Update in Intensive Care and Emergency Medicine Volume 42 (PDF available online) Mosby Cardiovascular Physiology (2007) Levy Ganong's Review of Medical Physiology 23rd Edition

RESPIRATORY PHYSIOLOGY – INCLUDING MONITORING OF PARAMETERS

The trainee is expected to have a detailed knowledge of the normal physiology of the lungs and their function in diseased states. The following is a guide:

Normal Physiology

Mechanical Properties of the Chest Wall Lung Volumes Oxygen and carbon Dioxide Transport Control of Ventilation Non ventilator functions of the lungs Physiology of the Pulmonary Circulation Normal Blood gases Acid/Base principles

Physiological response to

Exercise Sepsis Haemorrhage - Haemothorax Pneumothorax Cardiopulmonary Bypass Hypoxia Changing Altitude

Pulmonary Function

Monitoring adequacy of Pulmonary Function Measurement of Lung Volume Measurement of Alveolar Function Blood gas interpretation Acid Base interpretation Principles of Pulse Oximetry

Sources for acquisition of relevant knowledge: Mosby Respiratory Physiology (2007) Cloutier Ganong's Review of Medical Physiology 23rd Edition

PATHOLOGY AND PATHOPHYSIOLOGY OF THE HEART, BLOOD VESSELS, LUNGS, PLEURA,

MEDIASTINUM AND OESOPHAGUS

| The trainee is expected to have a detailed knowledge of the pathology of the heart blood vessels, lungs, pleura, mediastinum and oesophagus. The following is a guide: | | | | | |
|--|-----------------------------|--|--|--|--|
| Inflammatory conditions including: | Benjan Tumours | | | | |
| Rheumatic Fever | Heart | | | | |
| Myocarditis | Pericardium | | | | |
| Pericarditis | Lung | | | | |
| Vasculitides | Mediastinum | | | | |
| Cardiomyopathies | Pleura | | | | |
| Infiltrative Lung Disease | Chest Wall | | | | |
| 5 | Oesophagus | | | | |
| Infective Conditions | | | | | |
| Heart | Malignant Tumours | | | | |
| Pericardium | Heart | | | | |
| Lung | Pericardium | | | | |
| Mediastinum | Lung | | | | |
| Pleura | Mediastinum | | | | |
| Chest Wall | Pleura | | | | |
| Oesophagus | Chest Wall | | | | |
| | Oesophagus | | | | |
| Degenerative Conditions | | | | | |
| Heart | Blood Vessels | | | | |
| Pericardium | Atheroma | | | | |
| Lung | Aneurysm | | | | |
| Mediastinum | Dissection | | | | |
| Pleura | | | | | |
| Chest Wall | Pathology of: | | | | |
| Oesophagus | Hypertension | | | | |
| | Ischaemic Heart Disease | | | | |
| | Valvular Heart Disease | | | | |
| | Myasthenia Gravis | | | | |
| | Obstructive Airways Disease | | | | |
| | | | | | |
| Sources for acquisition of relevant knowledge: | | | | | |
| Robbins and Cotran Pathologic Basis of Disease, 8 | 8th Edition – Kumar | | | | |
| | | | | | |
| CARDIOPULMONARY BYPASS, MYOCARDIAL PROTECTION AND MECHANICAL SUPPORT OF THE CIRCULATION | | | | | |
| The trainee is expected to have a detailed knowledge of the principles and performance of cardiopulmonary bypass, Myocardial Protection and Mechanical Support of the Circulation. The following is a guide: | | | | | |
| Cardiopulmonary Bypass (CPB) Circuits and priming solutions | | | | | |
| i ypes of Pumps/oxygenators available and the pros and cons of each type Metabolic Management during CPB Blood/Coagulation management during CPB | | | | | |
| HITTS | | | | | |
| Deep Hypothermic Circulatory Arrest | | | | | |
| Weaning from CPB | | | | | |
| Organ preservation during CPB | | | | | |
| Complications of CPB | | | | | |
| Mvocardial Protection | | | | | |

| Principles of Myocardial protection/Cardioplegia Cardioplegia – Solutions and routes of administration | |
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| Cardioplegia – Solutions and routes of administration | |
| | |
| Non Cardioplegia strategies for myocardial protection | |
| Intra-portic Balloon Counterpulsation (IABP) | |
| Principles of IABP | |
| Indications for IABP | |
| Techniques and principles of Insertion | |
| Correct setting of the Balloon Pump and siting of the balloon | |
| Complications of IABP | |
| Timing/techniques of removal of IABP | |
| | |
| Left Heart Bypass - ECMO | |
| | |
| Indications | |
| Monitoring of the nationt | |
| Complications | |
| Completions | |
| Sources for acquisition of relevant knowledge: | |
| Cardiopulmonary bypass (2009) Ghosh | |
| Un bypass (2008) Mongero Cardionulmonary Runass: Principles and practice (2007) Crowles | |
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| | |
| PRINCIPLES AND INDICATIONS FOR CARDIOTHORACIC INVESTIGATIONS | |
| Padiology | _ |
| Plain Film | |
| CT Examination | |
| Cardiac magnetic resonance (CMR | |
| Nuclear Scapping | |
| | |
| PET | |
| PET Thallium | |
| PET Thallium Technitium | |
| PET Thallium Technitium | |
| PET Thallium Technitium Echocardiography | |
| PET Thallium Technitium Echocardiography Normal Anatomy | |
| PET Thallium Technitium Echocardiography Normal Anatomy Systematic Approach | |
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| PET Thallium Technitium Echocardiography Normal Anatomy Systematic Approach TTE v TOE Standard views Complications Ischaemic testing exercise treadmill – Bruce protocol exercise stress myocardial perfusion – SPECT, technetium-labelled agent (sestamibi) pharmacological stress myocardial perfusion – dipyridamole, adenosine, dobutamine Coronary Angiography Indications Access strategies Standard views Reporting Criteria Pulmonary tests Volumes Gas exchange Isolated Lung function testing | |
| PET Thallium Technitium Echocardiography Normal Anatomy Systematic Approach TTE v TOE Standard views Complications Ischaemic testing exercise treadmill – Bruce protocol exercise stress myocardial perfusion – SPECT, technetium-labelled agent (sestamibi) pharmacological stress myocardial perfusion – dipyridamole, adenosine, dobutamine Coronary Angiography Indications Access strategies Standard views Reporting Criteria Pulmonary tests Volumes Gas exchange Isolated Lung function testing Compliance | |

IMPLANTABLE DEVICES – PACEMAKERS/ICDs

The trainee is expected to have a detailed knowledge of the principles and application of pacing and ICD. The following is a guide:

Pacing

| Principles |
|---------------------------------------|
| Indications – Temporary and Permanent |
| Lead placement |
| Monitoring |
| Complications |
| Biventricular for Heart Failure |

ICDs

Principles Indications – Temporary and Permanent Lead placement Monitoring Complications

Sources for acquisition of relevant knowledge Implantable cardiac pacemakers & defibrillators (2006) Chow

PHARMACOLOGY OF DRUGS COMMONLY USED IN CARDIOTHORACIC SURGERY

The trainee is expected to have a detailed knowledge of the drugs commonly encountered in the setting of cardiothoracic surgery. The following is a guide:

Classes of Drugs

Inotropes Vasodilators Vasoconstrictors Diuretics Anti-arrhythmics β Blockers ACE Inhibitors Calcium Channel Blockers Lipid Lowering Agents Platelet Inhibitors Anticoagulants Anti-Thrombotic Agents

Sources for acquisition of relevant knowledge

Drugs for the Heart (2008) 7th edition – Opie Pharmacology (2011) 7th Edition – Rang HP; Dale MM; Ritter JM; and Moore PK

Outline for Cardiothoracic Surgical Sciences and Principles Exam – MCQ component

(Two x 100 question MCQ papers)

| Торіс | No of questions |
|---|-----------------|
| | |
| Cardiovascular physiology | 30 |
| Respiratory physiology | 30 |
| Pathology – Heart & vessels | 20 |
| Pathology – Lungs & pleura | 20 |
| Pathology – Mediastinum & Chest wall | 10 |
| Pathology – Oesophagus | 5 |
| Embryology (this will also be asked in the anatomy viva) | 5 |
| Haemodynamic monitoring | 13 |
| Cardiopulmonary bypass, myocardial protection, mechanical support | 20 |
| Pacemakers & ICDs | 7 |
| Cardiothoracic Investigations | 15 |
| Cardiac pharmacology | 25 |
| Total | 200 |