WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Kuwait MOH | Oman OMSB

Anesthesiology Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 732 questions · 3 papers

732	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Anesthesiology Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

732	3	13	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 158 easier, 391 standard and 183 harder questions, marked on each one.

- Airway management 70
- Pharmacology, physiology, anatomy and equipment 70
- Thoracic, cardiac and vascular anaesthesia 65
- Neuroanaesthesia and critical care 65
- Anaesthesia for coexisting disease and specialties 65
- Perioperative medicine and anaesthetic crises 64
- Regional anaesthesia and pain 63
- Obstetric anaesthesia 60
- Neonatal and paediatric anaesthesia 60
- Trauma, burns and orthopaedic anaesthesia 60
- Sedation and non-operating room anaesthesia 45
- Patient safety 25
- Professionalism and ethics 20

The exam you are sitting

DHA: DHA Specialist Anesthesia exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Anesthesia exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Anesthesia	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Kuwait MOH: Kuwait MOH Anesthesia exam (Prometric)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Anesthesia (OEA)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist anesthesia exams differ in length and scoring: the DHA Specialist Anesthesia exam (ANA5781) has 150 questions in 3 hours with a 65% pass score, the Qatar DHP qualifying exam 150 questions with 65%, the Kuwait MOH exam 150 questions in 190 minutes, and the Oman OEA 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

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Topic coverage

Topic	Questions in this pack	Share
Airway management	**70**	10%
Pharmacology, physiology, anatomy and equipment	**70**	10%
Thoracic, cardiac and vascular anaesthesia	**65**	9%
Neuroanaesthesia and critical care	**65**	9%
Anaesthesia for coexisting disease and specialties	**65**	9%
Perioperative medicine and anaesthetic crises	**64**	9%
Regional anaesthesia and pain	**63**	9%
Obstetric anaesthesia	**60**	8%
Neonatal and paediatric anaesthesia	**60**	8%
Trauma, burns and orthopaedic anaesthesia	**60**	8%
Sedation and non-operating room anaesthesia	**45**	6%
Patient safety	**25**	3%
Professionalism and ethics	**20**	3%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   552 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Anesthesiology Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	552 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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ANESTHESIOLOGY EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Anaesthesia for coexisting disease and specialties EASY

Which of the following lowers intraocular pressure during ophthalmic surgery?

A. Mild hypocapnia from moderate hyperventilation
B. Hypercapnia from hypoventilation, which dilates the choroidal vessels
C. Pressure on the globe from a tight face mask
D. Head-down tilt, which raises episcleral venous pressure

Q2 Anaesthesia for coexisting disease and specialties STANDARD

A 30-year-old man with myotonic dystrophy needs surgery. Which drug is best avoided?

A. Propofol, because it can provoke myotonia at any dose
B. Rocuronium, because it prolongs myotonic contractures
C. Suxamethonium, because it can cause generalised myotonia and prevent ventilation
D. Sugammadex, because it provokes myotonic crises on reversal

Q3 Pharmacology, physiology, anatomy and equipment STANDARD

A patient has a three-hour propofol infusion for total intravenous anaesthesia and recovers consciousness promptly after it stops. Which property of propofol best explains the rapid recovery even after a prolonged infusion?

A. Faster redistribution from brain to muscle and fat than thiopental, so metabolism plays no part in recovery
B. A very small volume of distribution, so little drug remains in the body when the infusion stops
C. Rapid hydrolysis by plasma esterases to inactive products
D. Clearance greater than hepatic blood flow, because metabolism also occurs outside the liver

Q4 Pharmacology, physiology, anatomy and equipment STANDARD

Which of the following patients, all breathing sevoflurane, would be expected to have the highest minimum alveolar concentration?

A. A 30-year-old who is acutely intoxicated with alcohol
B. A 30-year-old woman who is ten weeks pregnant
C. A 30-year-old with chronic heavy alcohol intake who has not drunk recently
D. A 30-year-old with a core temperature of 33 degrees Celsius

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Q5 Pharmacology, physiology, anatomy and equipment EASY

A patient rescued from a house fire has a pulse oximeter reading of 99 percent, but is confused with a headache and a cherry-pink complexion. Why is the oximeter reading unreliable?

(A) Carboxyhaemoglobin absorbs infrared light strongly, giving a falsely high reading

(B) Methaemoglobin, which is present in smoke inhalation, is read as fully saturated haemoglobin

(C) Carboxyhaemoglobin absorbs red light like oxyhaemoglobin and is read as saturated

(D) The oximeter detects soot on the skin as saturated blood

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**A**	2	**C**	3	**D**	4	**C**	5	**C**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **A Mild hypocapnia from moderate hyperventilation**

Mild hypocapnia reduces choroidal blood volume and lowers intraocular pressure. Hypercapnia, a tight face mask pressing on the globe, and head-down tilt all raise intraocular pressure by increasing venous congestion or direct external pressure. Coughing, straining and hypoxia also increase it, while propofol, volatile agents, opioids and non-depolarising blockers tend to lower it. Keeping the pressure low is important during open-globe surgery to avoid extrusion of intraocular contents.

Source: Miller's Anesthesia (anaesthesia for ophthalmic surgery)

Q2 Answer: **C Suxamethonium, because it can cause generalised myotonia and prevent ventilation**

Suxamethonium can provoke generalised myotonia, with jaw and chest wall rigidity that makes ventilation and intubation very difficult, and is not reversed by non-depolarising blockers. Propofol is acceptable and often used in reduced doses with titration, as these patients are sensitive to its respiratory depressant effects. Non-depolarising blockers do not trigger myotonia and sugammadex is acceptable. Neostigmine can also provoke myotonia and is generally avoided, as are shivering and cold.

Source: Barash Clinical Anesthesia (neuromuscular disease)

Q3 Answer: **D Clearance greater than hepatic blood flow, because metabolism also occurs outside the liver**

Propofol is cleared at roughly 30 mL/kg/min, more than hepatic blood flow, through hepatic conjugation plus extrahepatic metabolism in the kidney and lung, so its context-sensitive half-time stays short after hours of infusion. Redistribution contributes after a single bolus but does not explain recovery after an infusion. Propofol has a large, not small, volume of distribution. It is not broken down by plasma esterases, which is the route for remifentanil, and its inactive metabolites are excreted mainly in urine.

Source: Stoelting's Pharmacology and Physiology in Anesthetic Practice

Q4 Answer: **C A 30-year-old with chronic heavy alcohol intake who has not drunk recently**

Chronic alcohol use raises minimum alveolar concentration, probably through tolerance of central nervous system depressants, as do hyperthermia, hypernatraemia and acute amphetamine use. Acute alcohol intoxication lowers it by an additive depressant effect. Pregnancy lowers requirement from early gestation, probably through raised progesterone and endorphin levels. Hypothermia lowers it by roughly 5 percent for each degree Celsius fall in temperature.

Source: Miller's Anesthesia

Q5 Answer: **C Carboxyhaemoglobin absorbs red light like oxyhaemoglobin and is read as saturated**

Conventional two-wavelength pulse oximeters cannot distinguish carboxyhaemoglobin from oxyhaemoglobin because both absorb red light at 660 nm to a similar degree, so SpO2 overestimates true oxygen saturation. Co-oximetry on a blood sample is needed to measure it. Carboxyhaemoglobin does not absorb strongly in the infrared. Methaemoglobin absorbs both wavelengths and drives readings toward 85 percent. Soot on skin does not generate a pulsatile signal.

Source: Miller's Anesthesia

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	552 more questions by topic with the answer under each, and the night-before list
Total	732 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/anesthesiology-practice**

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