WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Oman OMSB

General Surgery 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 · 644 questions · 3 papers

644	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

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

644	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: 145 easier, 341 standard and 158 harder questions, marked on each one.

Colorectal, anorectal and the acute abdomen 80 · Upper GI and bariatric surgery 74 · Endocrine and breast surgery 70 · Trauma and surgical critical care 55 · Hepatobiliary surgery 50 · Vascular, paediatric, skin, oncology and transplant 50 · Hernia and abdominal wall 45 · Fluids, electrolytes, shock and haemostasis 45 · Sepsis and surgical infection 40 · Perioperative care and complications 40 · Pancreas and spleen 35 · Patient safety 30 · Ethics, professionalism and biostatistics 30

The exam you are sitting

DHA: DHA Specialist General Surgery exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC General Surgery exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, General Surgery	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for General Surgery (OEGS)	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 general surgery exams differ in length and scoring: the DHA Specialist General Surgery exam (GEN5341) has 150 questions in 3 hours with a 65% pass score, the Qatar DHP qualifying exam 150 questions with 65%, and the Oman OEGS 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.

Topic coverage

Topic	Questions in this pack	Share
Colorectal, anorectal and the acute abdomen	**80**	12%
Upper GI and bariatric surgery	**74**	11%
Endocrine and breast surgery	**70**	11%

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Topic	Questions in this pack	Share
Trauma and surgical critical care	**55**	9%
Hepatobiliary surgery	**50**	8%
Vascular, paediatric, skin, oncology and transplant	**50**	8%
Hernia and abdominal wall	**45**	7%
Fluids, electrolytes, shock and haemostasis	**45**	7%
Sepsis and surgical infection	**40**	6%
Perioperative care and complications	**40**	6%
Pancreas and spleen	**35**	5%
Patient safety	**30**	5%
Ethics, professionalism and biostatistics	**30**	5%

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.

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**
   464 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

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What is in the download

5 PDFs, each with its own cover, named **Wathim - General Surgery 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	464 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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GENERAL SURGERY EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Colorectal, anorectal and the acute abdomen STANDARD

A 28-year-old woman at 24 weeks of gestation has three days of right-sided abdominal pain, anorexia and a temperature of 37.9 C. White cell count is 14.5 x10^9/L. Graded-compression ultrasound is non-diagnostic because the appendix is not seen. She is haemodynamically stable. What is the most appropriate next step?

(A) MRI of the abdomen without gadolinium
(B) Plain abdominal radiograph and repeat ultrasound in 48 hours
(C) Discharge on oral antibiotics with outpatient review
(D) CT of the abdomen and pelvis with intravenous contrast

Q2 Endocrine and breast surgery EASY

On the first day after total thyroidectomy a patient reports perioral tingling and cramping in the hands. Chvostek sign is positive and the corrected serum calcium is 1.80 mmol/L (7.2 mg/dL). What is the most appropriate treatment?

(A) Oral calcium carbonate alone, with a repeat calcium measurement the next morning
(B) Intravenous magnesium sulphate alone
(C) Re-exploration of the neck for haematoma
(D) Intravenous calcium gluconate, followed by oral calcium and calcitriol

Q3 Colorectal, anorectal and the acute abdomen STANDARD

A 58-year-old woman recovered after non-operative treatment of an appendiceal phlegmon with antibiotics. There is no further pain and inflammatory markers are normal. Which follow-up is most appropriate?

(A) Interval appendicectomy only without further investigation
(B) Colonoscopy and review of imaging to exclude an underlying neoplasm
(C) No further follow-up since she is now asymptomatic
(D) Repeat CT of the abdomen at two weeks

Q4 Colorectal, anorectal and the acute abdomen STANDARD

A 64-year-old woman on day 7 after an anterior resection has low-grade fever and pelvic pain, but is haemodynamically stable with a soft abdomen. CT shows a 4 cm pelvic collection adjacent to the anastomosis with a small contained leak. What is the most appropriate management?

(A) Parenteral nutrition and strict bowel rest alone
(B) Antibiotics and CT-guided percutaneous drainage
(C) Surgical revision of the anastomosis through laparotomy
(D) Immediate relaparotomy with takedown of the anastomosis

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Q5 Colorectal, anorectal and the acute abdomen EASY

A 30-year-old man has a laparoscopic appendicectomy for acute non-perforated appendicitis, and the appendix is removed fully with a clean stump. Which antibiotic plan is most appropriate?

A Antibiotics until the white cell count normalises

B Five days of intravenous antibiotics after the operation

C Seven days of oral amoxicillin-clavulanate at discharge

D A single preoperative dose and no further antibiotics

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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	2	3	4	5
A	D	B	B	D

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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 MRI of the abdomen without gadolinium**

Ultrasound is the first test in pregnancy, and when it is inconclusive, MRI without gadolinium is the preferred next study because it is accurate and avoids ionising radiation to the fetus. CT is reserved for when MRI is unavailable. A plain radiograph adds radiation and almost no diagnostic value for appendicitis. Sending the patient home risks perforation, which carries a much higher fetal loss rate than appendicectomy, so a diagnosis should be reached promptly rather than deferred.

Source: Schwartz's Principles of Surgery; WSES Jerusalem guidelines on acute appendicitis

Q2 Answer: **D Intravenous calcium gluconate, followed by oral calcium and calcitriol**

Symptomatic hypocalcaemia after thyroidectomy reflects parathyroid injury or devascularisation, and with tetany and a calcium this low, intravenous calcium gluconate is given first, followed by oral calcium and an active vitamin D analogue until the glands recover. Oral calcium alone is too slow and unreliable for symptomatic severe hypocalcaemia. Magnesium helps only if magnesium is low and does not treat hypocalcaemia directly. Re-exploration treats a haematoma, which presents with swelling and airway signs, not with tingling and spasm.

Source: Bailey and Love's Short Practice of Surgery

Q3 Answer: **B Colonoscopy and review of imaging to exclude an underlying neoplasm**

In patients over about 40 years, an appendiceal mass or abscess managed without surgery may conceal a caecal or appendiceal neoplasm, so colonoscopy with review of imaging is recommended after resolution. Neoplasm is found in a meaningful minority. Assuming a benign cause because she is symptom free misses malignancy, and early repeat CT is premature and does not exclude a mucosal lesion. Interval appendicectomy is debated and does not replace colonic assessment.

Source: WSES Jerusalem guidelines on acute appendicitis

Q4 Answer: **B Antibiotics and CT-guided percutaneous drainage**

A contained leak with localised collection in a stable patient without peritonitis can be managed by image-guided drainage with antibiotics, avoiding a repeat laparotomy and its morbidity. Relaparotomy is needed if the patient deteriorates or if drainage fails. Parenteral nutrition does not control sepsis, and early revision of an inflamed anastomosis risks further leak. Failure to improve or any deterioration should prompt repeat imaging and reconsideration of surgery.

Source: ASCRS clinical practice guidelines for anastomotic leak; Schwartz's Principles of Surgery

Q5 Answer: **D A single preoperative dose and no further antibiotics**

For uncomplicated appendicitis treated by prompt appendicectomy, a single preoperative antibiotic dose is enough because the infected organ has been removed, and continued prophylaxis does not reduce wound infection or abscess. Postoperative courses are reserved for perforated or gangrenous appendicitis, where a short course is directed by findings. Using a normal white cell count as an endpoint is not supported and prolongs exposure needlessly.

Source: WSES Jerusalem guidelines on acute appendicitis

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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	464 more questions by topic with the answer under each, and the night-before list
Total	644 original questions, every one answered and sourced

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

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