



MATERIAL



Quick Learn Test Material

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LISTENING TEST 1

PART A

1 Name of the Patient: Mark

Reason : Sore Throat

2 Notes on mark's condition

Three times

For 3 months

Painful and unable to talk or eat properly

3 Notes on personal information from mark

Thirty

2-3 days

Professor at Canterbury College

4 Notes on examination by the doctor

Red

Swollen

5 Notes on examination by doctor again

Normal

Yes coughs

Tonsillitis

Feeling pain in the neck and ears

No headache or tiredness

Voice

Notes on mark's history of this medical problem

A month ago

Three times in three months

Mark's explanation of the problem –

He was not able to open his mouth and eat properly

Suffered 3-5 days

Had to apply for the leave

Gurgled but to no use

6 Notes on explanation by the doctor on tonsillitis

Viral or bacterial infection

Found to be very common in children...

Food habit or may not

What acts as filters?

Tonsils act as filters

Function:

They trap germs that could enter airways and cause infection.

They fight, producing antibodies

But sometimes they themselves become infected. Swollen and inflamed.

7 Notes on explanation on examination by the doctor again

Sample detection - may have to perform a **rapid strep test or throat swab culture.**

What it may involve?

Answer: It may involve gently swabbing the back of the throat, close to the tonsils with a cotton swab.

What will it help in?

Answer: It will help in detecting whether it is bacterial or viral.

8 Notes on explanation by the doctor after examination

Yes, he was

List out the name of drugs mentioned here by the doctor

Amoxicillin

Macrolide

Erythromycin

9 Notes on questions by the patient again

Complete the given dialogue

But I am a bit **nervous** now.. Because, a friend of mine, **roger**, too was suffering from **tonsillitis** and he had got to **remove his tonsils**. Tonsillitis in him was just **persistent**, you know...

10 Notes on suggestion by the doctor

Asked the patient to quit smoking

Advised to take medicine on time

Advised not to stop the medicine even after getting well after two or three days

Do not teach loudly, do not raise voice

Speak a bit slowly

PART B ANSWERS:**WRITE CLEARLY**

1a Name of the doctor: Neil Johnson

1b osteoarthritis specialist

2a degenerative joint disease

2b arthritis

2c The breakdown of cartilage causes

- (i) the bones to rub against each other,
- (ii) stiffness,
- (iii) pain and
- (iv) loss of movement in the joint.

3a Osteoarthritis mostly affects **cartilage**.

3b healthy cartilage also helps **absorb the shock of movement**.

3c The rubbing causes (i) pain,

(ii) **swelling**, and (iii) loss of motion of the joint

3d Bits of bone or cartilage can **break off and float inside the joint space**,

4a People with osteoarthritis often have **joint pain** and **reduced motion**.

4b doesn't affect **internal organs**

4c **Rheumatoid arthritis** is the second most common form of arthritis

5a affects nearly **27 million Americans**.

5b OA typically affects only certain joints, such as the **hips, hands, knees, low back and neck**.

5c occurs mostly in **older people**

5d Younger people sometimes get **osteoarthritis, primarily from joint injuries**.

6 Some risk factors that might lead to it include:

- **Being overweight.**
- Getting older
- **Joint injury**
- Joints that are not **properly formed**
- A genetic defect in **joint cartilage**
- **Stresses on the joints from certain jobs and playing sports**

7 Warning signs of osteoarthritis are:

- Stiffness in a joint **after getting out of bed** or sitting for a long time
- Swelling or tenderness in one or more joints
- A crunching feeling or **the sound of bone rubbing on bone**

7b Tests include

- **Medical history**

- Physical exam
- **X rays**

8a Osteoarthritis treatment has four main goals:

- **Improve joint function.**
- **Keep a healthy body weight.**
- **Control pain**
- **Achieve a healthy lifestyle**

8b Osteoarthritis treatment plans can involve:

- **Exercise**
- Weight control
- Rest and joint care
- Nondrug pain relief **techniques to control pain**
- **Medicines**
- Complementary and alternative therapies
- **Surgery**

9a Three kinds of programs are:

- **Patient education programs**
- Arthritis **self-management programs**
- **Arthritis support groups**

9b People in these programs learn to:

- **Exercise and relax.**
- Talk with their doctor or other health care providers.
- **Solve problems.**

9c People with osteoarthritis find that self-management programs help them:

- **Understand the disease.**
- **Reduce pain while staying active.**
- Have more control over the disease.
- **Live an active, independent life.**

9d People with a good-health attitude:

- Focus on what they can do, not **what they can't do.**
- Focus on their **strengths, not their weaknesses.**
- Build fitness and healthy eating into their daily routines.

10 Researchers are studying:

Tools to detect **osteoarthritis earlier**

A wide range of **treatment strategies**

Medicines **to prevent, slow down, or reverse joint damage**

Complementary and alternative therapies

END OF PART B

LISTENING TEST 2**PART A**

1 Name of the patient: Fernando

Reason for his visit:

- Have been feeling ill for the past two weeks
- There is drowsiness and thirst all the time.

2 Notes on patient's details

- Age of the patient: 42
- Profession: Taxi driver

3 Notes on description of patient's illness

- Have been suffering from this illness for the past two weeks
- Same kind of illness and drowsiness – a month back

4 Further information given by the patient

- Sports: no interest in sports, sometimes watch cricket

5 Take notes on further description

Explanation given by the patient, apart from drowsiness and illness

Eyes: dry , all itchy

Change in vision: No

Body Weight: lost some 3k

6 Notes on suggestions by the doctor

- **Recommended :** blood test

Reason for illness and drowsiness as stated by the doctor:

Because of the increase in sugar level in blood

7 Notes on further details taken by the doctors

Question asked by the doctor: Any problem related to urination during night

Answer given by the patient: No. There is no problem

8 Notes on examination by the doctor

- Patient is suffering from cold as well
- Doctor's suggestion to Fernando:

9 Suggestions made by the doctor

For flu: antiviral medications

Recommended: recommended that he should go on walk for at least half an hour

Sports:

Suggested by doctor: Badminton, table tennis etc...

Patient was a good cricketer, left cricket after twenties.

10 Dealing with other problems

Notes on how to avoid flu (as suggested by doctor)

Flue vaccine should be taken yearly as this will protect one from all three viruses

Notes on patient's another problem

- Headache
- Doesn't let him sleep (Stay awake for hours in bed)

Reason for such lack of sleep given by the doctor

- It can be because of stress, or travel or other disruptions....

Prescribed by the doctor:

- Zaleplon

Side-effects of the medicine:

-
- It can affect liver

What makes the medicine less effective?

- High-fat meals

11 Notes on final discussion between the doctor and the patient

Final suggestions by the doctor:

- Come with your blood sugar tested (bring your blood test report)
- Develop a habit walking for a kilometer or half a kilometer daily

Part B

WRITE CLEARLY

1 Name of the doctor: Doctor Hans

Talk about: **Alzheimer's disease**

What is an Alzheimer's disease?

A disease of the brain that causes problems with memory, thinking and behavior

2 Notes on Alzheimer's disease

- Alzheimer's disease is not a normal part of aging.
- It gets worse over time.

Symptoms:

- Symptoms can vary widely
- The first problem many people notice is forgetfulness

- The disease may cause a person to become confused,
- Person may become lost in familiar places,
- Misplace things or have trouble with language

3 Complete the summary

Many people worry about becoming more forgetful as they grow older. Like all other parts of the body brains also change with age. As the age increases, one can notice some slowed thinking and problems remembering certain things. Serious memory loss and confusion and other major changes are not typical part of aging

4 Possible causes of memory problems which include

- Depression
- Medication side effects
- Excess use of alcohol
- Thyroid problems
- Poor diet
- Vitamin deficiencies

5 complete the gabs in the summary

Warning signs of Alzheimer's disease

It is sometimes difficult to find out the difference between a typical age-related change and the first sign of Alzheimer's disease. You need to know this fist. Ask yourself: Is this something new? For instance, if you are someone who is never good at balancing a checkbook then struggling with this task can probably not a be warning sign of Alzheimer's disease but if you if the ability to balance a checkbook has significantly changed then it is something to share with a doctor. There are some people who can recognize changes in their own selves. Other times, friends and family are the first to notice changes in the person's memory, behavior or abilities.

6

Alzheimer's disease	
Common sign of the disease	Other signs include
Forgetting recently learned information	(i) Forgetting important dates or events; asking for the same information over and over; and relying on memory aides

7 Answer the following questions

1 What can be the changes in people who may have symptoms of Alzheimer's disease?

Answer: Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills.

2 Is it easier to concentrate on things done before for those who are suffering from this disease?

Answer: No, they may have difficulty concentrating and take much longer to do things than they did before.

3 What do people with Alzheimer's disease often find difficult?

Answer:

- To complete daily tasks
- Sometimes, people have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

8 circle the best answer**1 People with Alzheimer's disease (A)**

A Can lose track of dates,

B Only Seasons and time

C All of the above

2 Do people with this disease have trouble in understanding other people? (A)

A Yes

B No

C Not related to the explanation

3 One of them is not the sign of Alzheimer's disease (C)

A Poor vision

- B Some perception related problems
- C Not able to recognize one's own face in the mirror

4 People with Alzheimer's disease (A)

- A Have problem in talking with others
- B Shows no interest in people around
- C Have no idea of how to end the talk

9 Complete the table given here

Alzheimer's disease	
Misplacing things and losing the ability to retrace steps:	Decreased or poor judgment:
<p>A person with Alzheimer's disease</p> <p>May put things in unusual places.</p> <p>They may lose things and be unable to go back over their steps to find them again.</p>	<p>People with Alzheimer's may experience changes</p> <p>In judgment or decision making.</p> <p>For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.</p>

Sometimes, they may accuse others of stealing. This may occur more frequently over time.

10 complete the table below:

Withdrawal from work or social activities	
A person with Alzheimer's may start to remove themselves from	1 Hobbies
	2 Social Activities
	3 Work projects
	4 sports

A person with Alzheimer's may have trouble	1 have difficulty in keeping up with a favorite sports team
	2 how to complete a favorite hobby.
	3 They may also avoid being social because of the changes they have experienced.

Changes in mood and personality	
The mood and personality of people with Alzheimer's can change.	<p>They can become</p> <ul style="list-style-type: none"> 1 Confused, 2 Suspicious, 3 Depressed, 4 Fearful or anxious. <p>They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone</p>

LISTENING TEST 3**PART A**

1 Name of the patient: Anderson

Reason for her visit: Stomach Ache

2 Notes on patient's diet**Description of the diet:**

Take food outside

No special diet

She ate fish for her lunch

Ate fish for her dinner

Loves fried fish

3 Notes on personal information about the patient

Student

From Thailand

Working part-time as well

Takes food outside

Staying with other friends

Eats outside from Monday to Friday

4 Notes on patient's problem

Problem faced by Anderson

Vomited twice

Anderson feels queasy and dizzy even while talking to the GP

The other problem is related to dehydration

5 Notes on doctor's assessment of the problem

According to the examination by the doctor, it was a clear case of food poisoning

It was because of unhygienic food

Notes on further explanation by the doctor

About food poisoning

Food poisoning is not usually serious.

It can be because of contaminated food.

Common contaminants can cause:

Nausea, vomiting, diarrhea, abdominal cramping fever etc.

6 Notes on examinations the doctor will perform

The patient will have to undergo examinations which may include

Measurement of blood pressure

Breathing rate and

Temperature

Physical examination will show outward symptoms of this possible illness

7 Notes on the doctor's examination

Blood pressure was normal

Pulse rate is good

Presence of no serious illness

Advised to a blood test sooner

Suggested to take an X-ray of the abdomen or a CT- Scan

8 Notes on precautionary measures given by the doctor to the patient

Do not eat solid food but drink plenty of fluids.

Keep yourself hydrated

Take small, but frequent sips of clear fluid.

Avoid alcoholic, caffeinated or sugary drinks.

It is better to drink sports drinks like Gatorade and Powerade but...should be much diluted because these contain sugar and can worsen diarrhea.

9 Notes on further suggestions given by the doctor

Eat small amounts of food to make it easy for the stomach to digest.

Eat low-sugar cereals. Eat rice, wheat etc.

Reason to avoid milk:

Avoid having milk at the moment because it can upset your stomach a little as it contains lactose

10 Notes on what is being prescribed

Prescribed some anti-vomiting or anti-nausea medications

Reason: to help stay balanced / maintain good hydration

Does Anderson Drink? Yes, often

Doctor suggests to stop drinking

11 Notes on final suggestions by the doctor

Suggests to get Blood test report and CT scan report

Suggests not to eat oily and other fat filled food

PART B ANSWERS:

1 Name of the speaker: **Doctor Petevo**

This lecture is about palliative care - the principles and practice of palliative care

2 Notes on palliative care

It has historical roots extending far back into ancient times

These principles were reformulated in the mid 20th century

Clinical practice initially known as 'hospice' or 'terminal' care,

Focused on the needs of people affected by cancer

Field of practice expanded in the latter years of the 20th century

3 Palliative care is concerned with

Suffering,

The dignity,

The care needs and

The quality of life of people at the end of their lives

It is also concerned with the care and support of their families and friends

But it is neglected more in Europe

Description of Palliative Care by WHO:

Describes palliative care as an **approach** that improves the quality of life of **individuals** and their **families** facing the problems associated with **life threatening illness** through the prevention and **relief** of suffering by means of early **identification** and **impeccable** assessment and treatment of pain and other problems, physical, **psychosocial** and **spiritual**.

4 According to the speaker palliative care

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten nor postpone death
- Offers a support system to help patients live as actively as possible until death

5 In the words of the speaker about palliative care

1. B 2. C

6 Complete the gaps

Professionals involved in providing **palliative care** fall into **two** categories: those providing **general care** to patients and their family carers, for example the **GP or district nurse**; and those who specialize in palliative care. Specialist palliative care can be delivered in **hospices, hospitals**, at home or in care homes, and is often provided as a **consultancy** or **advice service**.

7 Complete the table below:

Palliative Care	
According to the definition of Palliative care by WHO, it is possible for the major components which make up a palliative care philosophy of care	True

Emphasis is more on	1 the relief of suffering 2 the impeccable assessment and treatment of pain and other problems 3 the enhancement of quality of life 4 and team working.
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8 Answer the following questions**1 To whom is palliative care mainly offered?**

Answer: To people with advanced cancer

2 What idea seems to have been reinforced about palliative care?

Answer: That it is relevant to only the last months or weeks of life

3 What is widely accepted now?

Answer: it is now widely accepted that there is no sudden movement from, on the one hand, curative care, to, on the other hand, palliative care, especially for people living with long-term conditions.

4 What are the two styles of care discussed by the speaker here?

Answer: Curative care and palliative care

5 According to the words of the speaker, will both types of care co-exist or not?

Answer: Can exist over a long period of time

9 Complete the gaps in the paragraph:

This is perhaps most obviously the case in non Western countries where lack of **economic resources** for any kind of healthcare is a **fundamental barrier** to the delivery of any non familial **health-care** to people in need, let alone palliative care. However, it is also true of some environments of care in the developed world.

10 Circle the correct answer

1 C 2 C 3 A

LISTENING TEST 4

PART A

1 Name of the patient: Amanda Dora

Reason for her visit: Joint pain

2. Notes on explanation by the patient

What was Amanda's problem?

Answer: (1) Stiffness and tenderness in joints

(2) Unable to work due to pain

(3) Feels a lot of pain running from the shoulder to the left knee joint

3. Notes on personal information about the patient

Age: 39

Owns a boutique

Has to be at the shop from 10 am to 5 pm

Number of children – two

Ages: 7 and 3

4. Notes on work by Amanda

She often feels weak, particularly after the gym (1) True (2) False

Hurt badly once (1) True (2) False

5. Notes on further explanation by the patient

There is inflammation too

Skin is red around shoulder and knees sometimes

Itching also occurs

Doctor was sure of one of the common rheumatic conditions

6. Notes on explanation by the patient

Can't lift heavy objects

Suffered from extreme pain in her shoulder for five days after lifting the baggage with a jolt

Unable to sleep properly

7. Notes on explanation by the doctor

Chronic condition related by rheumatism

But treatable

Pain, tenderness and stiffness are common

Restless sleeps is common too

Suffering from fatigue is also common

8. Notes on suggestions by the doctor

Diagnosis was necessary

Physical examination was not enough

Blood test necessary

Taking fluid sample is also necessary

9. Notes on suggestions by the doctor

1 focus on some useful exercises

2 choosing the right food

10 Notes on pain killers

1 Amanda used to take

(i) Ibuprofen

(ii) Naproxen

2 Suggestions by the doctor

Recommended the same non-steroidal anti-inflammatory drugs

But asked her to avoid them for as long as she can

No putting pressure on muscles

11 Notes on suggestions by the doctor at the end

Medicine prescribed for sleeping disorder

(i) Zolpidem

PART B

1 Lecture is on: Cerebral Palsy

What is Cerebral Palsy?

Answer: It is the most common chronic childhood disability today.

2 Complete the following table

Cerebral palsy It is a disorder of movement and posture that appears during infancy or early childhood.

Possible causes include non-progressive damage to the brain before, during, or shortly after birth.

Extent of damage to the brain . The damage to the brain is permanent and cannot be cured but the consequences can be minimized.

3 Answer the following questions

A When can lesions develop in the brain?

Answer: Lesions in the brain may occur during the prenatal, perinatal, or postnatal periods

B What can be considered to be CP?

Answer: Any non-progressive central nervous system (CNS) injury occurring during the first 2 years of life is considered to be CP

C Who first described CP?

Answer: CP was first described by the English physician Sir Francis William Little in 1861 and was known as Little's disease for a long time.

D What was Little's idea of CP?

Answer: Little thought that this condition was caused by neonatal asphyxia.

E What have other scientists proposed?

Answer: Sigmund Freud and other scientists challenged Little's idea and proposed that a variety of insults during pregnancy could damage the developing brain.

4 Circle the correct answer

1 Risks associated with CP are grouped into

Answer: B

2 Two major factors that are described in the talk are

Answer: C

3 According the speaker, Eclampsia can cause

Answer: C

4 What can be associated with CP?

Answer: B

5 Complete the following table

Risk factors related to prenatal, perinatal and postnatal

Prenatal risk factors include:

Prematurity (gestational age less than **36 weeks**)

Low birth weight (less than 2500g)

Maternal epilepsy

Hyperthyroidism

Infections (TORCH)

Bleeding in the third trimester

Incompetent cervix

Severe toxemia, eclampsia

Hyperthyroidism

Drug abuse

Trauma

Multiple pregnancies

Placental insufficiency

Perinatal risk factors include:

Prolonged and difficult labor

**Premature rupture of
membranes**

Presentation anomalies

**Vaginal bleeding at the time of
admission for labor**

Bradycardia

Hypoxia

Postnatal risk factors include:

**CNS infection (encephalitis,
meningitis)**

Hypoxia

Seizures

Coagulopathies

Neonatal

Hyperbilirubinemia

Head trauma

6 Complete the summary

Lesions

Regions

Blood supply

Hypoxic

Five types of hypoxic ischemic encephalopathy exist. They are:

Parasagittal **cerebral injury**,

Periventricular **leukomalacia**,

Focal and **multifocal** ischemic brain necrosis,

Status **marmoratus** and

Selective neuronal necrosis

7 Complete the following table

Three types of motor problem

Primary Secondary Tertiary

The primary impairments of

..... , balance, and

selectivity are directly related to

the damage in the

Secondary impairments of

..... and deformities develop

over time in response to the

..... and

Tertiary impairments are
.....and coping
responses that the child
develops to adapt to the
.....andproblems.

8. Answer the following questions

A According to the speaker, what causes bone deformity?

Answer: Muscle weakness, spasticity, and contractures also result in abnormal skeletal forces which cause bone deformity.

B Give one reason for the growth of the muscles in small children, according to the explanation by the speaker here

Answer: Muscles grow through stretching. Stretching occurs during active movement. When the child wants to play, he moves and stretches the muscles.

C From the explanation, give reasons as to why a child with CP can't play

Answer: A child with CP cannot play because of pathological tone, weakness, poor selective control and abnormal balance.

9 Notes on evolution of CP during infancy and early childhood

The movement problem associated with CP is not **apparent in infancy**.

It is established during the period of **CNS development**.

Children who are going to have CP show neuromotor developmental delay in infancy.

Clinical pictures will be established towards the age of **1 year**.

The normal newborn demonstrates **primitive reflex** movements.

Primitive reflex movements are

complex, stereotypical **patterns** that occur in response to a variety of sensory stimuli which later get replaced by a more mature set of **protective** and **postural** reflexes called advanced postural reactions that position the body segments against each other and **gravity**.

10 Circle the correct answer

A Only primitive reflexes persist in children with CP

Answer: B

B Abnormal movement patterns may emerge

Answer: B

C Delay in achieving the ability to support their head, sit, crawl etc. can be related to

Answer: A

D Fluctuations in tone from hypo to hyper tonicity is characteristic of

Answer: C

LISTENING TEST 5**PART A**

1 Name of the patient: **Julia Nicole**

Reason for her visit: **skin problems**

2 Notes on patient's details

Age: **22**

Student - **studying PG at Lancaster University**

Never faced any type of allergy

Takes food outside

3 Take notes on the description of the illness**Problems faced by the patient:**

1. Skin on face is itchy
2. It is very inflamed
3. Often, it is red and scaly
4. Pimples on face

4. Take notes on further explanation given by the patient

1. The patient has been suffering from skin problems since the age of 21
2. There were no problems before that
3. Skin is always redder
4. Skin around face and neck is always red

5 Take notes on the medical history of the patient

1. Her father had some sort of allergy
2. He was also red in the face
3. But not redder than her
4. The patient often falls ill
5. A month back, she was suffering from hay fever

6 Take notes on the explanation of the problem by the patient

1. Presence of rash on hands and elbows
2. Rash in the bending areas, especially in the backs of the knees
3. Skin is often crusted because of itching
4. Presence of blisters too

7 Take notes on further details taken by the doctors

1. Julia used to use a face cream
2. Never used exfoliating scrubs
3. Uses Cuticura medicated soap

8 Take notes on suggestions by the doctor

1. Asks her to change her diet
2. Eat fresh vegetables, fruits etc.
3. Recommended eating diverse fresh fruits, nuts, seeds etc.
4. Plenty of juices
5. Drink plenty of water

9 Take notes on suggestions by the doctor again

Prescribed: **medicated face cream or an anti-itching cream**

Medicine can help with: controlling **the itching or swelling or redness associated with the dermal problem**

What is also suggested by the doctor?

1. Keep the skin well hydrated
2. Corticosteroid cream prescribed was: Dermacort
3. Apply at least three times a day

10 Take notes on possible side effects of the medicine prescribed

Doctors asked Nicole to never use the cream on her face (True) **(False)**

Possible side effects may include:

1. Burning sensation
2. Itching
3. Dryness
4. Irritation
5. Redness may sometimes develop in the area the cream is applied

11 Take notes on the final discussion between the doctor and the patient

How will corticosteroid work?

Corticosteroids are absorbed through the skin easily

Possible side effects of the corticosteroids

1. Patient may have headaches
2. Indigestion
3. Restlessness
4. Increased appetite
5. Chance of increased infection

PART B

1 Name of the speaker: Doctor Samuel

Lecture: Gall Stones, Causes, Symptoms and Treatments

2 Complete the notes

Gallstones are clumps of **solid material** like small, congealed **grease balls**

Stones are formed in the **bile stored in the gallbladder**.

Two types of stones are:

1 Cholesterol stones and pigment stones

Cholesterol stones are composed mainly of cholesterol and account for about **80 % of gallstones** in the US

Pigment stones are composed mainly of bile **pigments** and account for about **20% of gallstones**.

3 Complete the table

Notes on Gallstones		
Size	Development	Problem
Gallstones can vary in size . They can be as small as a grain of sand or as	The gallbladder may develop a single , large, stone or many smaller	Small stones can move into the bile ducts and become lodged there, blocking the flow of bile

big as an egg. Many are the size of peas or small marbles.	ones, even as many as several thousand.	and causing pain and jaundice. Larger stones can block the outlet from the gallbladder and cause steady, sharp pain when the gallbladder tries to empty.
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4 Answer the following questions

A When do gall stones form?

Answer: Gallstones form when certain chemicals in the bile, either cholesterol or bile pigments, start to clump together.

B How do larger stones grow?

Answer: Clumps of either cholesterol or bile pigments become the core from which the larger stones may grow.

C What can lead to toxic bile formation?

Answer: Eating toxic oils such as the ones found in fried foods or foods which contain hydrogenated oils can create stagnant, toxic bile formation.

5 Complete the summary

Anyone may be a **potential candidate** for gallstones but often it occurs more in **women** than in **men**. In fact, among people between the ages of **20 and 60**, **women** are three times more likely to develop **gallstones** than men. However, by age **60** the statistics even out, and nearly **30%** of all men and women have gallstones.

The people most likely to develop gallstones are:

Women who have been pregnant or who have used oral contraceptives or menopausal estrogen **therapy**

Both men and women who are overweight

People **over 60 years old and**

People who go on “**crash**” **diets** or who lose a lot of weight quickly

6 Complete the table below

Symptoms of gallstones and options available for treatment	
The majority of people who have gall stones don't know it	YES
.....	Often get detected when a person undergoes an unrelated medical checkup
Related symptoms include	Burping often, constipation , passing gas often (especially smelly gas).
New option	Highly effective, 6-week internal cleansing program , called the “Master Liver- Gallbladder Flush .”

7 Complete the notes below

People at risk for gallstones include:

- Women—especially women who are pregnant, use **hormone replacement therapy**, or take birth **control pills**
- People **over age 60**
- Overweight or obese **men and women**
- **People who fast or lose a lot of weight quickly**
- People with a **family history of gallstones**
- **People with diabetes**
- People who take **cholesterol lowering drugs**

8 Answer the following questions

A What is the most specific test for gallstones, according to the words of the speaker here?

Answer: An Ultrasound Exam is the most sensitive and the most specific test for gallstones.

B Complete the notes

A handheld device, which a technician **glides** over the abdomen, sends **sound waves** towards the gallbladder. The sound waves bounce off the gallbladder, **liver**, and other organs, and their echoes make **electrical impulses** that create a picture of the gallbladder on a **video monitor**. If gallstones are present, the **sound waves** will bounce off them, too, showing their **location**.

9 Complete the following table

Others tests		
CT Scan	HIDA Scan	Blood tests
<p>C T is a noninvasive x ray that produces cross-section images of the body.</p> <p>The test may show the gallstones or complications, such as infection and rupture of the gallbladder or bile ducts.</p>	<p>The patient is injected with a small amount of non-harmful radioactive material that is absorbed by the gallbladder, which is then stimulated to contract.</p> <p>The test is used to diagnose abnormal contraction of the gallbladder or obstruction of the bile ducts.</p>	<p>Blood tests may be performed to look for signs of infection, obstruction, pancreatitis, or jaundice.</p>

10 complete the summary

If there are no symptoms of **gallstones** then **treatment** may not be required. If you are having frequent gallbladder **attacks**, your doctor will likely recommend you have your gallbladder removed—an **operation** called a cholecystectomy. Nearly all cholecystectomies are performed with **laparoscopy**. Recovery after laparoscopic surgery usually involves **only one night in the hospital**, and normal activity can be resumed **after a few days at home**.

End of part B