



MATERIAL



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READING TEST 15

Reading: Part A

TIME LIMIT: 15 MINUTES

Instructions:

- Complete the summary of **Part A - Answer booklet** using the information in the four texts (A1-4) below.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3 words**. Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.

Text 1

Gastroenteritis (often referred to as the "stomach flu," however, it is not related to the influenza virus) is a nonspecific term for various problems in the gastrointestinal tract. The most common symptoms and signs are diarrhea, nausea, vomiting, and abdominal pains. As previously mentioned, although it is not caused by influenza viruses, it is commonly referred to as the "stomach flu" because most people have acute symptoms that last a day or so, and then begin to resolve, like the more benign flu strains. In the U.S., less than 2% of the estimated 100 million people with symptoms per year ever require hospitalization, but in developing countries it is a leading cause of death, mainly due to dehydration. Severe gastroenteritis can cause dehydration. Also, people with symptoms of diarrhea, bloody diarrhea, fever

greater than 101 F (38.33 C) for longer than 5 days, or people who have severe infection (sepsis), and other problems will be considered to have another disease (for example, shigellosis). Not all doctors agree on the nonspecific term of gastroenteritis so for this article, the parameters are presented.

Text 2

Infectious agents such as bacteria and viruses are the most frequent causes of gastroenteritis in the US and worldwide. Infections cause diarrhea and other symptoms by causing inflammation of the gastrointestinal (GI) tissue. The infections increase the fluid content in the intestines and colon by changing the gastrointestinal tract's ability to absorb water and by increasing the speed of transit (motility) for things you ingest. This, in turn, causes diarrhea. Infectious agents may physically damage intestinal cells directly or indirectly with secreted toxins. The most prevalent cause of gastroenteritis in the U.S. and the world is the norovirus. It causes about 50% to 70% of viral gastroenteritis while the rotavirus, astrovirus, adenovirus, and sapovirus strains cause most of the other viral gastroenteritis infections. In 2013, the norovirus was also listed as the leading cause of gastroenteritis in children under 5 years old according to the Centers for Disease Control (CDC). Bacterial causes of gastroenteritis that occur worldwide are salmonella, shigella, campylobacter aeromonas, and escherichia coli (E. coli) strains of bacteria. Other bacteria like clostridium, vibrio, campylobacter, and yersinia spp can cause outbreaks occasionally. Parasites such as giardia, cryptosporidium, and entamoeba infections can cause gastroenteritis and occasionally, other parasites have outbreaks such as the cyclospora outbreak that occurred in 2012 to 2013 in the U.S. There are many other less frequent causes of gastroenteritis such as food allergies, antibiotics, and toxins. Gastroenteritis symptoms are frequently listed as possible side effects of many medicines.

Text 3

The primary symptom of gastroenteritis is diarrhea (non-bloody). Nausea, vomiting, and some abdominal cramping may accompany the diarrhea; mild fever (about 100 F or 37.77 C), chills, headache, and muscle aches along with feeling tired may occur in some individuals. Vomiting is occasional and the symptoms usually last about 2 to 5 days before they begin to subside. Severe gastroenteritis means the person

has signs of dehydration: this is a medical emergency. Children with gastroenteritis usually have diarrhea, but may have other symptoms, sometimes conflicting, of refusing to eat or drink or are very thirsty, either increased or low or no urine output. Weight loss, lethargy, and pinched skin that does not rapidly go back to normal are signs of dehydration, along with decreased fluid intake.

Text 4

Most people with gastroenteritis require no formal treatment. The key to a rapid and safe recovery at home (home remedy) is proper hydration. Home treatment consists of adequate fluid intake so dehydration is prevented. Clear fluids are recommended (pedialyte, especially for young children, gatorade, powerade and other sports drinks), but not fruit juices or milk as they may prolong the symptoms. If dehydration occurs, the patient should be evaluated by a doctor. Many healthcare professionals choose to begin IV fluids, the treatment of choice for rapid rehydration. Other medications may be prescribed to reduce the symptoms of gastroenteritis. To reduce vomiting, promethazine (phenergan), prochlorperazine (compazine), or ondansetron (zofran) are often used. Some physicians suggest using these agents only as a suppository or rapidly disintegrating tablet on the tongue since patients may vomit the pills up. Others may prescribe diphenoxylate and atropineomtil (lomotil) or lopermadine (imodium) to slow diarrhea while others do not as they may prolong the disease. Many doctors recommend no medical treatment for gastroenteritis symptoms as all of the drugs have side effects and if the patient stays well hydrated, the symptoms usually stop soon anyway.

Summary

Gastroenteritis is an 1..... and 2..... of the stomach lining and intestines that causes 3..... and/or diarrhea. In most cases, it is caused by a 4.....(in the U.S., usually a member of the norovirus family). Bacteria, toxins, and 5..... can also cause gastroenteritis. People often attribute the cause to "something I ate;" however, true food poisoning is a rare occurrence. Illnesses with these symptoms are commonly referred to as "6....." but it is not really the flu and is not caused by an 7..... Gastroenteritis can be very contagious. Direct contact with a person who is infected can be a 8..... for infection. Eating or drinking contaminated food and water, or touching contaminated surfaces or 9....., and then touching your hand to your face can spread infection. Gastroenteritis usually is not "10.....," although people who are 11.....with it might not agree. Symptoms usually come on suddenly. People often feel very sick with: nausea, vomiting and watery non-bloody

12..... with stomach cramps. There may also be: chills, headache, low-grade fever, 13.....aches and 14.....of tiredness. Viral infections can last from a few hours to 15..... days. On average they last 24 to 16.....hours. Illness caused by other organisms, such as 17.....or parasites, can last over a 18..... Unfortunately, antibiotics are ineffective against viral 19..... They may help in the case of bacterial illness, but in some cases antibiotics can make symptoms 20..... People usually get better without medical treatment in 1 to 3 days. Because there is a risk for 21..... due to vomiting and 22....., it is very important to drink to 23..... fluids.

End of Part A

Part B - Text Booklet

Instructions

TIME LIMIT: 45 MINUTES

- There are TWO reading texts in Part B. After each of the texts you will find a number of questions or unfinished statements about the text, each with four suggested answers or ways of finishing.
- You must choose the ONE, which you think, fits best. For each question, 1-20, indicate on your answer sheet the letter A, B, C or D against the number of the question.
- Answer ALL questions. Marks are NOT deducted for incorrect answers.

NOTE: You must complete your Answer Sheet for Part B within the 45 minutes allowed for this part of the sub-test.

B1 - What is glaucoma?

Paragraph 1

Glaucoma is a disease of the major nerve of vision, called the optic nerve. The optic nerve receives light-generated nerve impulses from the retina and transmits these to the brain, where we recognize those electrical signals as vision. Glaucoma is characterized by a particular pattern of progressive damage to the optic nerve that generally begins with a subtle loss of side vision (peripheral vision). If glaucoma is not diagnosed and treated, it can progress to loss of central vision and blindness. Glaucoma is usually, but not always, associated with elevated pressure in the eye (intraocular pressure). Generally, it is this elevated eye pressure that leads to damage of the eye (optic) nerve. In some cases, glaucoma may occur in the presence of normal eye pressure. This form of glaucoma is believed to be caused by poor regulation of blood flow to the optic nerve.

Paragraph 2

Worldwide, glaucoma is the second-leading cause of irreversible blindness. In fact, as many as 6 million individuals are blind in both eyes from this disease. In the United States alone, according to one estimate, more than 3 million people have glaucoma. As many as half of the individuals with glaucoma, however, may not know that they have the disease. The reason they are unaware is that glaucoma initially causes no symptoms, and the subsequent loss of side vision (peripheral vision) is usually not recognized.

Paragraph 3

Elevated pressure in the eye is the main factor leading to glaucomatous damage to the eye (optic) nerve. The optic nerve, which is located in back of the eye, is the main visual nerve for the eye. This nerve transmits the images we see back to the brain for interpretation. The eye is firm and round, like a basketball. Its tone and shape are maintained by a pressure within the eye (the intraocular pressure), which normally ranges between 8 mm and 22 mm (millimeters) of mercury. When the pressure is too low, the eye becomes softer, while an elevated pressure causes the eye to become harder. The optic nerve is the most susceptible part of the eye to high pressure because the delicate fibers in this nerve are easily damaged.

Paragraph 4

The front of the eye is filled with a clear fluid called the aqueous humor, which provides nourishment to the structures in the front of the eye. This fluid is produced constantly by the ciliary body, which surrounds the lens of the eye. The aqueous humor then flows through the pupil and leaves the eye through tiny channels called the trabecular meshwork. These channels are located at what is called the drainage angle of the eye. This angle is where the clear cornea, which covers the front of the eye, attaches to the base (root or periphery) of the iris, which is the colored part of the eye. The cornea covers the iris and the pupil, which are in front of the lens. The pupil is the small, round, black-appearing opening in the center of the iris. Light passes through the pupil, on through the lens, and to the retina at the back of the eye.

Paragraph 5

Glaucoma is often called "the sneak thief of sight." This is because, as already mentioned, in most cases, the intraocular pressure can build up and destroy sight without causing obvious symptoms. Thus, awareness and early detection of glaucoma are extremely important because this disease can be successfully treated when diagnosed early. While everyone is at risk of glaucoma, certain people are at a much higher risk and need to be checked more frequently by their eye doctor. The major risk factors for glaucoma include the following: age over 45 years; family history of glaucoma; black racial ancestry; diabetes; history of elevated intraocular pressure; nearsightedness (high degree of myopia), which is the inability to see distant objects clearly; history of injury to the eye; use of cortisone (steroids), either in the eye or systemically (orally or injected); and farsightedness (hyperopia), which is seeing distant objects better than close ones (farsighted people may have narrow drainage angles, which predispose them to acute [sudden] attacks of angle-closure glaucoma).

Paragraph 6

Patients with open-angle glaucoma or wide angle glaucoma and chronic angle-closure glaucoma (narrow-angle glaucoma) in general have no symptoms in the early stages of the disease. Visual field loss (side vision loss) is not a symptom until late in the course of the disease. Rarely patients with fluctuating levels of intraocular pressure may have haziness of vision and see haloes around lights, especially in the morning. On the other hand, the symptoms of acute angle-closure are often extremely dramatic with the rapid onset of severe eye pain, headaches, nausea and vomiting, and visual blurring. Occasionally, the nausea and vomiting

exceed the ocular symptoms to the extent that an ocular cause is not contemplated. The eyes of patients with open-angle glaucoma or chronic angle-closure glaucoma may appear normal in the mirror or to family or friends. Some patients get slightly red eyes from the chronic use of eyedrops. The ophthalmologist, on examining the patient, may find elevated intraocular pressure, optic-nerve abnormalities, or visual field loss in addition to other less common signs. The eyes of patients with acute angle-closure glaucoma will appear red, and the pupil of the eye may be large and nonreactive to light. The cornea may appear cloudy to the naked eye. The ophthalmologist will typically find decreased visual acuity, corneal swelling, highly elevated intraocular pressure, and a closed drainage angle.

Paragraph 7

Although nerve damage and visual loss from glaucoma cannot usually be reversed, glaucoma is a disease that can generally be controlled. That is, treatment can make the intraocular pressure normal and, therefore, prevent or slow down further nerve damage and visual loss. Treatment may involve the use of eyedrops, pills (rarely), laser or surgery. In the United States, eyedrops are usually used first in treating most types of open-angle glaucoma. In contrast, in Europe, laser or surgery is sometimes the first choice of treatment. One or more types of eyedrops may have to be taken up to several times a day to lower intraocular pressure. These drops work either by reducing the production of the aqueous fluid (shutting the faucet) or by increasing the drainage of the fluid out of the eye. Each type of therapy has its benefits and potential complications.

Questions 1-11

1 The first sign of glaucoma can be

- A blurred vision
- B loss of vision
- C difficulty in identifying objects
- D all of the above

2 Damage of optic nerve can be due to

- A poor regulation of blood flow
- B intraocular pressure

C hardening of the eye
D none

3 Paragraph 2 talks more about

A glaucoma and its occurrence
B prevalence of the disease in the US
C how common glaucoma is
D symptoms of glaucoma

4 Paragraph 3 talks more about

A origin of glaucoma and its symptoms
B effects of glaucoma
C A and B
D what causes glaucoma

5 After passing through various channels, the fluid called, aqueous humor travels through trabecular meshwork."

A 50% true
B 50% false
C 100% true
D not given

6 Paragraph 5 talks more about

A associated factors that lead to glaucoma
B commonality of the disease
C prevalence and its factors
D risk factors

7 Who is at a higher risk for glaucoma?

A people with diabetes
B people with over 45 years old
C people with hyperopia
D all of the above

8 Paragraph 5 deals with

- A two types of glaucoma
- B three types of glaucoma
- C four types of glaucoma
- D B and C

9 Intense eye pain is often seen in

- A open angle glaucoma
- B angle closure glaucoma
- C narrow angle closure
- D A and B

10 Patients with angle closure glaucoma will show

- A redness in the eye, pupil will become large and nonreactive to light
- B damaged cornea with cloudy appearance
- C unusual visual acuity and swelling around cornea
- D B and C

11 In treating glaucoma, the main goal would be

- A to reduce the production of the aqueous fluid
- B increasing the drainage of the fluid out of the eye
- C to decrease intraocular pressure
- D A and B

End of Part B1

B2 - Introduction to treating arrhythmias with ablation

Paragraph 1

Ablation is used to treat abnormal heart rhythms, or arrhythmias. The type of arrhythmia and the presence of other heart disease will determine whether ablation can be performed surgically or non-surgically. Non-surgical ablation, used for many types of arrhythmias, is performed in a special lab called the electrophysiology (EP) laboratory. During this non-surgical procedure, a catheter is inserted into a specific area of the heart. A special machine directs energy through the catheter to small areas of the heart muscle that causes the abnormal heart rhythm. This energy "disconnects" the pathway of the abnormal rhythm. It can also be used to disconnect the electrical pathway between the upper chambers (atria) and the lower chambers (ventricles) of the heart. Surgical ablation procedures used for treating atrial fibrillation can be "minimally invasive" or traditional "open" surgery and may be combined with other surgical therapies such as bypass surgery, valve repair, or valve replacement.

Paragraph 2

(i) The Maze procedure: during this traditional open-heart surgical procedure, the surgeon makes small cuts in the heart to interrupt the conduction of abnormal impulses and to direct normal sinus impulses to travel to the atrioventricular node (AV node) as they normally should. When the heart heals, scar tissue forms and the abnormal electrical impulses are blocked from traveling through the heart. Minimally invasive surgical ablation: unlike traditional heart surgery, there is no large chest wall incision and the heart is not stopped. These techniques utilize smaller incisions and endoscopes (small, lighted instruments that contain a camera). (ii) The modified Maze procedure: The surgeon uses a special catheter to deliver energy that creates controlled lesions on the heart and ultimately scar tissue. This scar tissue blocks the abnormal electrical impulses from being conducted through the heart and promotes the normal conduction of impulses through the proper pathway. One of four energy sources may be used to create the scars: radiofrequency, microwave, laser, or cryotherapy (cold temperatures). The modified Maze procedure involves a single incision in the left atrium.

Paragraph 3

Doctors recommend ablation therapy to treat: atrial fibrillation and atrial flutter, AV Nodal re-entry tachycardia (AVNRT), accessory pathways, ventricular tachycardia. In addition to re-establishing a normal heart rhythm in people with certain

arrhythmias, ablation therapy can help control the heart rate in people with rapid arrhythmias, and reduce the risk of blood clots and strokes.

Paragraph 4

The ablation preparation may vary, depending on whether you're having surgical or nonsurgical ablation. Your doctor or nurse will give you specific instructions, but these are the general guidelines:

To prepare for ablation, there are several steps you should take. Among them:

- (i) Ask your doctor which medications you should stop taking and when to stop them. Your doctor may ask you to stop certain drugs (such as those that control your heart rate or blood thinners including aspirin products) one to five days before your procedure. If you are diabetic, ask your doctor how you should adjust your diabetic medications.
- (ii) Do not eat or drink anything after midnight the evening before the procedure. If you must take medications, drink only with a small sip of water.
- (iii) When you come to the hospital, wear comfortable clothes. You will change into a hospital gown for the procedure. Leave all jewelry and valuables at home.

Paragraph 5

(i) During traditional ablation, the doctor will use a pacemaker-like device to send electrical impulses to the heart to increase your heart rate. You may feel your heart beating faster or stronger when the pacemaker delivers the impulses. If your arrhythmia occurs during the procedure, the nurse will ask you how you are feeling; it is very important to tell the doctor or nurse the symptoms you feel. The doctor will then move the catheters around your heart to see which area(s) your arrhythmia is coming from. Once the doctor finds the area of your arrhythmia, energy is applied. You may feel some discomfort or a burning sensation in your chest, but you must stay quiet, keep very still, and avoid taking deep breaths. If you are feeling pain, ask your doctor or nurse to give you more medication.

(ii) During pulmonary vein ablation (for atrial fibrillation), the doctor delivers energy through a catheter to the area of the atria that connects to the pulmonary vein (ostia), producing a circular scar. The scar will then block any impulses firing from within the pulmonary veins, thus preventing atrial fibrillation from occurring. The process is repeated to all four pulmonary veins. In some cases, ablation may also be performed to other parts of the heart such as the subclavian veins and coronary

sinus. The catheter is a special "cool tip" catheter. Fluid circulates through the catheter to help control the intensity of the temperature. Once the ablation is complete, the electrophysiologist will use monitoring devices to observe the electrical signals in the heart to ensure that the abnormal heart rhythm was corrected. The procedure usually takes about four to eight hours, but may take longer.

Paragraph 6

(i) The doctor will remove the catheters from your groin and apply pressure to the site to prevent bleeding. You will be on bed rest for one to six hours. Keep your legs as still as possible during this time to prevent bleeding.

(ii) After your procedure, you may be admitted to the hospital. During your recovery, a special monitor, called a telemetry, will be used to follow your heart rate and rhythm. Telemetry consists of a small box connected by wires to your chest with sticky electrode patches. The box allows your heart rhythm to be displayed on several monitors on the nursing unit. The nurses will be able to observe your heart rate and rhythm. In most cases, you will be able to go home the next day after the catheter ablation procedure, but in some cases you may be able to go home the same day of the procedure.

(iii) You and your family will receive the results of the procedure afterwards. Your doctor will also discuss when you can resume activities and how often you will need to visit your doctor for a check-up etc.

Questions 12-20

12 Paragraph 1 talks more about

- A how ablation is performed
- B the procedure used to treat heart rhythm
- C the non-surgical method of treatment of heart rhythm
- D B and C

13 Paragraph 2 talks more about

- A the non-surgical ablation procedure
- B the effectiveness of the surgical procedures over non-surgical procedures
- C surgical ablation procedures

D the maze procedure

14 How many energy sources are discussed?

- A two
- B three
- C four
- D five

15 Ablation therapy can effectively

- A lower the risk of blood clotting
- B lower the heart rate among people with increased heart rhythm
- C decrease the number of strokes
- D A and B

16 Paragraph 4 lays emphasis much more on

- A how one should prepare for a catheter ablation
- B how a catheter ablation is performed
- C what to do before a catheter ablation
- D B and C

17 Which one of these statements is not taken from paragraph 5?

- A a pacemaker-like device may increase heartbeat
- B during the process of pva, the occurrence of the atrial fibrillation is restricted or controlled.
- C the process of pulmonary vein ablation may take about 4 hours
- D A and B

18 What is recommended to patients in the paragraph 5?

- A stay quiet even if you are unable to bear the discomfort
- B it is necessary to keep very still and to stop the breath for a while
- C you should not take deep breaths
- D a burning sensation can be common so staying quiet is required

19 Paragraph 6 talks more about

- A the procedure after a catheter ablation
- B the procedure after a non-surgical catheter ablation
- C what happens after a catheter ablation
- D B and C

20 After a catheter ablation, a patient may

- A have to stay for a whole day at the hospital
- B have to stay for two days at the hospital
- C leave right after the procedure
- D opt for staying for a day at the hospital

End of Part B