

TANTA UNIVERSITY

Diploma surgery exam

FACULTY OF MEDICINE

October 2019

OPHTHALMOLOGY DEPARTMENT

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- 1- Discuss operative and postoperative flap related complications of LASIK (20 mark)
- 2- Discuss management of congenital Nasolacrimal duct obstruction (20 mark)
- 3- Surgical management of Buphthalmos (20 mark)

**Multiple choice questions each 3 marks**

1- Which laser is used for capsulotomy?

- a. Diode laser
- b. Carbon dioxide laser
- c. Excimer laser
- d. ND: YAG lase

2. After 48 hours of a cataract extraction operation, a patient complained of ocular pain and visual loss. On examination, this eye looked red with ciliary injection, corneal oedema and absent red reflex. The first suspicion must be:

- a. Secondary glaucoma.
- b. Anterior uveitis.
- c. Bacterial endophthalmitis.
- d. Acute conjunctivitis

3. Which of the following is the most important factor in the prevention of the endophthalmitis in cataract surgery?

- a. Preoperative preparation with povidone iodine
- b. One week antibiotic therapy prior to surgery
- c. Trimming of eyelashes
- d. Use of intravitreal antibiotics

4. A 28 year old diabetic woman, who has had no previous laser, has a recurrent vitreous haemorrhage limiting retinal visualisation. Which one of the following is the MOST appropriate course of action?

- A. Intravitreal anti-VEGF injection
  - B. Pan retinal photocoagulation (PRP) under local anaesthesia
  - C. Prompt vitrectomy and laser
  - D. Wait two months to allow spontaneous clearing, followed by vitrectomy and laser if not
5. During a phaco-emulsification procedure a patient develops "Reverse pupil block". Which manoeuvre is MOST likely to be effective at preventing excessive depth of the anterior chamber?
- a. Intravenous mannitol
  - b. Reducing the bottle height on the Phako machine
  - c. Surgical Iridotomy
  - d. Using a second instrument to lift the iris forward
- 6- Most common cause of failure of surgical repair of tractional retinal detachment
- a. Neovascula formation
  - b. Proliferative viteroretinopathy
  - c. Infection
  - d. Retinal breaks and haemorrhage
- 7- Autogenous fascia lata may be used in the repair of
- a. Punctal ectropion
  - b. Spastic ectropion
  - c. Ectropion in the anophthalmic socket
  - d. Mechanical ectropion
  - e. Dehisced medial canthal tendon
- 8- Which of the following usually performed during the surgical treatment of Grave's disease
- a. Skin grafting
  - b. Placement of a spacer
  - c. Tarsal strip procedure
  - d. Weakening of upper eyelid retractors
  - e. Tarsorrhaphy
- 9- Tucking the superior oblique tendon
- a. Is inappropriate to correct superior oblique muscle palsy
  - b. Can result in Brown syndrome
  - c. Is procedure of choice when the symptoms and measurements indicate principally a torsional misalignment
  - d. Improves both torsional and elevator functions of the muscle
- 10- Appropriate management of severe retrobulbar haemorrhage includes all of the following except

- a. Proceeding with surgery if the Red Reflex is maintained
- b. Firm direct pressure on the globe
- c. Mannitol IV to reduce intraocular pressure
- d. Perform lateral canthotomy if marked proptosis occurred

11- If posterior capsule rupture and nuclear material falls back into the vitreous during phacoemulsification, the surgeon should

- a. Immediately terminate the case
- b. Send immediately for vitreoretinal surgeon
- c. Make every possible attempts to retrieve the lost piece of nucleus
- d. Remove any remaining nuclear and cortical materials from the posterior chamber and perform a vitrectomy

12- Orbital exenteration involves removal of the

- a. Eye, orbital soft tissue and periorbita
- b. Eye only
- c. Contents of the globe, leaving scleral shell intact
- d. Tumor within the orbit leaving the eye undisturbed
- e. Bone adjacent to the orbit such as paranasal sinuses

13- Which of the following condition is an absolute contraindication to refractive surgery

- a. Dry eye
- b. Scleral buckle
- c. Glaucoma
- d. Amblyopia with vision less than 20/200

14- In phakic asymptomatic patients, which of the following types of retinal break is almost always treated

- a. Lattice degeneration with or without hole
- b. Atrophic holes
- c. Retinal dialysis
- d. Operculated tears

15- Glaucoma drainage implants are indicated for all of the following conditions except

- a. Elevated IOP despite maximum medical treatment
- b. Failed trabeculectomy
- c. Conjunctival scarring
- d. ICE syndrome

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