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ARTICLE 1.

Endocyclophotocoagulation options (Prof Nagib du Toit)

1 Which of the following statements is false?

Diode laser cyclophotocoagulation (CPC) may be applied

- a. trans-sclerally A
- b. by endocyclophotocoagulation (ECP) B
- c. trans-sclerally and by endocyclophotocoagulation C
- d. to achieve a reduction in the intra-ocular pressure D
- e. through ablation of the tissue responsible for stimulating aqueous outflow E

2 Endocyclophotocoagulation (ECP) is a procedure whereby:

- a. an intra-ocular endoscope is paired with a diode laser A
- b. an intra-ocular endoscope is paired with an argon laser B
- c. an intra-ocular endoscope is paired with a krypton laser C
- d. an intra-ocular endoscope is paired with a YAG laser D
- e. all of the above statements are true E

3 Which one of the following statements is false regarding trans-scleral CPC?

- a. Destruction of non-pigmented ciliary epithelium A
- b. No surrounding sclera, pars plana and iris damage B
- c. Pigment clumping, coagulative necrosis, ciliary muscle destruction occurs C
- d. Vascular damage occurs D
- e. Destruction of pigmented ciliary epithelium E

4 Endocyclophotocoagulation (ECP) leads to:

- a. Destruction of ciliary epithelium with little effect outside of the ciliary processes A
- b. Shrinkage and effacement of processes without gross architectural destruction or collateral damage B
- c. Ciliary epithelium still continuous and uniform with intact cell membrane after laser C
- d. Stroma with loss of small blood vessels but intact larger vessels D
- e. All of the above E

5 Indications for ECP include all of the following, except:

- a. Refractory glaucoma cases A
- b. Pseudophakic eyes B
- c. Aphakic eyes C
- d. Visually significant cataract and co-existing glaucoma D
- e. Uncontrolled pseudophakic patients at high risk for failure or complications after filtration surgery E

6 Poor candidates for ECP are all of the following, except:

- a. Pseudo-exfoliative glaucoma patients A
- b. When ECP is combined with other MIGS procedures B
- c. A history of inflammatory eye disease C
- d. Cystoid macular oedema D
- e. Hypotony E

7 Complications of ECP include:

- a. Anterior uveitis A
- b. Fibrin exudation B
- c. Hypohaema C
- d. CME D
- e. All of the above E

ARTICLE 2. Understanding glaucoma optic nerve assessment through systemic observation: The GONE (glaucomatous optic neuropathy evaluation) project (YXG Kong, E O'Neill, S Pandav, J Crowston, M Coote)

8 Which one of the following statements regarding glaucoma is false?

- a. Glaucomatous optic neuropathy is defined by characteristic changes in the optic tract A
- b. IOP measurement alone is not reliable for glaucoma diagnosis. B
- c. Morphology of the optic disc varies greatly in both normal and eyes with glaucoma C
- d. Data from numerous population studies indicate that at least 50% of glaucoma cases remain undiagnosed D
- e. It is important that eye care professionals should have a systematic and methodical approach to optic disc examination E

9 Which one of the following statements about the GONE system is false?

- a. GONE means glaucomatous optic neuropathy evaluation A
- b. The GONE system uses a 10-item grading system that consists of 9 items that address key parameters of the optic disc B
- c. Key parameters of the optic disc include: disc size, disc shape, cup to disc ratio (CDR), configuration of neuro-retinal rim, presence of disc haemorrhages, retinal nerve fibre layer (RNFL) defects and peripapillary atrophy (PPA) C

- d. Disc examiners made significant errors in assessment, for example, errors in the identification of individual characteristics (not seeing) but not in not understanding their significance (not knowing) **D**
- e. Optic disc evaluation is a clinical skill that can be learned with increase in clinical experience **E**

10 Which one of the following statements regarding the grouping of the 10 items is false?

- a. The 10 items have been placed into groups of 4-3-2-1 to help with describing the 10 items in a logical manner. **A**
- b. The first group of 4 items (optic disc shape, size, orientation but not peri-papillary atrophy) relates to defining the 'outside' border of the neuroretinal rim **B**
- c. The next group of 3 items (cup shape, cup depth and CDR) relate to the neuroretinal tissue of the optic nerve and are called 'inside' features **C**
- d. Changes in the RNFL and disc rim haemorrhages are very useful findings and these 2 items are used as 'confirmation' **D**
- e. Synthesising the examination data into a glaucoma risk and severity or 'synthesis' item is the most important step in directing management decisions in the clinic **E**

11 Which one of the following statements regarding the GONE project is false?

- a. Results from the GONE project show that incorrect assessment of the outer limit of the optic disc is one of the most common mistakes made by ophthalmology trainees **A**
- b. Incorrect assessment of the outer limit of the optic disc leads to errors in assessing neuroretinal rim and has significant influence in overestimating the likelihood of glaucoma **B**
- c. The systematic analysis of the 'outside' features starts with the demarcation of the PPA **C**

- d. The outer limits of the PPA can be abrupt or merge with retinal pigment epithelium (RPE) changes (known as alpha zone PPA) **D**
- e. The inner limit is the scleral ring, where no RPE is normally present **E**

12 Which one of the following statements about peri-papillary atrophy is false?

- a. Greater (beta-zone) PPA has been associated with glaucoma and glaucoma progression **A**
- b. Greater (beta-zone) PPA is usually located in the quadrant of the disc with maximal neuroretinal loss **B**
- c. PPA can confuse the observer into overestimating the risk of glaucoma by underestimating the scleral canal size **C**
- d. On a cursory look PPA can be mistaken for neuro-retinal rim (NRR) and allow the examiner to believe that the NRR rim is wider than it really is **D**
- e. Identifying the presence and extent of PPA and the exact margins of the scleral canal is critical to accurate assessments of the optic disc for glaucoma interpretation of the area of PPA as neuro-retinal rim tissue **E**

13 Which one of the following statements regarding the scleral ring and the ISNT rule is false?

- a. The scleral canal is where neural axons pass through to form the optic nerve **A**
- b. If two eyes have the same amount of axons passing through the canal, the eye with a small optic disc will appear to be more crowded and has a smaller cup:disc ratio compared to a larger disc with more space for axons to pass through **B**
- c. The ISNT rule applies when the disc is round or vertically ovoid only **C**
- d. The ISNT rule is of less value if the scleral canal is asymmetrically shaped, tilted or horizontally ovoid **D**
- e. The ISNT rule (Inferior, Superior, Nasal and Temporal in an ascending order of NRR thickness) is a rule of thumb developed for the average healthy disc **E**

14 Which one of the following statements regarding the optic disc cup and optic disc rim is false?

- a. Grading of depth of the cup is important for appreciation of the inner limit of the optic disc cup. **A**
- b. The identification of the optic disc rim, including its consistency, symmetry, conformation to the ISNT rule and presence of focal thinning (notches), is important to differentiate normal discs from glaucomatous ones. **B**
- c. Assessment of the cup to disc ratio (CDR), which is disc size dependent but retains a high utility value in describing the extent of loss of disc rim, is determined. **C**
- d. The cup depth always aids diagnosis of glaucoma exclusively **D**
- e. Deeper cups also invite a diagnosis of glaucoma while optic discs with shallow or 'saucerised' cups are more difficult to assess **E**

15 Which one of the following statements about cup:disc ratio is false?

- a. The determination of the cup shape (inner margin), along with CDR and delineation of the external margin of the disc, are the pieces of information used to calculate NRR size **A**
- b. In clinical examination the inner margin is detected by a change in contour or colour, or both **B**
- c. Colour changes may be obvious (clear disc margins, deeper cups) but can also be harder to differentiate, misleading and therefore less informative **C**
- d. Subtle contour changes in the NRR cannot be highlighted by a change in the course of blood vessels crossing the inner margin of the cup **D**
- e. CDR cannot be interpreted in isolation from the size of the optic disc **E**

This is to state that I have participated in the CPD-approved programme and that these are my own answers.

Signature

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