pupil exam......proliferative retinopathy, acute congestive glaucoma

EXTERNAL (DR QAMAR)..

What is your favorite topic.

Us me se qs.

INTERNAL (DR FAWAD NIAZI)

Red eye causes

Cataract treatment.

Ophthamoscope

Drug tropicamide cyclopentolate MOA uses

Mostly ptosis, strabismus and extra ocular movements k baray main pochty hn

Ahmad hassan bhai ne jo ospe k topics me<mark>ntion kiye hn alm</mark>ost sari ospe usi se aati hy Vivas

Dr. Qamar ... cataract surgery and steps (thora btao to baqi khud e bta dete hn) and its complications

Dr Rashid... red eye causes, acute congestive glaucoma

Acute iridocyclitis

Examinations main pupillary light reflex lazmi aa rha hy baqi dosray station jo sir ka dil kry jese mujhy confrontation method krwaya

Mature cataract. Advtage of ECCE over ICCE recurrent Chlazion treatment. Iridocyckiyis signs.

A.congective glaucoma

During ward kya dekha OT me

Pupil examination

EVENING BATCH OSPE: Chalazion, applanation tonometer, bitemporal hemianopia, proliferative diabetic retinopathy, infantile galucoma, cataract, drug station(maybe tropicamide), dacrocystitis-type something.

VIVA: Dr.Qamar: Asks what you like/studied: What is cataract? What is mature cataract? What are the subjective tests and objective tests which will confirm that it is a mature cataract? (I guess, Subjective: Slit-lamp examination, iris shadow test etc. Objective: Visual acuity. Not completely sure) The Other Viva Station: If there's an uneventful cataract extraction surgery but the patient develops pain in the eye 6-8 hours onward, what can it be:Endophthalmitis. And then the difference between endophthalmitis and panophthalmitis

The picture of a drug-bottle, like eye drops, with a red cap(mydriatic). Its company name was mentioned on it. We had to tell the active ingredient in it, and its uses.

The instrument was applanation tonometer. We had to identify it, give its principle, and the normal IOP.

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OSPE:

Fundoscopic image of glaucoma

Fundoscopic image of NVD

Drug: Alkane

Instruments: lacrimal probe, punctum dilator

Chalazion

Hypopyon corneal ulcer/fungal keratitis

Pterygium

Morgagnian Cataract

Dermoid cyst

Observers stations: general questions about glaucoma, treatments,

Sir Fuad : a 60 yr diabetic and hypertensive patient complains of sudden painless loss of vision give DDs **Sir Qamar:** ocular examination (start with visual acuity and do ask to have snellen's chart, Sir pointed it specially)

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Explain 6/60 visual acuity Give its numerical value

Drugs - Active ingredient aur uses

EVENING BATCH:

Ospe:

- Hordeolum internum
- Retinitis pigmentosa
- Pterygium
- Ophthalmoscope or retinoscope
- Timolol Maleate
- Vernal keratoconjunctivitis
- Esotropia
- Posterior sub-capsular cataract
- Subconjunctival haemorrhage
- Acute dacryocystitis

Station 1:

- Check visual acuity by confrontation method

Station 2:

- Perform extraocular movements
- A and B scan
- Types of squint
- Types of retinal detachment
- Diabetic retinopathy



Station 3:

- Causes of sudden visual loss (Asked in the form of a scenario)

Station 4:

- Indications of keratoplasty
- What type of corneal bulge is seen in keratoconus

OSPE AFTERNOON BATCH:

Stye, cortical cataract, retinitis pigmentosa, acute dacryocystitus, retinoscope (hint was the last question was related to myopia), timolol maleate (group, indication, MOA), subconjunctival hemorrhage, pterygium, can't remember the rest

Viva: One one table Sir Fuad and Sir Rashid took combined viva, senerio: a 60 yr old diabetic and hypertensive with sudden painless loss of vision, tell the cause.

On 2nd table Mam Kanwal took viva, cataract, it's treatment, why phaco is better, why called sutureless surgery, types of IOL, there names, how foldable lenses are implanted

Observed 1: perform extraocular movements (saccadic movements are also a part of this) then they also took viva regarding squint and cataract

Observed 2: perform confrontational method

We were asked to write the findings on retina jis ki picture thi in OSPE.

it's better if you give the entire retina chapter a quick read, they are asking stuff from there in vivas, not too detailed but you should know the basics. Plus do all figures, at least one will come in ospe

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OSPE MORNING BATCH:

- 1. Anterior uveitis with post synche formation(notched dilated eccentric pupil)
- 2. Hyphaema in picture. Scenario of blunt trauma with tennis ball.
- 3. Keratome

Different sizes available?

Indications

- 4. Morgagnian cataract
- 5. Suture + hypopyon

Sugery?

Medical treatment?

6. Pilocarpine

MOA

Indications

7. Pterygium

Complications

Treatment

- 8. Swelling on lateral side of eye.
- 9. Painless nodule on lower eyelid

Chalazion

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Rx

10. Opthalmia neonatorum

Causes

Complications

Observed:

- 1. Cause of sudden loss of vision
- 2. Acute congestive glaucoma
- 3. Fundus findings in RVO and RAO
- 1. Causes of sudden loss of vision
- 2. Causes of gradual loss of vision
- 3. Diffrrentiate papillitis and papilloedema
- 1. Anterior uveitis
- 2. Paralytic squint after prforming Extraocular movements
- 3. Mature cataract
- 1. Cataract complications investigatios etc.

Observed: Light pathway, Squint treatment, vitreous hemorrhage treatment, corneal ulcer treatment, drug contraindicated in corneal ulcer, define saccadic movements, what is it's pathway, what are it's dimensions, nystagmus, name of prism used for squint treatment

OSPE:

- 1.Alcane
- 2.applanation tonometer.
- 3.eccentric pupil
- 4.fundoscopy and indications.
- 5.acute dacryocystitis.
- 6.stye.
- 7.cataract and its treatment with complication.
- 8.corneal opacity diagram(WHICH GRADE)?
- 9.Papilloedema
- 10. I forgot.

Observed:

confrontation method.

VIVA: DR.RIZWAN

Glaucoma treatment, trachoma treatment, diabetic retinopathy treatment, Non rhegmatogenous RD treatment, Anterior uveitis characteristic finding and treatment.

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tropicamide...tonometer...central vien occlusion....cataract...congenital glucoma..

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- 1) Congenital Glaucoma (Buphthalmos)
- 2) Hypermature/Morgagnian Cataract
- 3) Goldman Aplanation Tonometer.
- 4) Pterygium
- 5) Vernal keratoconjunctivitis
- 6) Dacrocystitis
- 7) Subconjunctival Hemorhage
- 8) Hypertensive Retinopathy
- 9) Bitemporal Hemianopsia
- 10) Mydriacyl (Tropicamide)

Dr.Rizwan asked about Retinitis Pigmentosa and its treatment.

Dr.Qamar about Discharge from Eye k Differentials. Conjunctivitis k symptoms and Red Eye.

- 1. Exophthalmos (diagnosis, investigation, complications)
- 2. Glaucoma (diagnosis, any 2 drugs with dose and moa, other treatment option)
- 3. Senile cataract (diagnosis, treatment, early post op comp)
- **4.** Ophthalmoscope (identify, uses)
- **5.** Retinitis pigmentosa (diagnosis, 3 clinical signs)
- **6.** Cyclopentolate (class of drug, action in eye, uses)
- 7. Pterygium (diagnosis, symptoms, complications)
- 8. There was a swelling in the upper eyelid at medial margin
- 9. dermoid cyst
 - 9. White pupil {not sure about the diagnosis but first part was to describe the anomaly seen in the picture) (identify, diagnosis, treatment)
 - 9 : Complicated cataract of chronic iridocyclitis

Dr Rizwan: Urdu mai squint samjhao

Dr Qamar: Blephritis treatment

Dr Niazi: causes of red eye

CI of B blocker What is glaucoma

- 1) dose of timolol
- 2) dose of latanporst
- 3) ak old age coughing insaan ko timolol ki kia dose do gae (ni detay)
- 4) teach glucoma to a HO
- 5) cover un cover test mein hath bilkul eyes kay samnay rakhna hta hay
- 6) pterygium ki treatment
- 7) define glucoma

- 1) retinitis pigmentosa 3 characteristics
- 2) uveitis
- 3) propotosis investigations complications
- 4) opthalmoscope its uses n SOPs of use
- 5) astigmatism its correction name refractive errors

Today's ospe

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- 1) Xray orbit showing intraocular foreign body
- 2) Neonatal conjunctivitis
- 3) Chalazion
- 4) Keratotome
- 5) Hypermetropia figure
- 6) Pilocarpine (green bottle)
- 7) New vessels at disc
- 8) Hyphema and treatment
- 9) Morgagnian cataract
- 10) Congenital ptosis

Todays ospe

- 1) Blow out fracture
- 2) Keratoconnus
- 3) Veneral keratoconjuctivitis
- 4) Esotropis
- 5) Acute dacrocystitus
- 6) Brimonidine
- 7) Corneal ulcer
- 8) Cataract
- 9) Basal cell carcinoma
- 10) Entropion clamp

ospe..

- 1) Glaucoma lacrimal probe and punctum dilator
- 2) topical anesthesia and uses
- 3) hemangioma
- 4) dermoid cyst D/D
- 5) hypopyon D/D
- 6) CRAO
- 7) Morgagnian cataract
- 8) pterygium

EXTERNAL.

- 1) role of vitamin C in eye
- 2) cause of night blindnes
- 3) dose of vit A
- 4) role of vit A in visual cycle
- 5) retinoblastoma, treatment

INTERNAL.

what is strabismus, cataract. . surgical procedure dif btw ECCE and ICCE

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complication of cataract surgery.

pupil examination main accommodation test bhe add kr lo

Dr fuad: Causes of Red eye, uveitis ko kesy diagnose kren gy (single most imp investigation), uveitis k pt ko sirf 2 drops dny hain kn c?

Dr Rizwan: Treatment of POAG, Treatment of myopia, Retinal detachment.

Which is most Imp investigation in uveitis? Slit lamp examination. Aqueous flare/cells etc isi me nazar aty

Dr fuad: Red eye D/d, white eye D/d. Endophthalmitis treatment how will you check antibiotic sensitivity, most imp investigation.

Dr Qamar:hypermature cataract, its mechanism.

Dr faud: red eye D/Ds painful red eye?. Endophthamitis causes. DR RIZWAN: POAG. Treatment. Signs.

Dr Rizwan: RD,treatment,ptosis,treatment

Dr Qamar: conjuctivits symptoms,red eye cause,hypermature cataract,lens liquefaction reason

Squint, ptosis, false localization,

papilledema, facial nerve examination,

hypermature cataract, why does liquefaction occurs in it?, autolysis and lens embryology.

Dr gamar. Trichiasis causes, complications

Internal: treatment of glucoma

Treatment of cataract and complications of cataract surgery

External :effects of hypertension and diabetes on eye. senile catract

Examination: pupil reflexes + EOM

Dr Qamar: mechanism of hypermature cataract.

And everything else about cataract.

The other one: complications of orbital cellulitis. Details about cavernous sinus thrombosis. Iridocyclitis -

Complications

Causes of sudden loss of vision

Ospe(morning batch)

- 1) Irrigation aspiration cannula
- 2) Hordeolum
- 3) Cataract
- 4) Esotropia
- 5) Papilledema(findings on fundus)
- 6) Pterygium
- 7) Ectropion?
- 8) Snellen chart
- 9) Timolol (uses, MOA, group)

Internal (Dr Qamar)

1) Definition of glaucoma (He was asking about the LATEST definition)

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- 2) Cover uncover
- 3) Hirschberg test

External (another sir from HFH thy us waqt wahan...don't know his name...(not Dr rizwan):

Difference btw chalazion and stye ...and treatments

Causes of CRVO

Diplopia mechanism

A 40yr old diabetic male presents with diplopia...most possible cause?(I said paralytic squit...retinopathy but he asked most common cause)

Conjunctivitis k sath agr pain ho in preauricular area...diagnosis????

Examinations k stations pe b viva tha just...ek pe female PG and ek pe dr rizwan...mam was asking about uveitis..clinical features...complications

Types of keratic precipitates

Today's ospe

- 1) Pterygium
- 2) Timolol
- 3) Irrigation cannula
- 4) Papilledema
- 5) Leukocoria
- 6) Stye
- 7) Mature cataract
- 8) Snellen's chart
- 9) Squint (esotropia)
- 10) Ectropion

Internal viva: DDs for an old man with gradual visual loss apart from cataract (glaucoma, diabetes, ARMD)

Cataract surgery is performed when patient asks for it due to significant visual loss (Dr. Fuad)

Horner syndrome, third nerve palsy, congenital ptosis and treatment (Dr. Rizwan)

External: peroperative and late complications of catarct surgery, diseases for which treatment is laser. Ocular tests for catarct (woh examination k points n is sirf tests k names sunna n chah n the like Regurgitation test)

Occular tests for cataract,

- 1. Biometry
- 2. A scan
- 3. B scan

Ospe 2nd time!!

- 1) Ptosis
- 2) Dendritic ulcer
- 3) Mannitol WALPINDI MEDICAL UNIVERSITY
- 4) Cataract
- **5)** FFA
- 6) cataract extaraction(phaco)
- 7) Chlazion clamp
- 8) Herpez zoster opthalmicus
- 9) Chlazion
- 10) Dermoid cyst

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Define glacauma? Kon si book se parhi yeh def? Jatoi. Sir ko definition pasand nhi ae koi modified definition khud hi suna k bhej diya.

External koi nhi thy internal hi external bne hue thy Phacoemulsification uses advanctages & complications that's all.

i did extraocular movements, usky sath doll's relfex bhi chk kr lena chahye

Dusry station pa mam ny optic nerve chk krwai us mai light reflex, visual acuity, color blindness & contrast sensitivity sb chk krty

