

Retina exam 4/11/2018 Cairo

1. 90D exam both eyes

Thin erm, mild pigment peri-disc, cdr 0.4 pink rim no excavation. Mid periphery mild bony spicule pigment

Imp RD

I'd check for syndromic RP like pace maker, pulse, post axial polydactaly, walking aid, hearing aid

I'd check for other ocular features and another eye

Q: what's the ocular signs of RP

Q: what ix will u do- va, v.f., erg

Q: what is the treatment- cataract other, diamond for com, blind society, low vision aid, gene therapy REP 65, genetic counselling

2. direct both eyes

Red reflex symmetrical

Phakic

Right eye disc pink drinks cdr 0.4 no excavation. Inferior to disc there's an area of CR excavation (I thought it's CR coloboma and ranted about coloboma stuff and charge syndrome)

Examiner said what else could it be apart from colobom. I thought about laser. Then he asked me to examine using I direct

Turned out prp with an area of CR atrophy.

Q: why CR atrophy - dense pep

Q: if the other eye is similar whats ur dx- pdmr. Then I ranted about- examine dme, nv, nvg, anterior segment, risk factor etc

3. Indirect one eye

Only a barrier was found. This patient had strong bells reflex

Q: what's the reason of this barrier - u shaped fear

Q: what causes tear - (type of break, type of eye, type of patient) pvd trauma myopic aphakic

Q: how would you manage- examine another eye, regular check, avoid contact sports

4. Indirect both eye

Examiner asked for a spot dx- Rp

Q: What types of RP are there - syndromic non syndromic/ typical atypical

Q: what type does this patient have - typical, end stage

Q: what type did the first patient have if pigments were mild- retinitis punctata albescense

Exam was then finished despite no bell was sounded. I asked for more patients and time. Examiner said 18 mins (total 20 mins station time) and there were no other patients to be seen.

End of exam.

Note:

On direct ophthalmoscopy: some examiners advocated proper direct skills ie checking red reflex followed by Phakic status then fundus, exam. My examiners said "reminder this is a posterior segment exam" when I was doing the "proper" way. Anyhow this only takes 5 -10 secs to check red reflex and phakic status.

The slit lamp model can be found on the website of the hospital webpage - international medical center dept of ophthalmology. I had difficulty trying to turn the knob to make the slit beam narrower. However I did manage to see but not the best quality due to too much glare.

The clinical examination is located in the ophthalmology OPD clinic on the group group floor. The security in this hospital is no joke. Upon arrival at the opd you will be questioned why you are here, although no one understands you cuz they speak little English. After security walk straight down the corridor. There's 2 green doors. Take the one on the left and you are just a few yards away from the ophthalmology opd.

In general very little about the examination venue and details were known and the

information on the candidate notice was quite misleading. First of all no one knew an exam is to be held in nor anyone from the reception. I showed them the examination notice and the venue but none of them were convinced. As a non Egyptian ppl thought I'm here to seek consultation so instead they sent me to the 'international department' which they deal with people who travelled from other parts of the world to seek treatment in Egypt. After a lot of hassle they sent me to the 'hotel' where some candidates stage over. However none of them know about the exact location of the exam too. Then I was led to the ophthalmology opd, met up with a consultant and he reassured me where the clinical exam is to be held. On the day of exam the same occurred again and the porters led me to irrelevant places one after another. No examination notice or directions were found at all. Finally I found one sticking on the door of the opd. But this is only the backdoor of the clinic.

Last but not least there was power outage in the middle of the exam and everything was delayed for another 2 hrs. Some candidates brought with them power plugged indirect and could not be used.

In the exam rooms it could be real noisy too with ring tones buzzing and people chatting. Apart from Dr nurse and patients, relatives of the patient to be examined were present too. You won't see them during exam but you can hear them ranting on the phone in the waiting room and this could be annoying.

To summarize I recommend:

Go to hospital in advance to find out where the exam is going to take place.

You may wish to live in one of the hospital hotels but I've seen the rooms myself and they should be referred to on call rooms rather. On top of that there's nothing much happening around the hospital. You may consider staying away near the airport area. Taxi to and from takes 25mins. I stayed at Radisson Blu hotel in Heliopolis where there's taxi service available and can negotiate on return rides.

Borrow or get a wireless BIO.

Cases were straightforward