

Viva Voca – FRCOphth Part II – Norwich April 2016

1. Management: Discussion of child with orbital cellulitis
 - a. Detailed clinical pictures and CT scans to discuss
 - b. Difference between preseptal and orbital
 - c. Aeration of sinuses (age)
 - d. Causes of orbital cellulitis (ie. sinusitis, dental infection etc)
 - e. Grading system of orbital cellulitis
 - f. Causative organisms
 - g. Medical management (ie spectrum of various ABx)
 - h. Surgical management (of subperiosteal abscess, more generally)

2. Management: Age related macular degeneration
 - a. Picture of both fundi – Dx
 - b. What stage of the disease is this at?
 - c. Visual prognosis (they wanted figure as a % at a certain number of years...)
 - d. Discussion of AREDS trial
 - e. How would you break the bad news and discuss the Dx (as per the college guidelines)
 - f. Where would you refer the pt (LVA etc)
 - g. Second set of fundus photos – wAMD type picture in one eye; drusen in other. Told patient is 30 – what is DDx

3. EBM
 - a. OHT / early glaucoma treatment
 - i. Essentially a case of OHT described – how would you treat, what would you treat with (as OHTT / NICE)
 - ii. Name and describe trials in OHT / early POAG
 - b. Case of typical Optic neuritis
 - i. Features in history of typical ON
 - ii. Features on exam
 - iii. Factors important in prognosticating
 - iv. ONTT / Long term follow up ON
 1. Risk ON recurring
 2. Risk MS
 3. Ethical question – what do you advise pt who wants an MRI if your unit doesn't generally scan 1st episode typical ON
 4. Wanted exact doses of steroid in each of the arms of the ONTT

4. Ethics: Child protection
 - a. You see a child with a swollen eye, bruises and story from mother that doesn't fit with exam findings.
 - i. What do you do?
 1. In terms of child protection
 2. In terms of examining the child and documenting your findings
 - ii. Detailed discussion of:-

1. *Systemic* (ie. non-ocular) features of NAI
 2. Ocular features of NAI
 3. Types of abuse
 - iii. What do you do if mother tries to run out of hospital with child
5. Investigations: Vertical diplopia
- a. Discussion of IVth nerve palsy
 - i. Congenital vs. acquired
 - ii. Unilateral vs. bilateral
 - iii. How would you measure cyclotorsion – discussion of double Maddox rod test and synactophore (think they were looking for other tests too...)
 - iv. Management
 1. Conservative
 2. Medical
 3. Surgical
 - a. Especially of Harato-Ito (surgical procedure / indications)
 - b. Hess chart of IVth
 - i. Features of neuro vs restrictive
 - ii. Muscle sequelae
 - iii. Indications for doing a HESS
 - iv. What must the patient have in order to perform a HESS
6. Communication skills
- a. 55 year old tailor / machinist (ie high demand for close work)
 - b. Previously high myope (-5) BE
 - c. Had first eye cataract – emmetropic - 6/6 w/o gls
 - d. Very unhappy as can't see w/o gls
 - e. Finds monovision most uncomfortable – stopping him being able to work
 - f. You have to discuss these concerns and his options for second eye cataract surgery to make him more comfortable as well as consent him for the cataract surgery you are about to perform.

OSE – FRCOphth Part II- Norwich in April 2016.

Anterior Segment

1. Lattice dystrophy - discussion of types and management
2. Aniridia, CRAO & neovascularisation & tube & dense cataract & dislocated lens in same pt! Discussion on neovascularisation & glaucoma mostly
3. Facial reconstruction following Necrotising fasc - old exposure keratopathy signs (stromal scar, iron lines)- management of mild exposure k.

Glaucoma and lid

1. Bilateral trabs, collaterals at right disc. Discussion on causes and implications of disc collaterals.
2. Laissez fair healed lower lid: discussion on bcc mx, moh's and reconstruction flaps, skin grafts etc. discussion of gorlin syndrome and medical mx of bcc
3. Tilted (likely myopic) discs in pseudophake. Discussion of management of

suspicious discs & poag. Drops, their side effects, laser (slt). Different surgical approaches and when they are indicated.

Retina

1. Slit lamp - Sorsby's macular dystrophy. Long laboured discussion on my differential (because it didn't include sorsby's); also hypertensive changes and an incidental BRVO.
2. Slit lamp - Peripapillary cnv (in quite a young pt). Extensive discussion of differential of cnv in young pt (myopic/ inflammatory causes/ angioid streaks - differential thereof)
3. Choroidal atrophy (?gyrate or choroideaemia) discussion of differential of generalized Choroidal atrophy & gyrate atrophy specifically aetiology. How would you tell between the different diagnoses (brief discussion of electro diagnostics)
4. Indirect (almost undilated pupils) Retinitis Pigmentosa, Also odd inferiortmporal sectoral nuclear cataract. Discussion of differential of pigmentary retinopathy - how I would counsel the patient, treatable associations (Cataract, cmo, poag etc). Touched on onward referral to genetics clinic for further advice / university research clinic if pt interested in being in trial)

Motility

1. Right VIth (mild - at first glance Distance ET (was initially instructed to do a CT) and offered VIth as differential, then advised to look at EOM (wasn't overly convinced there was much to see). Discussion was on management of micro vascular VIth including surgery if it doesn't resolve (details of procedures & when to perform)
2. Thyroid eye (fibrotic). Lovely case - all classic signs. Discussed differential of axial & non axial proptosis, then CAS scoring, when to treat what with (selenium / oral steroids). Also indications for ivmp & surgery in acute inflammatory phase. Very keen on exact doses & timings (how long would you for ivmp before proceeding to surgical decompression etc)
3. A young nurse from the clinic with what turned out to be a congenital IVth. Asked to do CT (rather than EOM or 3step). Odd hyper deviation on left - moved like a DVD which put me off). After much promoting, I listed IVth as a differential - go back and do 3 step - there was a IVth. Discussion (again) between congenital and acquired IVths and their management and measuring cyclotorsion.

Neuro

1. Left optic atrophy Quite unfriendly examiners (at least one was a neurologist rather than ophthalmologist). Show us how you would check for RAPD (I couldn't see one...) Look at the discs with indirect. Struggled to see anything as pupils small and room bright - asked for lights down - they seemed very happy with this and I could see more. This was difficult and examiners really didn't help - would recommend bringing your own direct to help. Discussed differential of optic atrophy. Investigations you would order.
2. Pupils - Paurinaud's - really good signs with light near dissociation, up gaze palsy and cracking nystagmus! Differential of light near dissociation. Causes of paurinaud's - I listed a differential and they pushed for a particular type of

tumour associated with the syndrome.

3. Combined IIIrd & IVth pupil involved. I missed the fourth to begin with (they were a little more helpful here & asked me to go back and look again).

Localise the lesion. Differential of cavernous sinus lesion - picked up on carotid artery aneurysm & discussed investigation & management thereof.

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In all, not - by any stretch of the imagination - everyday cases from the clinic.

However, very interesting ones with great signs and all probably fair game.

Examiners on the whole very friendly and encouraging.

Advice in general - know all guidelines inside & out (nice, rcophth). Also, have a look at relevant guidelines from other specialities (especially Neuro / MS) as they did assume you were familiar.

Finally, if you are ever near by, do visit Norwich for a day: a marvellously interesting & attractive city - especially in and around the ancient cathedral, castle and old town.