



**RANZCO ADVANCED CLINICAL EXAMINATIONS (RACE)
SEMESTER 1 PAPER 2
DOE: 09 February 2010**

- This examination paper consists of TWO parts: Part A & Part B.
- Part A carries 80% of the total marks for this paper. Part B carries 20%.
- The duration of this examination is 2.5 hrs. Suggested time allocation: Part A TWO HOURS. Part B THIRTY MINUTES.
- Both Part A & Part B must be completed. Order of completion does not matter.
- You will be given 10 minutes reading time before start of the examination.
- DO NOT write on the writing pad or question and answer booklet during reading time.

PART A
Instruction to candidates

- Part A consists of 8 short essay questions.
- All questions are of equal value. Carries 80% of total marks for this paper.
- Recommended time allocation: TWO hours (out of 2.5 Hours)
- Write your answers in the WRITING PAD provided.
- Read the questions carefully. Write legibly.
- BEGIN YOUR ANSWER TO EACH QUESTION ON A NEW PAGE.
- WRITE THE QUESTION'S NUMBER IN THE LEFT HAND MARGIN ON EVERY PAGE OF YOUR ANSWER.
- Write your candidate number in the box at the top right hand corner on EVERY page you use to write your answers.
- Do not write your answers on the reverse of any page.
- Anything that you cross out will not be marked.



RANZCO Advanced Clinical Examinations (RACE)
SEMESTER 1/2010 PAPER 1 PART A: TOTAL 8 QUESTIONS (80% of Paper 1 Marks)
Suggested time allocation: 2 Hours (out of 2.5 Hours)

Question 1

- a) What is meant by the term risk management in clinical governance?
- b) Describe risk management strategies giving examples from cataract surgery.

Question 2

An 18-year-old male presents with reduced vision of OD CF and OS 6/18. He has a history of atopy and admits to eyerubbing. His keratometry is 56/51OD and 48/44OS. His ultrasound corneal thickness is 385umOD and 475um OS.

- a) What is the diagnosis and what other clinical features might you expect to see?
- b) What diagnostic tests can be used to confirm the diagnosis and outline the key findings you would expect to see
- c) What are the treatment options for this patient?

Question 3

Below is a list of glaucoma laser procedures:

1. Either ALT or SLT
2. Argon laser iridoplasty
3. Nd:Yag Peripheral iridotomy
4. Argon pre-treatment for iridotomy
5. Argon or diode laser suturelysis
6. Diode Cyclophotocoagulation

For each of the listed procedure, briefly outline:

- a. Indications for this laser treatment
- b. Where you would apply the treatment
- c. Approximate number of applications, spot size, duration and power settings



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Question 4

A 40-year-old lady has noticed gradual decreased vision in her left eye. She has no prior history of ocular surgery, trauma or intervention.

On exam: VA right 6/6, left 6/7.5

Intraocular pressure 14 right, left

External exam: left pupil is lighter in colour than right

Slit lamp exam:

Right: normal

Left: small white stellate deposits on the corneal endothelium (diffuse)

no conjunctival injection

1+ cells/flare

no posterior synechiae

iris is hypopigmented

mild posterior subcapsular cataract

mild anterior vitreous cells

- a) **What is the most likely diagnosis?**
- b) **What is your management of this patient's iritis?**

Nine months later, she returns and her vision in the left eye is decreased to 6/18 from an increased posterior subcapsular cataract. She is very keen to have the cataract removed.

- c) **How would you alter your pre and or post operative management in this patient as opposed to a routine cataract surgery in a normal patient?**
- d) **What are the most likely etiologies of the decreased vision?**
- e) **How will you manage the elevated IOP in the short term?**

Question 5

A 12-year-old boy presents with decreased vision in his right eye worsening over several days. His acuity is Hand Movements in that eye & 6/6 in his left eye. There is a history a possible viraemia three weeks before. Examination reveals a swollen right optic disc & a partial macular star.

- a) **What is the condition described?**
- b) **What possible causes could be associated with this clinical scenario?**
- c) **What investigations would be indicated?**
- d) **What treatment would you recommend?**



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Question 6

A 84-year-old woman presents to you with sudden loss of vision in her right eye. On examination she has pallid disc oedema of the right optic nerve, a right relative afferent pupillary defect and light perception vision.

- a) **What is the most likely diagnosis?**
- b) **List FIVE other symptoms you would specially ask her about.**
- c) **What investigations would you order and what is the significance of each investigation?**
- d) **What is your immediate treatment of this patient?**
- e) **How long should this patient be on this treatment and how will you decide how to taper the dose?**
- f) **What are the potential complications of this treatment and how would you minimise these?**

Question 7

An 11-year-old girl presents with loss of vision in her left eye to 6/60 level. There is no RAPD present. On examination there is no abnormality identified on slit lamp examination. You suspect functional visual loss.

- a) **Describe FOUR specific office tests you could perform to confirm this diagnosis.**
- b) **There are other possible causes for reduced vision and a normal slit lamp examination in this age group. What are these causes and how would you exclude them?**
- c) **Discuss how you would inform the patient and her parents of your diagnosis of functional vision impairment.**

Question 8

A 40-year-old business man presents with loss of vision in his OS, corrected acuity is 6/24. The acuity in OD is 6/6. He admits to being overweight and has a family history of high blood pressure.

Examination reveals in the nasal retina of the OD an area of intra-retinal haemorrhage along the supra-nasal vessels with some sheathing of an intra-retinal arteriole. In his OS and symptomatic eye there is haemorrhage along the infero-temporal vessels with one cotton wool spot. At the left macula there are a number of haemorrhages inferior to the horizontal raphe and some macular oedema present.

- a) **List TWO probable and plausible diagnoses**
- b) **What investigations would you arrange?**
- c) **What treatment would you initiate for the OD eye?**
- d) **What treatment would you initiate for the left eye and when?**