OPHTHALMOLOGY WARD TEST(B5)

- *VIVA:*
- 7 Stations
- Florescein dye test
- Fundoscopy optic disc and macula
- Lens cataract complications and clasification
- Jones dye test
- Corneal ulcer
- Uveatis
- Chalazion

Station 1 Sir Iodhi = Chalazion

pain and preseptal cellulitis

Diagnosis in pictures

Difference btw chalazion and Stye=

Treatment for chalazion and Stve

Treatment for chalazion and Stye

If you are in secondary health unit
how will you treat chalazion= if
chronic (through history) I will refer to
the tertiary Health care unit for
surgery

Station 2 Sir G Hyder Cataract
Diagnosis in pictures
Complications
How to find which IOP should be
planted in cataract surgery= a scan
Which cataract causes total
blindness= posterior Subcapsular

Station 3 Sir Gazi khan Karatitis
Diagnosis
What are the characteristics features
of fungal Karatitis
In the agriculture field which Karatitis
has high risk= fungal

has high risk= fungal **Treatments of Karatitis** What is karatoplasty What is the source of fresh cornea= Srilanka Station 4 Sir azfar Uveitis with post synechiae Diagnosis **Complications** What is synechiae and how will you treat synechiae Treatment of uveitis Station 5 Sir Imtiaz Gilal Jones test 1,2 How Jones tests test are performed? Treatment for nasolacrimal duct block= DCR Station 6 Sir asadullah Retina funduscopy Identify the structures There was an optic disc, mucula,

Veins and arteries marked

- *BCQs*(30)
- 1. Miotic drug
- 2. Pilocarpine colour= green
- 3. Flueroscin can be used in all of the following except= Applanation tonometer??
- tearing of= sensory retina

 5. Attachment of iris with lens=

4 . R retinal detachment due to

- post synechiae6. Best surgery of RRD= sceleral
- buckling7. The most common cause of
- 8. The most common cause of free floaters may be age(due to degeneration of collagen fibres)
- 9 IOP in acute congestive

blindness= cataract

- buckling 7. The most common cause of blindness= cataract 8. The most common cause of free floaters may be age(due to degeneration of collagen fibres) 9 IOP in acute congestive glaucoma 10. Differentiating factors b/w episcleritis and scleritis 11. There was a scenario in which they mentioned patient's age about 60 and uncontrolled diabetes. Asked what is the reason for glaucoma=
- 12. Visual acuity in blindness

neovascular glaucoma

 13. Agriculture field workers have high risk of Karatitis= Fungal Karatitis

uncontrolled diabetes causes

\bigcirc	Blindness defination
\bigcirc	Rhegmat membranne break
\bigcirc	Surgery buckle
\bigcirc	Ptosis 3mm surgery
\bigcirc	Lacrimal gland chronic dacrocys
\bigcirc	Soft stop canal block
\bigcirc	Viral conjuctivitis related with
\bigcirc	Pilocarpin cap
\bigcirc	Mydriasis
\bigcirc	Post synache iris lens
\bigcirc	Ant uveitis ciliarybbody and iris
\bigcirc	Not feature of uveatis retinal
	hemrage
\bigcirc	Pingecula bulbar conj
\bigcirc	Fungal keratitis vegetative history
\bigcirc	Deep to tenon capsule deep vascular plexus

Complication of scleritis not Acute congestive glaucoma iop Armd Blindness catarct Mri contraindication metal rod Florensic stain kisme use nh hoti () Diabetic mellitus Cataract investigation