THE COLLEGE OF OPTOMETRISTS

Notice:

Please note that the sample scenarios provided below are purposed to showcase the developing content and the question layout of the Therapeutics Common Final Assessment in Independent Prescribing. The clinical content of the scenarios is drawn from legacy questions that have since been dismissed and have not been reviewed against the current Clinical Management Guidelines (CMGs), and therefore should not be used for revision purposes.

SCENARIO 1

A 72-year-old man calls your practice at 11am requesting an emergency appointment. You perform a telemedicine consultation to assist triage.
On waking this morning, his left eye was very red and slightly irritated.
He reports no pain, no photophobia, no watering and no discharge. Vision seems unaffected. He takes P. O. warfarin daily as prescribed by his GP.

QUESTION 1

Which **two** of the following would be the most likely diagnoses for his left eye based on the information so far?

A.	Anterior uveitis	F
B.	Corneal abrasion	F
C.	Endophthalmitis	F
D.	Episcleritis	T
E.	Herpes simplex keratitis	F
F.	Microbial keratitis	F
G.	Primary angle closure	F
H.	Sub-conjunctival haemorrhage	T

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He reports no pain, no photophobia, no watering and no discharge. Vision seems unaffected. He takes P. O. warfarin daily as prescribed by his GP.

You suspect episcleritis or sub-conjunctival haemorrhage and invite the patient for a practice appointment the same afternoon.

QUESTION 2

Which **two** of the following clinical signs would be most useful in differentiating your diagnosis between these two conditions?

A.	Anterior chamber cells and flare	F
B.	Blanching response on instillation of g. phenylephrine 2.5%	T
C.	Blood beneath bulbar conjunctiva with posterior border visible	T
D.	Corneal staining	F
E.	Trantas dots	F
F.	Unilateral elevated IOP	F
G.	Unilateral reduced tear break-up time	F
H.	Watery discharge	F

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He reports no pain, no photophobia, no watering and no discharge. Vision seems unaffected. He takes P. O. warfarin daily as prescribed by his GP.

DEVELOPMENTS

- You suspect episcleritis or sub-conjunctival haemorrhage and invite the patient for a practice appointment the same afternoon.

You observe no blanching on instillation of g. phenylephrine 2.5% and note the presence of blood beneath the bulbar conjunctiva with posterior border visible.

The patient now recalls that they have had several similar episodes of sudden onset unilateral red eye over the last year. They also report occasionally seeing unexplained bruises on their skin.

You prescribe ocular lubricants for comfort and refer the patient to their GP.

QUESTION 3

Which **two** of the following investigations would the GP be most likely to request?

A.	Blood pressure measurement	T
B.	C-reactive protein (CRP)	F
C.	CT pulmonary angiogram (CTPA)	F
D.	Echocardiogram	F
E.	Electrocardiogram	F
F.	Erythrocyte sedimentation rate (ESR)	F
G.	Hemoglobin A1c (HbA1c)	F
H.	International normalised ratio (INR)	T

SCENARIO 2

You are an optometrist working in a community practice. A 68-year-old female patient attends complaining of irritation and foreign body sensation in her left eye, with intermittent watering for the last two months. Previous ophthalmic history reveals she had a left lower lid basal cell carcinoma removed two years ago. Her best corrected visual acuities are 6/9 R&L.

QUESTION 4

Which **three** of the following would be the most likely diagnoses?

A.	Allergic conjunctivitis	F
B.	Ectropion	T
C.	Entropion	T
D.	Episcleritis	F
E.	Herpes simplex keratitis	F
F.	Hordeolum	F
G.	Molluscum contagiosum	F
H.	Ocular rosacea	F
I.	Trichiasis	T
J.	Viral conjunctivitis	F

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You suspect ectropion, entropion or trichiasis.

QUESTION 5

Which **two** of the following would be the most important investigations to undertake to refine your diagnosis?

A.	Check IOP	F
B.	Check lid position and tone	T
C.	Check patency of nasolacrimal duct	F
D.	Lid eversion	F
E.	Measure corneal sensitivity	F
F.	Perform anterior segment OCT	F
G.	Perform Schirmer's test	F
H.	Slit lamp examination with fluorescein	T

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DEVELOPMENTS

- You suspect ectropion, entropion or trichiasis.

You perform a slit lamp examination and find a full thickness scar affecting the left lower lid margin. There appears to be localised lash misdirection around the scar with associated mild inferior corneal epithelial staining.

QUESTION 6

Which **three** of the following management options would be most appropriate?

A.	Advise on lid hygiene	F
B.	Apply pad to LE	F
C.	Epilation of lashes	T
D.	Perform anterior segment imaging	F
E.	Prescribe g. carmellose 1% qds LE	T
F.	Prescribe g. flurometholone 0.1% qds LE	F
G.	Prescribe g. ofloxacin 0.3% qds LE	F
H.	Routine referral to ophthalmologist	T
I.	Urgent referral to ophthalmologist	F

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DEVELOPMENTS

- You suspect ectropion, entropion or trichiasis.
- You perform a slit lamp examination and find a full thickness scar affecting the left lower lid margin. There appears to be localised lash misdirection around the scar with associated mild inferior corneal epithelial staining.

You epilate the misdirected lashes, prescribe g. carmellose 1% qds LE and refer routinely to ophthalmologist.

QUESTION 7

Which **one** of the following procedures would be the most appropriate treatment option?

A.	Cryotherapy	F
B.	Electrolysis	T
C.	Laser photocoagulation	F
D.	Lid surgery	F
E.	Radiofrequency ablation	F

SCENARIO 3

A 32-year-old male patient with a history of bilateral keratoconus attends your community optometry practice for an emergency contact lens appointment, complaining of sudden onset pain in the left eye.

QUESTION 8

You suspect left eye corneal hydrops. Which **three** of the following signs would you most likely observe?

A.	Corneal guttata	F
B.	Descemet's membrane rupture	T
C.	Diurnal changes in refraction	F
D.	Endothelial fibrin plaque	F
E.	Gross stromal corneal oedema	T
F.	Keratic precipitates	F
G.	Lid oedema	F
H.	Mucopurulent discharge	F
I.	Pigment dispersion	F
J.	Stromal infiltrates	F
K.	Sudden reduction in visual acuity	T
L.	Unilateral low IOP	F

SCENARIO 3

A 32-year-old male patient with a history of bilateral keratoconus attends your community optometry practice for an emergency contact lens appointment, complaining of sudden onset pain in the left eye.

Your examination shows sudden reduction in visual acuity, Descemet's membrane rupture and gross stromal corneal oedema in the left eye.

QUESTION 9

Which **three** of the following would be the most appropriate initial management options for the left eye?

A.	Cease current contact lens wear	T
B.	Fit with temporary bandage contact lens	F
C.	Perform corneal scrape and culture	F
D.	Perform lid hygiene measures bd	F
E.	Perform warm compresses bd	F
F.	Prescribe g. cyclopentolate 1% bd	T
G.	Prescribe g. dexamethasone 0.1% tds	F
H.	Prescribe g. ketorolac 0.5% tds	F
I.	Prescribe g. olopatadine 0.1% bd	F
J.	Prescribe g. sodium chloride 5% bd	F
K.	Prescribe P.O. azithromycin 250mg od	F
L.	Prescribe systemic analgesia for comfort	T

SCENARIO 3

A 32-year-old male patient with a history of bilateral keratoconus attends your community optometry practice for an emergency contact lens appointment, complaining of sudden onset pain in the left eye.

DEVELOPMENTS

- Your examination confirms sudden reduction in visual acuity, Descemet's membrane rupture and gross stromal corneal oedema in the left eye.

You advise the patient to cease current contact lens wear and prescribe g. cyclopentolate 1% bd and systemic analgesia for comfort.

You subsequently review the patient one week later and observe complications including early corneal vascularisation in the left eye.

QUESTION 10

Which **one** of the following actions would be the most appropriate?

A.	No treatment and review management in one week	F
B.	Prescribe g. dexamethasone 0.1% qds LE	F
C.	Prescribe g. fluorometholone 0.1% qds LE	F
D.	Routine referral to ophthalmologist	F
E.	Urgent referral to ophthalmologist	T

SCENARIO 3

A 32-year-old male patient with a history of bilateral keratoconus attends your community optometry practice for an emergency contact lens appointment, complaining of sudden onset pain in the left eye.

DEVELOPMENTS

- Your examination confirms sudden reduction in visual acuity, Descemet's membrane rupture and gross stromal corneal oedema in the left eye.

- You advise the patient to cease current contact lens wear and prescribe g. cyclopentolate 1% bd and systemic analgesia for comfort.

  You subsequently review the patient one week later and observe complications including early corneal vascularisation in the left eye.

You refer the patient urgently to ophthalmology.

QUESTION 11

Which **one** of the following initial interventions would the ophthalmologist most likely perform?

A.	Prescribe IV antibiotics	F
B.	Prescribe topical ciclosporin	F
C.	Prescribe topical mitomycin-C	F
D.	Prescribe topical non-steroidal anti-inflammatory (NSAID)	F
E.	Prescribe topical steroid	T

SCENARIO 4

A 53-year-old female attends your community practice to update her glasses. She had a corneal graft for keratoconus in the right eye five years ago and is currently using g. prednisolone 1% qds on repeat prescription in the right eye. She has not seen an ophthalmologist at the hospital for over two years. Today her visual acuity is R 6/24 improving to 6/7.5 with pinhole and L 6/6. IOP is R 34mmHg and L 19mmHg. Visual fields are full in both eyes and the optic discs are healthy. The corneal graft is clear with sutures removed.

QUESTION 12

Which **one** of the following is the most likely diagnosis?

A.	Corticosteroid induced glaucoma	F
B.	Corticosteroid induced ocular hypertension	T
C.	Ocular hypertension	F
D.	Primary angle closure glaucoma	F
E.	Primary open angle glaucoma	F

SCENARIO 4

A 53-year-old female attends your community practice to update her glasses. She had a corneal graft for keratoconus in the right eye five years ago and is currently using g. prednisolone 1% qds on repeat prescription in the right eye. She has not seen an ophthalmologist at the hospital for over two years. Today her visual acuity is R 6/24 improving to 6/7.5 with pinhole and L 6/6. IOP is R 34mmHg and L 19mmHg. Visual fields are full in both eyes and the optic discs are healthy. The corneal graft is clear with sutures removed.

You diagnose corticosteroid induced ocular hypertension in the right eye.

QUESTION 13

Which **one** of the following is the most appropriate management of this patient?

A.	Start g. latanoprost 0.005% RE and review in four weeks	F
B.	Start g. latanoprost 0.005% RE and routine referral to an ophthalmologist	F
C.	Stop g. prednisolone 1% and review in four weeks	F
D.	Stop g. prednisolone 1% and urgent referral to ophthalmologist	F
E.	Urgent referral to an ophthalmologist	T

SCENARIO 4

A 53-year-old female attends your community practice to update her glasses. She had a corneal graft for keratoconus in the right eye five years ago and is currently using g. prednisolone 1% qds on repeat prescription in the right eye. She has not seen an ophthalmologist at the hospital for over two years. Today her visual acuity is R 6/24 improving to 6/7.5 with pinhole and L 6/6. IOP is R 34mmHg and L 19mmHg. Visual fields are full in both eyes and the optic discs are healthy. The corneal graft is clear with sutures removed.

DEVELOPMENTS

- You diagnose corticosteroid induced ocular hypertension in the right eye.

The ophthalmologist confirms your diagnosis of corticosteroid induced ocular hypertension in the right eye. They observe no signs of graft rejection.

QUESTION 14

Which **one** of the following is the most likely course of management by the ophthalmologist?

A.	Reduce g. prednisolone 1% od RE and add g. latanoprost 0.005% nocte RE	T
B.	Reduce g. prednisolone 1% od RE and add g. timolol 0.5% bd RE	F
C.	Reduce g. prednisolone 1% od RE and add P.O. acetazolamide 250mg SR bd	F
D.	Stop g. prednisolone 1% qds RE and switch to g. dexamethasone 0.1% qds RE	F
E.	Stop g. prednisolone 1% qds RE and switch to g. ketorolac 0.5% tds RE	F

SCENARIO 5

You are working in a community practice. You referred a 75-year-old male patient with chronic obstructive airways disease and cutaneous rosacea to the hospital eye service for primary open angle glaucoma (POAG). A consultant ophthalmologist confirmed the diagnosis and the patient started on g. latanoprost 0.005% nocte both eyes. The patient presents to you one month later and reports noticing that his eyes appear redder than usual, but no visual symptoms or ocular discomfort are reported. You observe bulbar conjunctival hyperaemia, but the cornea is clear. The palpebral conjunctiva appears normal on lid eversion. His IOPs meet the target pressure.

QUESTION 15

Which **one** of the following would be the most appropriate management of this patient?

A.	Prescribe an alternative prostaglandin analogue	F
B.	Prescribe preservative free g. latanoprost 0.005% nocte BE	F
C.	Reassure the patient that this is an expected side effect	T
D.	Refer the patient back to the glaucoma specialist	F
E.	Switch to g. timolol 0.5% bd BE	F

SCENARIO 5

You are working in a community practice. You referred a 75-year-old male patient with chronic obstructive airways disease and cutaneous rosacea to the hospital eye service for primary open angle glaucoma (POAG). A consultant ophthalmologist confirmed the diagnosis and the patient started on g. latanoprost 0.005% nocte both eyes. The patient presents to you one month later and reports noticing that his eyes appear redder than usual, but no visual symptoms or ocular discomfort are reported. You observe bulbar conjunctival hyperaemia, but the cornea is clear. The palpebral conjunctiva appears normal on lid eversion. His IOPs meet the target pressure.

The patient continues with g. latanoprost 0.005% nocte BE. At his last hospital review the treatment was unchanged. However, the patient returns to you two months later with a gritty sensation in both eyes. His vision is slightly reduced and there is lid swelling in both eyes.

QUESTION 16

Which **one** of the following signs is most likely to be present given the patient's history and symptoms?

A.	Cells and flare in the anterior chamber	F
B.	Conjunctival follicles	F
C.	Diffuse epitheliopathy over the ocular surface	T
D.	Marginal keratitis	F
E.	Subepithelial opacities of the cornea	F

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You are working in a community practice. You referred a 75-year-old male patient with chronic obstructive airways disease and cutaneous rosacea to the hospital eye service for primary open angle glaucoma (POAG). A consultant ophthalmologist confirmed the diagnosis and the patient started on g. latanoprost 0.005% nocte both eyes. The patient presents to you one month later and reports noticing that his eyes appear redder than usual, but no visual symptoms or ocular discomfort are reported. You observe bulbar conjunctival hyperaemia, but the cornea is clear. The palpebral conjunctiva appears normal on lid eversion. His IOPs meet the target pressure.

DEVELOPMENTS

- The patient continues with g. latanoprost 0.005% nocte BE. At his last hospital review the treatment was unchanged. However, the patient returns to you two months later with a gritty sensation in both eyes. His vision is slightly reduced and there is lid swelling in both eyes.

You observe diffuse punctate staining of the ocular surface.

QUESTION 17

Which **one** of the following is the most likely diagnosis?

A.	Adenoviral keratoconjunctivitis	F
B.	Corneal epithelial dystrophy	F
C.	Delayed hypersensitivity reaction to benzalkonium chloride	T
D.	Keratoconjunctivitis sicca	F
E.	Rosacea-related keratitis	F

SCENARIO 5

You are working in a community practice. You referred a 75-year-old male patient with chronic obstructive airways disease and cutaneous rosacea to the hospital eye service for primary open angle glaucoma (POAG). A consultant ophthalmologist confirmed the diagnosis and the patient started on g. latanoprost 0.005% nocte both eyes. The patient presents to you one month later and reports noticing that his eyes appear redder than usual, but no visual symptoms or ocular discomfort are reported. You observe bulbar conjunctival hyperaemia, but the cornea is clear. The palpebral conjunctiva appears normal on lid eversion. His IOPs meet the target pressure.

DEVELOPMENTS

- The patient continues with g. latanoprost 0.005% nocte BE. At his last hospital review the treatment was unchanged. However, the patient returns to you two months later with a gritty sensation in both eyes. His vision is slightly reduced and there is lid swelling in both eyes.

- You observe diffuse punctate staining of the ocular surface.

You diagnose delayed hypersensitivity to benzalkonium chloride and request an earlier glaucoma clinic appointment.

QUESTION 18

In addition to this, which **one** of the following would be the other most appropriate first management step by the ophthalmologist?

A.	Add g. fluorometholone 0.1% bd BE and review in one week	F
B.	Continue with current anti-glaucoma medication	F
C.	Discontinue anti-glaucoma medication and review in one week	F
D.	Switch to g. timolol 0.5% bd BE	F
E.	Switch to preservative free g. latanoprost 0.005% nocte BE	T

SCENARIO 6

A mother and her 20-day-old daughter present to your community optometric practice. The mother states that her daughter's eyes have been swollen, red and sticky for the past week. You observe that the eye lids are swollen and closed thus making ocular examination difficult, but the eyes appear to be red and the discharge is profuse. The mother states the baby's delivery was normal.

QUESTION 19

Which **one** of the following is the most likely diagnosis?

A.	Allergic conjunctivitis	F
B.	Chalazion	F
C.	Congenital obstruction of the nasolacrimal duct	F
D.	Ophthalmia neonatorum	T
E.	Preseptal cellulitis	F

SCENARIO 6

A mother and her 20-day-old daughter present to your community optometric practice. The mother states that her daughter's eyes have been swollen, red and sticky for the past week. You observe that the eye lids are swollen and closed thus making ocular examination difficult, but the eyes appear to be red and the discharge is profuse. The mother states the baby's delivery was normal.

You suspect that this is a case of ophthalmia neonatorum.

QUESTION 20

Which **one** of the following is the most appropriate management option for the patient?

A.	Emergency referral to ophthalmologist	T
B.	Mother to bathe eyes with saline solution regularly and review in three days	F
C.	Prescribe g. chloramphenicol 0.5% two-hourly and review in three days	F
D.	Prescribe oral suspension amoxicillin 125mg tds and review in three days	F
E.	Urgent referral to GP	F

SCENARIO 6

A mother and her 20-day-old daughter present to your community optometric practice. The mother states that her daughter's eyes have been swollen, red and sticky for the past week. You observe that the eye lids are swollen and closed thus making ocular examination difficult, but the eyes appear to be red and the discharge is profuse. The mother states the baby's delivery was normal.

DEVELOPMENTS

- You suspect that this is a case of ophthalmia neonatorum.

You refer the child to an ophthalmologist as an emergency.

QUESTION 21

Which **three** of the following initial courses of action is the ophthalmologist most likely to undertake?

A.	Blood tests for serum IgE levels	F
B.	Frequent irrigation of both eyes	T
C.	PCR analysis of conjunctival swab	T
D.	Prescribe g. ketotifen 0.025% qds BE	F
E.	Prescribe g. silver nitrate 1% two-hourly for three days BE	F
F.	Prescribe systemic analgesics	F
G.	Prescribe systemic and topical antibiotics BE	T
H.	Prescribe topical corticosteroids BE	F
I.	Probing of nasolacrimal ducts for patency	F

SCENARIO 7

A 25-year-old male patient consults you with three days of discomfort in his right eye. There is no history of trauma. Two years ago he had a single episode of epithelial herpes simplex in the same eye, diagnosed and treated by an ophthalmologist.
On examination, visual acuity with spectacles was 6/5 R&L. The right eye was found to have a mid-peripheral branching epithelial lesion. There was no stromal infiltration and no anterior chamber activity.

QUESTION 22

Which **three** of the following are the most likely diagnoses?

A.	Acanthamoeba keratitis	T
B.	Bacterial keratitis	T
C.	Corneal epithelial basement membrane dystrophy	F
D.	Healing corneal abrasion	F
E.	Herpes zoster keratitis	F
F.	Keratoconjunctivitis sicca	F
G.	Marginal keratitis	F
H.	Ocular rosacea	F
I.	Recurrent herpes simplex keratitis	T
J.	Superior epithelial arcuate lesion	F
K.	Viral conjunctivitis	F

SCENARIO 7

A 25-year-old male patient consults you with three days of discomfort in his right eye. There is no history of trauma. Two years ago he had a single episode of epithelial herpes simplex in the same eye, diagnosed and treated by an ophthalmologist.
On examination, visual acuity with spectacles was 6/5 R&L. The right eye was found to have a mid-peripheral branching epithelial lesion. There was no stromal infiltration and no anterior chamber activity.

You make a diagnosis of recurrent herpes simplex keratitis.

QUESTION 23

Which **one** of the following is the most appropriate management for this condition?

A.	Prescribe a one-week course of oral aciclovir 400mg five times daily	F
B.	Prescribe ganciclovir ophthalmic gel 0.15% five times daily RE and g. prednisolone 0.5% qds RE and review in one week	F
C.	Prescribe ganciclovir ophthalmic gel 0.15% five times daily RE and review in 72 hours	T
D.	Prescribe ganciclovir ophthalmic gel 0.15% five times daily RE and review in two weeks	F
E.	Refer as emergency to ophthalmologist	F

SCENARIO 7

A 25-year-old male patient consults you with three days of discomfort in his right eye. There is no history of trauma. Two years ago he had a single episode of epithelial herpes simplex in the same eye, diagnosed and treated by an ophthalmologist.
On examination, visual acuity with spectacles was 6/5 R&L. The right eye was found to have a mid-peripheral branching epithelial lesion. There was no stromal infiltration and no anterior chamber activity.

DEVELOPMENTS

- You make a diagnosis of recurrent herpes simplex keratitis.

Having prescribed ganciclovir ophthalmic gel 0.15%, your review was delayed for two weeks because the patient was on holiday. The patient felt his right eye was better. He reported that he started wearing his monthly contact lenses again and went swimming in the sea wearing his contact lenses. The patient now complains of pain in the right eye, despite having used the gel as prescribed. On examination there is a corneal epithelial defect and perineural infiltrates in the same quadrant.

QUESTION 24

Which **one** of the following is now the most likely diagnosis?

A.	Acanthamoeba keratitis	T
B.	Bacterial keratitis	F
C.	Disciform keratitis	F
D.	Marginal keratitis	F
E.	Toxic reaction to ganciclovir ophthalmic gel 0.15%	F

SCENARIO 7

A 25-year-old male patient consults you with three days of discomfort in his right eye. There is no history of trauma. Two years ago he had a single episode of epithelial herpes simplex in the same eye, diagnosed and treated by an ophthalmologist.
On examination, visual acuity with spectacles was 6/5 R&L. The right eye was found to have a mid-peripheral branching epithelial lesion. There was no stromal infiltration and no anterior chamber activity.

DEVELOPMENTS

- You make a diagnosis of recurrent herpes simplex keratitis.

- Having prescribed ganciclovir ophthalmic gel 0.15%, your review was delayed for two weeks because the patient was on holiday. The patient felt his right eye was better. He reported that he started wearing his monthly contact lenses again and went swimming in the sea wearing his contact lenses. The patient now complains of pain in the right eye, despite having used the gel as prescribed. On examination there is a corneal epithelial defect and perineural infiltrates in the same quadrant.

You refer the patient as an emergency to the ophthalmologist, who confirms the diagnosis of acanthamoeba keratitis.

QUESTION 25

Which **one** of the following is the most likely initial treatment by the ophthalmologist?

A.	Combination topical therapy with a biguanide and a diamidine	T
B.	Combination topical therapy with cefuroxime and gentamicin	F
C.	Superficial keratectomy	F
D.	Topical corticosteroid	F
E.	Topical levofloxacin	F

SCENARIO 8

An 8-year-old boy presents to your community optometric practice with a four-week history of a red right eye which has persisted despite an initial two-week course of a topical antibiotic. His visual acuity is normal. Your examination reveals follicular conjunctivitis in the right eye.

QUESTION 26

Which **two** of the following are most likely to be the cause of a unilateral follicular response in the tarsal conjunctiva?

A.	Adenoviral conjunctivitis	T
B.	Bacterial conjunctivitis	F
C.	Giant papillary conjunctivitis	F
D.	Keratoconjunctivitis sicca	F
E.	Molluscum contagiosum related conjunctivitis	T
F.	Ocular cicatricial mucous membrane pemphigoid	F
G.	Primary herpes simplex infection	F
H.	Seasonal allergic conjunctivitis	F

SCENARIO 8

An 8-year-old boy presents to your community optometric practice with a four-week history of a red right eye which has persisted despite an initial two-week course of a topical antibiotic. His visual acuity is normal. Your examination reveals follicular conjunctivitis in the right eye.

The patient has not used topical medication for the last two weeks.

QUESTION 27

Which **one** of the following would be the most helpful to establish the cause of this patient's conjunctivitis?

A.	Check conjunctival staining with lissamine green	F
B.	Check for signs of meibomian gland dysfunction	F
C.	Check the lids for molluscum contagiosum lesions	T
D.	Establish any history of atopy (eczema, asthma, hayfever)	F
E.	Establish any previous history of cold sores	F

SCENARIO 8

An 8-year-old boy presents to your community optometric practice with a four-week history of a red right eye which has persisted despite an initial two-week course of a topical antibiotic. His visual acuity is normal. Your examination reveals follicular conjunctivitis in the right eye.

DEVELOPMENTS

- The patient has not used topical medication for the last two weeks.

You identify two small round skin lesions on the lid margin with a central depression in them, and diagnose molluscum contagiosum.

QUESTION 28

Which **one** of the following would be the most appropriate management of this case?

A.	Emergency referral to eye casualty for management	F
B.	Prescribe g. prednisolone 0.5% qds RE for two weeks	F
C.	Reassure that the condition is self-limiting and take no further action	F
D.	Routine referral to dermatologist for removal of lesions	F
E.	Routine referral to ophthalmologist for removal of lesions	T

SCENARIO 9

A 60-year-old female patient presents to you in your community practice with redness and grittiness of her right eye. Inspection of the right eye shows a localised area of conjunctival hyperaemia nasally. There is no associated photophobia or discharge. Best corrected visual acuities are 6/6 R&L.

QUESTION 29

Which **three** of the following are the most likely diagnoses?

A.	Acute angle closure	F
B.	Anterior uveitis	F
C.	Herpes simplex keratitis	F
D.	Keratoconjunctivitis sicca	F
E.	Marginal keratitis	F
F.	Nodular episcleritis	T
G.	Nodular scleritis	F
H.	Pinguecula	T
I.	Pterygium	T

SCENARIO 9

A 60-year-old female patient presents to you in your community practice with redness and grittiness of her right eye. Inspection of the right eye shows a localised area of conjunctival hyperaemia nasally. There is no associated photophobia or discharge. Best corrected visual acuities are 6/6 R&L.

Slit lamp examination reveals the hyperaemia to be confined to an area of abnormal bulbar conjunctiva. Your working diagnosis is pterygium.

QUESTION 30

Which **three** of the following signs would help confirm this diagnosis?

A.	Adherence to underlying structures	T
B.	Astigmatic refractive change	T
C.	Corneal arcus	F
D.	Corneal endothelial guttata	F
E.	Dellen	F
F.	Fleischer ring	F
G.	Peripheral corneal thinning	F
H.	Stocker’s line	T
I.	Vogt’s limbal girdle	F

SCENARIO 9

A 60-year-old female patient presents to you in your community practice with redness and grittiness of her right eye. Inspection of the right eye shows a localised area of conjunctival hyperaemia nasally. There is no associated photophobia or discharge. Best corrected visual acuities are 6/6 R&L.

DEVELOPMENTS

- Slit lamp examination reveals the hyperaemia to be confined to an area of abnormal bulbar conjunctiva. Your working diagnosis is pterygium.

You diagnose pterygium which is currently inflamed.

QUESTION 31

Which **three** of the following initial management options are most appropriate?

A.	Advise ocular lubricants	T
B.	Fit therapeutic soft contact lens	F
C.	Pad the eye for 48 hours	F
D.	Photographic documentation	T
E.	Prescribe g. chloramphenicol 0.5% qds RE for one week	F
F.	Prescribe g. dexamethasone 0.1% tds RE for one week	F
G.	Provide advice on dietary supplements	F
H.	Provide advice on UV protection	T
I.	Refer to GP	F

SCENARIO 9

A 60-year-old female patient presents to you in your community practice with redness and grittiness of her right eye. Inspection of the right eye shows a localised area of conjunctival hyperaemia nasally. There is no associated photophobia or discharge. Best corrected visual acuities are 6/6 R&L.

DEVELOPMENTS

- Slit lamp examination reveals the hyperaemia to be confined in an area of abnormal bulbar conjunctiva. Your working diagnosis is pterygium.

- You diagnose pterygium which is currently inflamed.

You photograph the eye, advise ocular lubricants and provide advice on UV protection.

The patient returns one month later with minimal subjective improvement.

QUESTION 32

Which **one** of the following is the most appropriate treatment regime?

A.	Prescribe g. dexamethasone 0.1% tds RE for two weeks	F
B.	Prescribe g. fluorometholone 0.1% tds RE for two weeks	T
C.	Prescribe g. prednisolone 0.5% qds RE for two weeks	F
D.	Prescribe g. prednisolone 1% tds RE for two weeks	F
E.	Prescribe oc. betamethasone 0.1% nocte RE for two weeks	F

SCENARIO 9

A 60-year-old female patient presents to you in your community practice with redness and grittiness of her right eye. Inspection of the right eye shows a localised area of conjunctival hyperaemia nasally. There is no associated photophobia or discharge. Best corrected visual acuities are 6/6 R&L.

DEVELOPMENTS

- Slit lamp examination reveals the hyperaemia to be confined in an area of abnormal bulbar conjunctiva. Your working diagnosis is pterygium.

- You diagnose pterygium which is currently inflamed.

- You photograph the eye, advise ocular lubricants and provide advice on UV protection.

The patient returns two weeks later with minimal subjective improvement.

You prescribe g. fluorometholone 0.1% tds RE for two weeks.

The patient returns one year later with blurred vision and an increased astigmatic correction which cannot be fully corrected by refraction.

QUESTION 33

Which **one** of the following management options is the most appropriate?

A.	Continue ocular lubricants	F
B.	Prescribe g. chloramphenicol 0.5% qds RE for one week	F
C.	Prescribe g. fluorometholone 0.1% tds RE for another two weeks	F
D.	Routine referral to ophthalmologist	T
E.	Urgent referral to ophthalmologist	F

SCENARIO 10

A 65-year-old hypermetropic female patient presents to you in your community optometric practice for a routine sight test. The patient reports previous bilateral laser treatment that was performed ten years ago at a glaucoma clinic. She cannot recall the laser treatment type. The procedure was successful and it remedied her symptoms. She was subsequently discharged from the hospital eye service.
She is asymptomatic. Her best corrected visual acuity is 6/6 in each eye.

QUESTION 34

Which **one** of the following is the most likely type of laser treatment that she received?

A.	Argon laser iridoplasty	F
B.	Argon laser pan-retinal photocoagulation	F
C.	Diode laser cycloablation	F
D.	Selective laser trabeculoplasty	F
E.	YAG laser peripheral iridotomy	T

SCENARIO 10

A 65-year-old hypermetropic female patient presents to you in your community optometric practice for a routine sight test. The patient reports previous bilateral laser treatment that was performed ten years ago at a glaucoma clinic. She cannot recall the laser treatment type. The procedure was successful and it remedied her symptoms. She was subsequently discharged from the hospital eye service.
She is asymptomatic. Her best corrected visual acuity is 6/6 in each eye.

Slit lamp examination reveals patent peripheral iridotomies bilaterally. IOP, measured by Goldmann applanation tonometry, is R 29mmHg and L 22mmHg. Both optic nerve heads appear glaucomatous. Threshold visual field testing is reliable and suggestive of an arcuate defect in the right eye and a nasal step in the left.

QUESTION 35

Which **one** of the following tests is the most appropriate to inform the diagnosis?

A.	Assess anterior chamber angle with gonioscopy	T
B.	Assess anterior chamber angle by van Herick technique	F
C.	Measure central corneal thickness	F
D.	Perform Optical Coherence Tomography (OCT) of the disc	F
E.	Repeat threshold visual field test	F

SCENARIO 10

A 65-year-old hypermetropic female patient presents to you in your community optometric practice for a routine sight test. The patient reports previous bilateral laser treatment that was performed ten years ago at a glaucoma clinic. She cannot recall the laser treatment type. The procedure was successful and it remedied her symptoms. She was subsequently discharged from the hospital eye service.
She is asymptomatic. Her best corrected visual acuity is 6/6 in each eye.

DEVELOPMENTS

- Slit lamp examination reveals patent peripheral iridotomies bilaterally. IOP, measured by Goldmann applanation tonometry, is R 29mmHg and L 22mmHg. Both optic nerve heads appear glaucomatous. Threshold visual field testing is reliable and suggestive of an arcuate defect in the right eye and a nasal step in the left.

You perform gonioscopy and identify intermittent areas of peripheral anterior synechiae, with Shaffer grade 2 in between, in both eyes.

QUESTION 36

Which **one** of the following is the most likely diagnosis?

A.	Acute angle closure glaucoma	F
B.	Ocular hypertension	F
C.	Primary angle closure glaucoma	T
D.	Primary angle closure suspect	F
E.	Primary open angle glaucoma	F

SCENARIO 10

A 65-year-old hypermetropic female patient presents to you in your community optometric practice for a routine sight test. The patient reports previous bilateral laser treatment that was performed ten years ago at a glaucoma clinic. She cannot recall the laser treatment type. The procedure was successful and it remedied her symptoms. She was subsequently discharged from the hospital eye service.
She is asymptomatic. Her best corrected visual acuity is 6/6 in each eye.

DEVELOPMENTS

- Slit lamp examination reveals patent peripheral iridotomies bilaterally. IOP, measured by Goldmann applanation tonometry, is R 29mmHg and L 22mmHg. Both optic nerve heads appear glaucomatous. Threshold visual field testing is reliable and suggestive of an arcuate defect in the right eye and a nasal step in the left.

- You perform gonioscopy and identify intermittent areas of peripheral anterior synechiae, with Shaffer grade 2 in between, in both eyes.

You suspect a diagnosis of primary angle closure glaucoma.

QUESTION 37

Which **one** of the following is the most appropriate initial management of this patient?

A.	Prescribe g. pilocarpine 2% qds BE	F
B.	Prescribe g. travoprost 0.004% nocte BE	F
C.	Repeat visual field test in six months	F
D.	Routine referral to ophthalmologist	F
E.	Urgent referral to ophthalmologist	T

SCENARIO 11

A 67-year-old female patient attends your community optometric practice complaining of a watering left eye for 3 months. More recently she has noticed a painless swelling in the inner canthus with some mucoid discharge when she presses on it.

QUESTION 38

Which **one** of the following is the most likely diagnosis?

A.	Acute dacryocystitis	F
B.	Canaliculitis	F
C.	Chronic dacryocystitis	T
D.	Preseptal cellulitis	F
E.	Sebaceous cyst	F

SCENARIO 11

A 67-year-old female patient attends your community optometric practice complaining of a watering left eye for 3 months. More recently she has noticed a painless swelling in the inner canthus with some mucoid discharge when she presses on it.

You diagnose chronic dacryocystitis.

QUESTION 39

Which **one** of the following is your most appropriate course of action?

A.	Advise hot compresses and massage and review in 2 weeks	T
B.	Advise no treatment and review in two weeks	F
C.	Prescribe g. chloramphenicol 0.5% qds LE for one week	F
D.	Prescribe g. fluoromethalone 0.1% qds LE for one week	F
E.	Prescribe ocular lubricants 2 hourly LE and review in 2 weeks	F

SCENARIO 11

A 67-year-old female patient attends your community optometric practice complaining of a watering left eye for 3 months. More recently she has noticed a painless swelling in the inner canthus with some mucoid discharge when she presses on it.

DEVELOPMENTS

- You diagnose chronic dacryocystitis.

You advise hot compresses and massage and review her after 2 weeks but there is no improvement.

QUESTION 40

Which **one** of the following is your most appropriate course of action?

A.	Prescribe g. oflaxacin 0.3% 2 hourly LE and review in 2 days	F
B.	Reassure patient and monitor in 3 months	F
C.	Refer routinely to ophthalmologist for consideration of DCR surgery	T
D.	Refer to GP for oral antibiotics and review in 2 weeks	F
E.	Refer urgently to ophthalmologist for oral antibiotics	F

SCENARIO 12

A 35-year-old female patient presents to your community optometric practice for a sight test. She has noticed a gradual deterioration in the vision of her left eye over the past few weeks. The patient does not wear glasses and has no previous history of eye problems. She also reports a dull ache around the left eye and intermittent redness, but no discharge. Her refraction and visual acuity is R +0.25DS 6/5 and L +0.25 DS 6/12 with no improvement with pinhole. You measure IOPs by Goldmann applanation tonometry to be R 15mmHg and L 18mmHg. You continue to examine her on the slit lamp.

QUESTION 41

Which **three** of the following anterior segment signs would be most helpful in determining the cause of her symptoms?

A.	Anterior chamber activity	T
B.	Cataract	F
C.	Circumcorneal injection	T
D.	Conjunctival follicles	F
E.	Grade 2 on Van Herick assessment	F
F.	Iris transillumination	F
G.	Keratic precipitates	T
H.	Lower lid ectropion	F
I.	Tear break-up time of 8 seconds	F

SCENARIO 12

A 35-year-old female patient presents to your community optometric practice for a sight test. She has noticed a gradual deterioration in the vision of her left eye over the past few weeks. The patient does not wear glasses and has no previous history of eye problems. She also reports a dull ache around the left eye and intermittent redness, but no discharge. Her refraction and visual acuity is R +0.25DS 6/5 and L +0.25 DS 6/12 with no improvement with pinhole. You measure IOPs by Goldmann applanation tonometry to be R 15mmHg and L 18mmHg. You continue to examine her on the slit lamp.

On examination of the left eye, you observe 1+ anterior chamber cells and some keratic precipitates. The pupil is irregular in shape.

QUESTION 42

Which **one** of the following is your provisional diagnosis?

A.	Anterior uveitis	T
B.	Diffuse anterior scleritis	F
C.	Fuchs' heterochromic cyclitis	F
D.	Posner Schlossman syndrome	F
E.	Pseudoexfoliation syndrome	F

SCENARIO 12

A 35-year-old female patient presents to your community optometric practice for a sight test. She has noticed a gradual deterioration in the vision of her left eye over the past few weeks. The patient does not wear glasses and has no previous history of eye problems. She also reports a dull ache around the left eye and intermittent redness, but no discharge. Her refraction and visual acuity is R +0.25DS 6/5 and L +0.25 DS 6/12 with no improvement with pinhole. You measure IOPs by Goldmann applanation tonometry to be R 15mmHg and L 18mmHg. You decide to examine her on the slit lamp.

DEVELOPMENTS

- On examination of the left eye, you observe 1+ anterior chamber cells and some keratic precipitates. The pupil is irregular in shape.

Your provisional diagnosis is anterior uveitis but you are concerned that the vision does not improve with pinhole.

QUESTION 43

Which **one** of the following would be the most appropriate next step in your investigation?

A.	Colour vision assessment	F
B.	Dilate the pupil	T
C.	Gonioscopy	F
D.	Macular OCT	F
E.	Visual field assessment	F

SCENARIO 12

A 35-year-old female patient presents to your community optometric practice for a sight test. She has noticed a gradual deterioration in the vision of her left eye over the past few weeks. The patient does not wear glasses and has no previous history of eye problems. She also reports a dull ache around the left eye and intermittent redness, but no discharge. Her refraction and visual acuity is R +0.25DS 6/5 and L +0.25 DS 6/12 with no improvement with pinhole. You measure IOPs by Goldmann applanation tonometry to be R 15mmHg and L 18mmHg. You decide to examine her on the slit lamp.

DEVELOPMENTS

- On examination of the left eye, you observe 1+ anterior chamber cells and some keratic precipitates. The pupil is irregular in shape.

- Your provisional diagnosis is anterior uveitis but you are concerned that the vision does not improve with pinhole.

You proceed to dilate the pupil. You observe many cells in the vitreous, macular oedema and areas of sheathing of the retinal vessels. You revise your diagnosis to panuveitis as there is posterior segment involvement.

QUESTION 44

Which **one** of the following is the most appropriate management option?

A.	Commence oral corticosteroid treatment and review in one week	F
B.	Commence treatment with a topical corticosteroid and review in one week	F
C.	Commence treatment with a topical corticosteroid and urgent referral to ophthalmologist	F
D.	Emergency referral to ophthalmologist	T
E.	Routine referral to ophthalmologist	F

SCENARIO 13

A 35-year-old man presents to you in your community optometric practice with a 48-hour history of a red, sore right eye. The eye is tender to touch and occasionally watery. He gives a history of two similar previous episodes.

QUESTION 45

Which **three** of the following examinations are most appropriate to perform?

A.	Binocular indirect ophthalmoscopy	F
B.	Colour vision assessment	F
C.	Gonioscopy	F
D.	Intraocular pressure measurement	T
E.	Pachymetry	F
F.	Slit lamp anterior segment assessment	T
G.	Visual acuity assessment	T
H.	Visual field assessment	F

SCENARIO 13

A 35-year-old man presents to you in your community optometric practice with a 48-hour history of a red, sore right eye. The eye is tender to touch and occasionally watery. He gives a history of two similar previous episodes.

Visual acuity is 6/5 unaided, right and left. Slit lamp examination reveals a diffuse redness temporal to the right cornea.

QUESTION 46

Which **two** of the following ocular conditions are most likely to produce this combination of symptoms and signs?

A.	Acute angle closure	F
B.	Acute anterior uveitis	F
C.	Anterior scleritis	T
D.	Bacterial conjunctivitis	F
E.	Conjunctival foreign body	F
F.	Episcleritis	T
G.	Marginal keratitis	F
H.	Sub-conjunctival haemorrhage	F

SCENARIO 13

A 35-year-old man presents to you in your community optometric practice with a 48-hour history of a red, sore right eye. The eye is tender to touch and occasionally watery. He gives a history of two similar previous episodes.

DEVELOPMENTS

- Visual acuity is 6/5 unaided, right and left. Slit lamp examination reveals a diffuse redness temporal to the right cornea.

Your differential diagnosis has narrowed to episcleritis and anterior scleritis.

QUESTION 47

Which **two** of the following are most likely to lead you to the final diagnosis?

A.	Assessment of anterior chamber depth	F
B.	Assessment of posterior segment	F
C.	Assessment of pupil reactions	F
D.	Check for blanching of affected vessels following instillation of g. phenylephrine 2.5%	T
E.	Check for pain on eye movement	T
F.	Check IOP	F
G.	Measurement of posterior scleral thickness by B-scan ultrasound	F
H.	Slit lamp examination with fluorescein	F

SCENARIO 13

A 35-year-old man presents to you in your community optometric practice with a 48-hour history of a red, sore right eye. The eye is tender to touch and occasionally watery. He gives a history of two similar previous episodes.

DEVELOPMENTS

- Visual acuity is 6/5 unaided, right and left. Slit lamp examination reveals a diffuse redness temporal to the right cornea.

- Your differential diagnosis has narrowed to episcleritis and anterior scleritis.

g. phenylephrine 2.5% causes blanching of the previously affected superficial vessels and you therefore diagnose episcleritis. You advise the patient that the condition is usually benign and self-limiting.

QUESTION 48

Which **one** of the following is the most appropriate management option at this stage?

A.	Prescribe g. sodium hyaluronate 0.2% qds RE	T
B.	Prescribe g. ketorolac 0.5% tds RE	F
C.	Prescribe g. prednisolone 1% qds RE	F
D.	Reassurance and monitoring in a further two weeks	F
E.	Urgent referral to ophthalmologist	F

SCENARIO 13

A 35-year-old man presents to you in your community optometric practice with a 48-hour history of a red, sore right eye. The eye is tender to touch and occasionally watery. He gives a history of two similar previous episodes.

DEVELOPMENTS

- Visual acuity is 6/5 unaided, right and left. Slit lamp examination reveals a diffuse redness temporal to the right cornea.
- Your differential diagnosis has narrowed to episcleritis and anterior scleritis.
- g. phenylephrine 2.5% causes blanching of the previously affected superficial vessels and you therefore diagnose episcleritis. You advise the patient that the condition is usually benign and self-limiting.

You diagnosed episcleritis and prescribed g. sodium hyaluronate 0.2% qds RE. The patient returns with continuing symptoms and you refer him routinely to the ophthalmologist.

QUESTION 49

Which **three** of the following management options are the most appropriate for the ophthalmologist to consider?

A.	Arrange for a B-scan ultrasound examination	F
B.	Arrange for macular OCT scan	F
C.	Arrange for blood investigations to identify any systemic disease	T
D.	Give an intravitreal corticosteroid injection	F
E.	Give an orbital floor corticosteroid injection	F
F.	Prescribe an oral corticosteroid drug	F
G.	Prescribe an oral non-steroidal anti-inflammatory drug	T
H.	Prescribe a topical corticosteroid drug	T
I.	Prescribe a topical cycloplegic drug	F
J.	Prescribe topical immunosuppression drug	F

SCENARIO 14

A 56-year-old white male attends your community practice for a routine sight test. His refraction is -3.00DS right and left and corrected visual acuity 6/5 in both eyes. Intraocular pressure by Goldmann applanation tonometry is 26 mmHg in both eyes. The optic nerves appear normal and threshold visual fields are full BE. Anterior segment examination is unremarkable in both eyes. He is asthmatic.

QUESTION 50

Which **one** of the following is the most likely diagnosis?

A.	Intermittent angle closure	F
B.	Ocular hypertension	T
C.	Pigment dispersion syndrome	F
D.	Primary open angle glaucoma	F
E.	Pseudo-exfoliation syndrome	F

SCENARIO 14

A 56-year-old white male attends your community practice for a routine sight test. His refraction is -3.00DS right and left and corrected visual acuity 6/5 in both eyes. Intraocular pressure by Goldmann applanation tonometry is 26 mmHg in both eyes. The optic nerves appear normal and threshold visual fields are full BE. Anterior segment examination is unremarkable in both eyes. He is asthmatic.

You suspect ocular hypertension and repeat Goldman application tonometry two weeks later and find the IOP remains elevated RE 27mmHg, LE 28mmHg. You refer the patient routinely to an ophthalmologist.

QUESTION 51

Which **two** of the following examinations are most appropriate to confirm diagnosis by the ophthalmologist?

A.	Amsler grid assessment	F
B.	Central anterior chamber depth measurement	F
C.	Colour vision assessment	F
D.	Disc photography	F
E.	Goldman perimetry	F
F.	Gonioscopy	T
G.	Optic nerve head assessment	T
H.	Pupil reactions	F

SCENARIO 14

A 56-year-old white male attends your community practice for a routine sight test. His refraction is -3.00DS right and left and corrected visual acuity 6/5 in both eyes. Intraocular pressure by Goldmann applanation tonometry is 26 mmHg in both eyes. The optic nerves appear normal and threshold visual fields are full BE. Anterior segment examination is unremarkable in both eyes. He is asthmatic.

DEVELOPMENTS

- You suspect ocular hypertension and repeat Goldman application tonometry two weeks later and find the IOP remains elevated RE 27mmHg, LE 28mmHg. You refer the patient routinely to an ophthalmologist..

Gonioscopy reveals wide open angles in both eyes. IOP is RE 30mmHg and LE 31mmHg. Central corneal thickness measures R 510µm and L 518µm. Optic nerve head is healthy in both eyes. The patient declines selective laser trabeculoplasty.

QUESTION 52

Which **one** of the following is the most appropriate management option?

A.	Discharge back to community optometrist	F
B.	Observe and review in six months	F
C.	Observe and review in twelve months	F
D.	Prescribe g. latanoprost 0.005% nocte BE and review in two months	T
E.	Prescribe g. timolol 0.25% bd BE and review in two months	F

SCENARIO 14

A 56-year-old white male attends your community practice for a routine sight test. His refraction is -3.00DS right and left and corrected visual acuity 6/5 in both eyes. Intraocular pressure by Goldmann applanation tonometry is 26 mmHg in both eyes. The optic nerves appear normal and threshold visual fields are full BE. Anterior segment examination is unremarkable in both eyes. He is asthmatic.

DEVELOPMENTS

- You suspect ocular hypertension and refer the patient routinely to an ophthalmologist.
- Gonioscopy reveals wide open angles in both eyes. IOP is RE 30mmHg and LE 31mmHg. Central corneal thickness measures R 510µm and L 518µm. Optic nerve head is healthy in both eyes. The patient declines selective laser trabeculoplasty.

The ophthalmologist prescribes g. latanoprost 0.005% nocte BE and review in two months.

When the patient returns two months later, the IOP is R 26mmHg and L 27mmHg. The patient reports using his drops regularly. Selective laser trabeculoplasty is discussed again but declined by patient.

QUESTION 53

Which **one** of the following is the most appropriate management option?

A.	Add prescription of g. brimonidine 0.2% bd BE	F
B.	Continue g. latanoprost 0.005% nocte BE	F
C.	Stop drops and review in two months	F
D.	Stop g. latanoprost and prescribe g. brinzolamide 1% bd BE and review in two months	T
E.	Stop g. latanoprost and start fixed combination g. latanoprost 0.005% and timolol 0.5% mane BE and review in two months	F

SCENARIO 15

A 25-year-old male patient attends your community practice with a 3-day history of a sharp foreign body sensation, watering, light sensitivity and redness of the left eye. He is under the care of the local eye department with a diagnosis of keratoconus. He had corneal transplant surgery to his left eye 12 months ago. He wears a gas permeable contact lens in his right eye only.

QUESTION 54

Which **two** of the following are the most likely diagnoses?

A.	Adenoviral conjunctivitis	F
B.	Allergic conjunctivitis	F
C.	Bacterial conjunctivitis	F
D.	Bacterial keratitis	T
E.	Broken corneal suture	T
F.	Corneal hydrops	F
G.	Lid margin disease	F
H.	Viral conjunctivitis	F

SCENARIO 15

A 25-year-old male patient attends your community practice with a 3-day history of a sharp foreign body sensation, watering, light sensitivity and redness of the left eye. He is under the care of the local eye department with a diagnosis of keratoconus. He had corneal transplant surgery to his left eye 12 months ago. He wears a gas permeable contact lens in his right eye only.

Slit lamp examination confirms a broken corneal suture with a surrounding corneal stromal infiltrate and epithelial loss.

QUESTION 55

What is the most likely management option for this patient? Select **one** option.

A.	Emergency referral to ophthalmologist	T
B.	Prescribe g. chloramphenicol 0.5% qds LE and refer urgently to ophthalmologist	F
C.	Supply g. proxymetacaine 0.5% for use as needed LE and refer routinely to ophthalmologist	F
D.	Trim and remove the ends of the broken suture followed by routine referral to ophthalmologist	F
E.	Trim and remove the ends of the broken suture, prescribe g. chloramphenicol 0.5% qds LE and review in one week	F

SCENARIO 15

A 25-year-old male patient attends your community practice with a 3-day history of a sharp foreign body sensation, watering, light sensitivity and redness of the left eye. He is under the care of the local eye department with a diagnosis of keratoconus. He had corneal transplant surgery to his left eye 12 months ago. He wears a gas permeable contact lens in his right eye only.

DEVELOPMENTS

- Slit lamp examination confirms a broken corneal suture with a surrounding corneal stromal infiltrate and epithelial loss.

You refer this patient as an emergency to the ophthalmologist who confirms the epithelial and stromal signs and suspects an infection.

QUESTION 56

Which **two** of the following are the most likely management options of the ophthalmologist?

A.	Await results from microbiology before commencing any topical antibiotic or corticosteroid treatment	F
B.	Insert a therapeutic contact lens and review in 1 week	F
C.	Removal of broken suture, corneal scrape from affected area and send specimens for microbiological investigation.	T
D.	Re-suture the transplant immediately	F
E.	Start broad spectrum topical antibiotic treatment hourly	T
F.	Start immediate topical corticosteroid two hourly to suppress inflammation whilst awaiting the microbiology results	F

SCENARIO 16

A 74-year-old female patient is known to your practice with the diagnosis of treated exudative ('wet') age-related macular degeneration in her right eye. Her left eye is amblyopic with a best corrected visual acuity of 6/60. She presented a day after her most recent intravitreal injection of ranibizumab with a superficial corneal abrasion, which you manage. On review the next day, the epithelial defect has healed and best corrected visual acuity has improved to the pre-injection level of 6/12.

Two days later the patient returns complaining of pain and reduced vision in her right eye, which is becoming increasingly red. On examination, best corrected visual acuity is 6/60. You find a clear cornea but there are cells and flare in the anterior chamber and cells in the vitreous. The fundal view is hazy.

QUESTION 57

Which **one** of the following is the most likely diagnosis?

A.	Acute anterior uveitis	F
B.	Endophthalmitis	T
C.	Intermediate uveitis	F
D.	Recurrent corneal erosion	F
E.	Vitreous detachment with haemorrhage	F

SCENARIO 16

A 74-year-old female patient is known to your practice with the diagnosis of treated exudative ('wet') age-related macular degeneration in her right eye. Her left eye is amblyopic with a best corrected visual acuity of 6/60. She presented a day after her most recent intravitreal injection of ranibizumab with a superficial corneal abrasion, which you manage. On review the next day, the epithelial defect has healed and best corrected visual acuity has improved to the pre-injection level of 6/12.

Two days later the patient returns complaining of pain and reduced vision in her right eye, which is becoming increasingly red. On examination, best corrected visual acuity is 6/60. You find a clear cornea but there are cells and flare in the anterior chamber and cells in the vitreous. The fundal view is hazy.

You diagnose endophthalmitis secondary to intra-vitreal injection.

QUESTION 58

Which **one** of the following is the most appropriate management?

A.	Emergency referral to ophthalmologist	T
B.	Prescribe a topical antibiotic and review in one day	F
C.	Prescribe a topical corticosteroid and review in one day	F
D.	Routine referral to ophthalmologist	F
E.	Urgent referral to ophthalmologist	F

SCENARIO 16

A 74-year-old female patient is known to your practice with the diagnosis of treated exudative ('wet') age-related macular degeneration in her right eye. Her left eye is amblyopic with a best corrected visual acuity of 6/60. She presented a day after her most recent intravitreal injection of ranibizumab with a superficial corneal abrasion, which you manage. On review the next day, the epithelial defect has healed and best corrected visual acuity has improved to the pre-injection level of 6/12.

Two days later the patient returns complaining of pain and reduced vision in her right eye, which is becoming increasingly red. On examination, best corrected visual acuity is 6/60. You find a clear cornea but there are cells and flare in the anterior chamber and cells in the vitreous. The fundal view is hazy.

DEVELOPMENTS

- You diagnose endophthalmitis secondary to intra-vitreal injection.

You refer the patient as an emergency to the on-call ophthalmologist.

QUESTION 59

Which **one** of the following is the ophthalmologist's most likely initial management?

A.	Admit to hospital for 48 hour observation	F
B.	Perform conjunctival swab for microbiology	F
C.	Perform vitreous biopsy plus intravitreal antibiotics	T
D.	Prescribe intensive topical antibiotics	F
E.	Prescribe oral antibiotics	F

SCENARIO 16

A 74-year-old female patient is known to your practice with the diagnosis of treated exudative ('wet') age-related macular degeneration in her right eye. Her left eye is amblyopic with a best corrected visual acuity of 6/60. She presented a day after her most recent intravitreal injection of ranibizumab with a superficial corneal abrasion, which you manage. On review the next day, the epithelial defect has healed and best corrected visual acuity has improved to the pre-injection level of 6/12.

Two days later the patient returns complaining of pain and reduced vision in her right eye, which is becoming increasingly red. On examination, best corrected visual acuity is 6/60. You find a clear cornea but there are cells and flare in the anterior chamber and cells in the vitreous. The fundal view is hazy.

DEVELOPMENTS

- You diagnose endophthalmitis secondary to intra-vitreal injection.
- You refer the patient as an emergency to the on-call ophthalmologist.

A vitreous biopsy is performed and intra-vitreal antibiotics given.

QUESTION 60

Which **one** of the following is the most likely organism to have been isolated from the vitreous biopsy?

A.	Acanthamoeba	F
B.	Candida albicans	F
C.	Escherichia coli	F
D.	Mycobacteria species	F
E.	Staphylococcus species	T

SCENARIO 17

A 75-year-old female patient with a diagnosis of primary open angle glaucoma presents for a routine review at your clinic. She has a history of treated congestive heart failure and heart block. Pre-treatment IOPs were previously noted to be 28mmHg in both eyes. She is currently prescribed g. latanoprost 0.005% nocte BE. She is asymptomatic.

Today you have found IOPs of 24mmHg BE.

QUESTION 61

Which **one** of the following factors is the most important to consider for the management plan?

A.	Asking about reading vision	F
B.	Determining patient adherence with g. latanoprost 0.005%	T
C.	Family history of glaucoma	F
D.	Previous ocular history	F
E.	Taking a complete drug history	F

SCENARIO 17

A 75-year-old female patient with a diagnosis of primary open angle glaucoma presents for a routine review at your clinic. She has a history of treated congestive heart failure and heart block. Pre-treatment IOPs were previously noted to be 28mmHg in both eyes. She is currently prescribed g. latanoprost 0.005% nocte BE. She is asymptomatic.

Today you have found IOPs of 24mmHg BE.

You are satisfied she is using g. latanaprost 0.005% as prescribed. Visual fields indicate the possible progression of her visual field defect in the right eye. You refer her routinely to the ophthalmologist.

QUESTION 62

Which **one** of the following is the most appropriate next step in the management of this patient by the ophthalmologist?

A.	Continue g. latanoprost 0.005% nocte BE	F
B.	Continue g. latanoprost 0.005% nocte BE and add g. brimonidine 0.2% bd RE	F
C.	Continue g. latanoprost 0.005% nocte BE and add g. brinzolamide 1% bd BE	T
D.	Stop g. latanoprost 0.005% nocte BE and switch to g. brimonidine 0.2% bd BE	F
E.	Stop g. latanoprost 0.005% nocte BE and switch to fixed combination of g. bimatroprost 0.03% and g. timolol 0.5% mane BE	F

SCENARIO 17

A 75-year-old female patient with a diagnosis of primary open angle glaucoma presents for a routine review at your clinic. She has a history of treated congestive heart failure and heart block. Pre-treatment IOPs were previously noted to be 28mmHg in both eyes. She is currently prescribed g. latanoprost 0.005% nocte BE. She is asymptomatic.

Today you have found IOPs of 24mmHg BE.

DEVELOPMENTS

- You are satisfied she is using g. latanaprost 0.005% as prescribed. Visual fields indicate the possible progression of her visual field defect in the right eye. You refer her routinely to the ophthalmologist.

The ophthalmologist continues g. latanoprost 0.005% nocte BE and adds g. brinzolamide 1% bd BE. Two months later she returns for a review reporting good adherence, but also reports irritated, gritty, red eyes. On examination, her IOPs are 19 mmHg BE, but corneal assessment reveals a diffuse bilateral superficial punctate keratopathy.

QUESTION 63

Which **one** of the following is the most appropriate next step in the management of this patient by the ophthalmologist?

A.	Change g. brinzolamide 1% bd BE to g. dorzolamide 2% preservative free bd BE	T
B.	Change g. brinzolamide 1% bd BE to g. timolol 0.5% preservative free bd BE	F
C.	Continue g. latanoprost 0.005% nocte BE and g. brinzolamide 1% bd BE	F
D.	Continue g. latanoprost 0.005% nocte BE and g. brinzolamide 1% bd BE and add g. hypromellose 0.3% prn BE	F
E.	Discontinue g. brinzolamide 1% bd BE but continue g. latanoprost 0.005% nocte BE	F

SCENARIO 18

A 25-year-old car mechanic presents at your community optometric practice with a two-day history of irritation and blurred vision in his right eye.

QUESTION 64

Which **three** of the following actions are the most appropriate given this patient's presentation?

A.	Emergency referral to ophthalmologist	F
B.	Instil fluorescein to RE immediately	F
C.	Measure IOPs	F
D.	Record visual acuities	T
E.	Refer for X-ray of orbit	F
F.	Slit lamp examination	T
G.	Take a detailed history	T
H.	Take conjunctival swab	F

SCENARIO 18

A 25-year-old car mechanic presents at your community optometric practice with a two-day history of irritation and blurred vision in his right eye.

The patient reports using an angle grinder at work without eye protection. His unaided visions are R 6/9 and L 6/6. You observe a paracentral corneal foreign body surrounded by a rust ring.

QUESTION 65

Which **two** of the following would be the most appropriate initial actions?

A.	Assess anterior chamber for depth and inflammation	T
B.	Emergency referral to general practitioner	F
C.	Establish depth of penetration of foreign body	T
D.	Fundus examination through dilated pupil	F
E.	Perform ocular irrigation and pad	F
F.	Prescribe antibiotic drops and reassess in 48 hours	F
G.	Remove the foreign body	F

SCENARIO 18

A 25-year-old car mechanic presents at your community optometric practice with a two-day history of irritation and blurred vision in his right eye.

DEVELOPMENTS

- The patient reports using an angle grinder at work without eye protection. His unaided visions are R 6/9 and L 6/6. You observe a paracentral corneal foreign body surrounded by a rust ring.

The foreign body has penetrated the cornea and there is a small leak of aqueous fluid, but the anterior chamber is maintained.

QUESTION 66

Which **one** of the following is the most appropriate next step in your management?

A.	Emergency referral to ophthalmologist	T
B.	Instil antibiotic and pad the eye; review in 24 hours	F
C.	Remove foreign body and fit therapeutic contact lens	F
D.	Remove foreign body and refer urgently to ophthalmologist	F
E.	Remove the rust ring and refer urgently to ophthalmologist	F

SCENARIO 18

A 25-year-old car mechanic presents at your community optometric practice with a two-day history of irritation and blurred vision in his right eye.

DEVELOPMENTS

- The patient reports using an angle grinder at work without eye protection. His unaided visions are R 6/9 and L 6/6. You observe a paracentral corneal foreign body surrounded by a rust ring.

- The foreign body has penetrated the cornea and there is a small leak of aqueous fluid, but the anterior chamber is maintained.

You refer the patient as an emergency to an ophthalmologist.

QUESTION 67

Which **three** of the following are the ophthalmologist's most likely next steps?

A.	Fit bandage contact lens	F
B.	Perform a Seidel test	T
C.	Perform Ultrasonography	T
D.	Prescribe systemic antibiotic	F
E.	Removal of foreign body and exploration of wound	T
F.	Remove the foreign body and reconstitute the anterior chamber with viscoelastic	F
G.	Suture corneal wound	F
H.	Use cyanoacrylic glue to fill the corneal defect	F

SCENARIO 19

A mother brings her 7-year-old son into your community optometric practice. He is complaining of a painful right eye that started earlier in the day when playing with his friends at school. The eye is watery and red. A recent sight test confirmed normal vision and that he had no need for spectacles. He is in good health and takes no medication. His vision is 6/12R and 6/6L.

QUESTION 68

Which **one** of the following is the most likely diagnosis?

A.	Bacterial conjunctivitis	F
B.	Corneal abrasion	T
C.	Seasonal allergic conjunctivitis	F
D.	Vernal keratoconjunctivitis	F
E.	Viral keratoconjunctivitis	F

SCENARIO 19

A mother brings her 7-year-old son into your community optometric practice. He is complaining of a painful right eye that started earlier in the day when playing with his friends at school. The eye is watery and red. A recent sight test confirmed normal vision and that he had no need for spectacles. He is in good health and takes no medication. His vision is 6/12R and 6/6L.

Your examination confirms a corneal abrasion.

The abrasion is superficial and around 5mm in diameter.

QUESTION 69

Which **three** of the following are the most likely management options?

A.	Advise systemic analgesia for 24 hours	T
B.	Apply pressure pad for 24 hours	F
C.	Debride corneal epithelium	F
D.	Prescribe g. cyclopentolate 1% bd RE for two days	T
E.	Prescribe g. dexamethasone 0.1% bd RE for seven days	F
F.	Prescribe g. ofloxacin 0.3% qds RE for seven days	F
G.	Prescribe g. oxybuprocaine 0.4% qds RE for two days	F
H.	Prescribe g. prednisolone 0.5% qds RE for five days	F
I.	Prescribe oc. chloramphenicol 1% qds RE for five days	T

SCENARIO 19

A mother brings her 7-year-old son into your community optometric practice. He is complaining of a painful right eye that started earlier in the day when playing with his friends at school. The eye is watery and red. A recent sight test confirmed normal vision and that he had no need for spectacles. He is in good health and takes no medication. His vision is 6/12R and 6/6L.

DEVELOPMENTS

- Your examination confirms a corneal abrasion.

  The abrasion is superficial and around 5mm in diameter.

You advised systemic analgesia for 24 hours, prescribed g. cyclopentolate 1% bd RE for two days and oc. chloramphenicol 1% qds RE for five days. The lesion fully resolved without complications.

QUESTION 70

In general, in cases of corneal abrasion, which **one** of the following clinical signs is most likely to lead you to refer the patient to an ophthalmologist as an emergency?

A.	Abrasion contaminated with foreign material	T
B.	A large superficial corneal epithelial defect	F
C.	Blepharospasm	F
D.	Conjunctival chemosis	F
E.	Lid oedema	F

SCENARIO 20

A 63-year-old female patient presents to your community optometric practice with a three-month history of a swelling of the left upper eyelid that was initially inflamed. The GP has prescribed g. fusidic acid 1% bd for the past month. There is no evidence of skin ulceration.

QUESTION 71

Which **one** of the following is the most likely diagnosis?

A.	Basal cell carcinoma	F
B.	Blepharitis	F
C.	Chalazion	T
D.	Foreign body granuloma	F
E.	Lacrimal gland tumour	F

SCENARIO 20

A 63-year-old female patient presents to your community optometric practice with a three-month history of a swelling of the left upper eyelid that was initially inflamed. The GP has prescribed g. fusidic acid 1% bd for the past month. There is no evidence of skin ulceration.

You refer this patient to an ophthalmologist who diagnoses a chalazion, which was incised and curetted under local anaesthetic. The patient re-presents to you four months later with persistence of the swelling, which has enlarged and is associated with some lash loss.

QUESTION 72

Which **one** of the following is the most appropriate management option at this stage?

A.	Leave to resolve spontaneously	F
B.	Prescribe topical corticosteroid	F
C.	Refer to ophthalmologist for excision and biopsy	T
D.	Refer to ophthalmologist for further incision and curettage	F
E.	Refer to ophthalmologist for injection of intra-lesional corticosteroid	F

SCENARIO 20

A 63-year-old female patient presents to your community optometric practice with a three-month history of a swelling of the left upper eyelid that was initially inflamed. The GP has prescribed g. fusidic acid 1% bd for the past month. There is no evidence of skin ulceration.

DEVELOPMENTS

- You refer this patient to an ophthalmologist who diagnoses a chalazion, which was incised and curetted under local anaesthetic. The patient re-presents to you four months later with persistence of the swelling, which has enlarged and is associated with some lash loss.

You refer to ophthalmologist for excision and biopsy. An excision of the lesion is carried out and the pathologist identifies neoplasia.

QUESTION 73

Which **one** of the following is the most likely diagnosis?

A.	Basal cell carcinoma	F
B.	Malignant melanoma	F
C.	Meibomian gland carcinoma	T
D.	Secondary metastatic tumour	F
E.	Squamous cell carcinoma	F

SCENARIO 21

A six-year-old boy is brought by his mother to see you in your community optometric practice. His upper and lower left eye lids have been swollen, red and tender since yesterday. His mother reports that he has been suffering from a cold for the past three days and that he is becoming increasingly irritable. His unaided vision is R 6/6 and L 6/9. There is no significant refractive error.

QUESTION 74

Which **three** of the following are the most likely diagnoses?

A.	Acute dacryocystitis	T
B.	Allergic conjunctivitis with lid swelling	F
C.	Bacterial conjunctivitis	F
D.	Hordeolum	F
E.	Orbital cellulitis	T
F.	Orbital neoplasm	F
G.	Posterior blepharitis	F
H.	Preseptal cellulitis	T
I.	Vernal keratoconjunctivitis	F

SCENARIO 21

A six-year-old boy is brought by his mother to see you in your community optometric practice. His upper and lower left eye lids have been swollen, red and tender since yesterday. His mother reports that he has been suffering from a cold for the past three days and that he is becoming increasingly irritable. His unaided vision is R 6/6 and L 6/9. There is no significant refractive error.

You suspect acute dacryocystitis, preseptal cellulitis or orbital cellulitis.

QUESTION 75

Which **four** of the following are the most appropriate tests to refine your diagnosis?

A.	Assess near point of convergence	F
B.	Assess ocular motility	T
C.	Assess pupil reactions	T
D.	Check and record child's temperature	T
E.	Check cornea for staining with fluorescein	F
F.	Check corneal sensation	F
G.	Check for proptosis	T
H.	Measure IOP	F
I.	Measure stereopsis	F
J.	Perform cover test	F
K.	Probe nasolacrimal duct	F

SCENARIO 21

A six-year-old boy is brought by his mother to see you in your community optometric practice. His upper and lower left eye lids have been swollen, red and tender since yesterday. His mother reports that he has been suffering from a cold for the past three days and that he is becoming increasingly irritable. His unaided vision is R 6/6 and L 6/9. There is no significant refractive error.

DEVELOPMENTS

- You suspect acute dacryocystitis, preseptal cellulitis or orbital cellulitis.

The child has a temperature of 37°C with normal ocular motility, normal pupil reactions, no focal lid swelling and no proptosis.

QUESTION 76

Which **one** of the following is the most likely diagnosis?

A.	Acute dacryocystitis	F
B.	Allergic conjunctivitis with lid swelling	F
C.	Hordeolum	F
D.	Orbital cellulitis	F
E.	Preseptal cellulitis	T

SCENARIO 21

A six-year-old boy is brought by his mother to see you in your community optometric practice. His upper and lower left eye lids have been swollen, red and tender since yesterday. His mother reports that he has been suffering from a cold for the past three days and that he is becoming increasingly irritable. His unaided vision is R 6/6 and L 6/9. There is no significant refractive error.

DEVELOPMENTS

- You suspect acute dacryocystitis, preseptal cellulitis or orbital cellulitis.
- The child has a temperature of 37°C with normal ocular motility, normal pupil reactions, no focal lid swelling and no proptosis.

You diagnose preseptal cellulitis.

QUESTION 77

Which **one** of the following is the most appropriate management option?

A.	Emergency referral to ophthalmologist	T
B.	No treatment and review in one week	F
C.	Prescribe systemic antibiotic	F
D.	Urgent referral to GP	F
E.	Urgent referral to ophthalmologist	F

SCENARIO 21

A six-year-old boy is brought by his mother to see you in your community optometric practice. His upper and lower left eye lids have been swollen, red and tender since yesterday. His mother reports that he has been suffering from a cold for the past three days and that he is becoming increasingly irritable. His unaided vision is R 6/6 and L 6/9. There is no significant refractive error.

DEVELOPMENTS

- You suspect acute dacryocystitis, preseptal cellulitis or orbital cellulitis.
- The child has a temperature of 37°C with normal ocular motility, normal pupil reactions, no focal lid swelling and no proptosis.
- You diagnose preseptal cellulitis.

You refer the patient as an emergency to the ophthalmologist.

QUESTION 78

Which **two** of the following are the most likely management options for the ophthalmologist?

A.	Admit to hospital for observation	T
B.	No treatment and review in outpatient clinic in one week	F
C.	Prescribe oral prednisolone	F
D.	Prescribe systemic antibiotic	T
E.	Prescribe topical corticosteroid	F
F.	Refer to neurologist	F
G.	Regular ocular irrigation with saline	F
H.	Surgical decompression of orbit	F

SCENARIO 22

A 74-year-old female patient presents to your community optometric practice for a routine sight test. She has noticed that her vision fluctuates during the day and is more blurred in the mornings. There is no pain or redness. Her refraction is stable at R +1.00DS L +1.25DS and her best corrected visual acuities are 6/6 R&L.

QUESTION 79

Which **one** of the following examinations would be the most appropriate to perform?

A.	Amsler chart testing	F
B.	Anterior segment examination	T
C.	Colour vision assessment	F
D.	Goldmann applanation tonometry	F
E.	Visual field assessment	F

SCENARIO 22

A 74-year-old female patient presents to your community optometric practice for a routine sight test. She has noticed that her vision fluctuates during the day and is more blurred in the mornings. There is no pain or redness. Her refraction is stable at R +1.00DS L +1.25DS and her best corrected visual acuities are 6/6 R&L.

You perform anterior segment examination and both eyes show extensive corneal guttata and the endothelium has a ‘beaten metal’ appearance. You diagnose Fuchs' endothelial corneal dystrophy.

QUESTION 80

Which **one** of the following is the most appropriate management option?

A.	Commence g. ketorolac 0.5% tds BE	F
B.	Commence g. latanoprost 0.005% nocte BE	F
C.	Commence g. prednisolone 0.5% tds BE	F
D.	Fit therapeutic bandage contact lens BE	F
E.	No treatment and advise on prognosis	T

SCENARIO 22

A 74-year-old female patient presents to your community optometric practice for a routine sight test. She has noticed that her vision fluctuates during the day and is more blurred in the mornings. There is no pain or redness. Her refraction is stable at R +1.00DS L +1.25DS and her best corrected visual acuities are 6/6 R&L.

DEVELOPMENTS

- You perform anterior segment examination and both eyes show extensive corneal guttata and the endothelium has a ‘beaten metal’ appearance. You diagnose Fuchs' endothelial corneal dystrophy.

You explain to the patient the aetiology and prognosis of Fuchs' endothelial corneal dystrophy, and that currently no treatment is necessary as the vision remains good. You advise her to return if the symptoms get worse.

The patient returns one year later with an uncomfortable right eye. Visual acuity has reduced in this eye to 6/12, left remains 6/6. She complains of symptoms of glare, particularly in the morning. The cornea shows cystic epithelial oedema with a staining epithelial defect suggesting a bullous keratopathy.

QUESTION 81

Which **two** of the following are the most likely management options?

A.	Commence g. betamethasone 0.1% qds RE	F
B.	Commence g. chloramphenicol 0.5% qds RE	F
C.	Commence ganciclovir ophthalmic gel 0.15% five times daily RE	F
D.	Commence g. carmellose 0.5% qds RE	T
E.	Fit bandage contact lens	F
F.	No treatment and review in one year	F
G.	Routine referral to ophthalmologist	T
H.	Urgent referral to ophthalmologist	F

SCENARIO 22

A 74-year-old female patient presents to your community optometric practice for a routine sight test. She has noticed that her vision fluctuates during the day and is more blurred in the mornings. There is no pain or redness. Her refraction is stable at R +1.00DS L +1.25DS and her best corrected visual acuities are 6/6 R&L.

DEVELOPMENTS

- You perform anterior segment examination and both eyes show extensive corneal guttata and the endothelium has a ‘beaten metal’ appearance. You diagnose Fuchs' endothelial corneal dystrophy.

- You explain to the patient the aetiology and prognosis of Fuchs' endothelial corneal dystrophy, and that currently no treatment is necessary as the vision remains good. You advise her to return if the symptoms get worse.

  The patient returns one year later with an uncomfortable right eye. Visual acuity has reduced in this eye to 6/12, left remains 6/6. She complains of symptoms of glare, particularly in the morning. The cornea shows cystic epithelial oedema with a staining epithelial defect suggesting a bullous keratopathy.

You refer routinely to the ophthalmologist.

QUESTION 82

Which **one** of the following is the most likely initial assessment by the ophthalmologist?

A.	Measure biometry	F
B.	Measure corneal sensation	F
C.	Perform OCT of the maculae	F
D.	Perform OCT of the optic discs	F
E.	Perform specular microscopy	T

SCENARIO 23

A 14-year old girl attends your community optometric practice for an emergency appointment. She has been attending a local music festival and her right eye was scratched while she was dancing. This happened two hours ago. The eye immediately became very painful and watery and feels as if there is something in it. Examination is challenging because she struggles to keep the eye open, but on slit lamp examination with topical anaesthetic, you observe a paracentral corneal abrasion in her right eye which stains with fluorescein.

QUESTION 83

Which **one** of the following assessment is the most important in informing your management?

A.	Assess anterior chamber for cells and flare	F
B.	Assess cornea for presence of infiltrates	F
C.	Assess non-invasive tear breakup time	F
D.	Measure IOP	F
E.	Record size and depth of abrasion	T

SCENARIO 23

A 14-year old girl attends your community optometric practice for an emergency appointment. She has been attending a local music festival and her right eye was scratched while she was dancing. This happened two hours ago. The eye immediately became very painful and watery and feels as if there is something in it. Examination is challenging because she struggles to keep the eye open, but on slit lamp examination with topical anaesthetic, you observe a paracentral corneal abrasion in her right eye which stains with fluorescein.

The paracentral corneal epithelial abrasion measures 3mm x 4mm in size. There is no sign of wound contamination with foreign matter.

QUESTION 84

Which **two** of the following are the most appropriate initial treatment options for this patient?

A.	Prescribe g. atropine 1% bd RE	F
B.	Prescribe g. chloramphenicol 0.5% qds RE	T
C.	Prescribe g. cyclopentolate 1% tds RE	T
D.	Prescribe g. fluorometholone 0.1% qds RE	F
E.	Prescribe g. levofloxacin 0.5% qds RE	F
F.	Prescribe g. prednisolone 1% qds RE	F
G.	Prescribe g. proxymetacaine 0.5% prn RE	F
H.	Prescribe g. tropicamide 0.5% qds RE	F

SCENARIO 23

A 14-year old girl attends your community optometric practice for an emergency appointment. She has been attending a local music festival and her right eye was scratched while she was dancing. This happened two hours ago. The eye immediately became very painful and watery and feels as if there is something in it. Examination is challenging because she struggles to keep the eye open, but on slit lamp examination with topical anaesthetic, you observe a paracentral corneal abrasion in her right eye which stains with fluorescein.

DEVELOPMENTS

- The paracentral corneal epithelial abrasion measures 3mm x 4mm in size. There is no sign of wound contamination with foreign matter.

The patient is prescribed g. cyclopentolate 1% tds RE and g. chloramphenicol 0.5% qds RE.

On review of the patient 48 hours later, the lesion has fully healed and the patient is discharged.

Three weeks later, the patient telephones the practice for another emergency appointment. She tells you her right eye developed sudden shooting pain with watering on waking that morning. There has been no further recent trauma to the eye. You see her a few hours later and a mild foreign body sensation persists.

QUESTION 85

Which **one** of the following is the most appropriate further treatment option for this presentation?

A.	Advise padding the RE for 48 hours	F
B.	Prescribe g. chloramphenicol 0.5% qds RE & g. carbomer 0.2% qds RE	F
C.	Prescribe g. fluorometholone 0.1% qds RE & g. carbomer 0.2% qds RE	F
D.	Prescribe unmedicated paraffin-based ointment nocte RE & g. carbomer 0.2% qds RE	T
E.	Refer to ophthalmology for superficial keratectomy	F