FRCS Candidate experience

February 2017

Venue: Hyderabad, India

Hi I am Dr. Shraddha Sureka (Cornea specialist, Mumbai). My husband Dr. Rohit Modi (Retina specialist, Mumbai) and I gave the FRCS part 3 exam and cleared in the first attempt. Attached are the exam day questions that were asked to us; and some preparation tips. Hope they are helpful.

Day 1:

3 tables, each table had 2 examiners.

Posterior segment: Fundus photo s/o Sickle cell anemia, DD, management

Fundus photo with blot h'ages and cotton wool spots: Discussion on DD, management of CMV retinitis

Glaucoma: Complications of trabeculectomy were asked. Then streamlined to immediate post operative complications – how to recognize and manage them.

Myaesthenia gravis – DD, tests to diagnose, management

Examiner described clinically extraocular movement restriction suggestive of superior oblique palsy – which prism is used for management.

Acute MI – Management

Post operative refractive surprise – what could be the reasons

Picture of Lower eyelid ectropion –causes, management

Causes of small pupil during cataract surgery, difficulties it causes during surgery, management

Picture of Avellino dystrophy – Inheritance, management. Chances of recurrence.

Day 2:

4 rooms:

Each room had minimum of 2 cases – one case per examiner

Did not go to the 3rd case in any room. In 3 rooms, only 2 patients were there. In one room, 3rd patient was there – but the examiner did not ask/ no time left for the 3rd case.

Room 1:

1. Case with anisocoria, right eye exotropia – young male – history of trauma in childhood. You had to examine. Please demonstrate examination of pupil in this patient – make sure you dim the room lights. Please demonstrate the examination of extra ocular movements (EOMS) in this patient. What could be the causes of anisocoria. Causes of exotropia. Management of exotropia.

2. Left eye Lateral rectus palsy with inferior oblique over action.

Demonstrate EOMS in this patient. What are the causes. Management

Room 2: Plasty

1. Case with bilateral asymmetrical proptosis – Thyroid eye disease (TED)

Please examine this patient. How will you measure proptosis – please demonstrate. What are the lid signs to look for in TED. Management.

2. Case of young lady with unilateral proptosis.

Please examine this patient. Do and speak about how you are examining a case of proptosis. Examiner says the patient's proptosis increases on bending forwards. What would be your differentials? CT scan of patient is kept – please describe what you see. How would you manage this patient?

Room 3: Retina

Case of bilateral sunset glow fundus with choroiditis s/o VKH. Signs. DD. Sympathetic ophthalmia – how will you differentiate?

Management modalities.

Case with diabetic retinopathy in both eyes. One eye – Severe NPDR. Other eye – VH + laser done.

What are the systemic risk factors that could cause progression of DR. Management of both the eyes.

Room 4: Anterior segment

Right eye corneal scar+ spheroidal degeneration. Left eye – Failing penetrating keratoplasty graft with PCIOL.

What could be the causes of the scar in the right eye. Left eye – Management options – Medical, surgical. DSEK can it be done?

Examiner told to examine right eye only - Right eye Limbal VKC + keratoconus (KC)+ PCIOL and describe your findings.

What could be the causes of cataract in this patient? What are the management options for this patient? Is KC associated with VKC?

Examination techniques are very important.

Read basics of slit lamp examination, fundus examination.

Watch videos – squint examination, ptosis examination, how to check VF by confrontation test.

Read ECG basics, must know – ECG leads and changes of acute MI.

While examining patient –start talking; explain what you are doing at every step.

Pupil examination – Dim room lights.

Oxford handbook – Emergencies section

After going through the candidate experiences of the last few exams of FRCS Glasgow – I made a list of important topics to study while preparing for the exam.

A print out of this table helps you to tick off what you have done.

Neurology/General medicine/Motility

Very Important/repeatedly asked	Other topics
Acute MI- Mx, when to do cat surgery after acute MI, role of aspirin, blood supply of walls of heart ECG Anaphylaxis after FFA Dose of Adrenaline – child/adult Diabetic ketoacidosis Amurosis fugax – causes/Mx Transient ischaemic attack Trigeminal neuralgia Needle stick injury	CRAO, DVT prophylaxis NAION Pseudotumour cerebri Optic disc drusens DD Malingering – young girl – how to approach Atrial fibrillation _ mx Angina – types/Mx ICA stroke Acute asthma

Effect of TB on the eye	Rheumat drugs – effect on eye Shock Mx Pulmonary embolism – Mx Cavitating lung lesion – DD, Ix, Mx Bardet Beidle syndrome Classify immunosuppressive agents Headache + Visual field loss Status epilepticus Acromegaly Malignant hypertension

Neurophthalmology

Very Important/repeatedly asked	Other topics
Superior oblique palsy 3rd CN palsy 7th CN palsy Myaesthenia gravis CPEO RAPD – DD Anisocoria Horner's Adie's Benign intracranial hypertension Giant cell arteritis Disc edema – DD Uni/Bi lateral, Causes of	INO 6th CN palsy Parinaud syndraome Nystagmus – types Jerk nystagmus +wide based gait -- where is the lesion

papilledema AION Optic atrophy ON glioma Optic disc hypoplasia	

Motility

Very Important/repeatedly asked	Other topics
Duane's syndrome, aberrant 3rd nerve regeneration How much mm of resection/recession corrects how much squint? Complications of squint surgery Clinically – test VF	Sensory esotropia Bilateral esotropia – Mx Alternate exotropia Which prisms in which squint

Oculoplasty

Very Important/repeatedly asked	Other topics
Proptosis Unilateral – DD, examination Thyroid eye disease (TED) – demonstrate signs Orbital floor fracture Phthisis	Acute dacryocyctitis CNLDO Preseptal/orbital cellulitis Cavernous sinus thrombosis Young, dysmorphic facial features, bilateral symmetrical proptosis,

Ectropion – Cicatricial/involutional Trachoma – lid changes Congenital ptosis – measure, manage Traumatic ptosis ; Weiss/Quickert /levator resection/fontalis sling procedures Bilateral aponeurotic ptosis Basal cell carcinoma Dermatochaliasis Retinoblastoma – Mx/DD/ histopath	shallow orbits, telangectasias – DD Eccentric proptosis – DD ST orbit mass, child – DD Contracted socket Anophthalmic socket Essential blepherospasm Mole on LL – Mx Lid neoplasms Limbal dermoid, Epibulbar dermoid Cysts – Moll/zeiss Lipodermoid Ocular lymphoma Melanoma choroid Staring look + vitiligo – DD

Posterior Segment

Very Important/repeatedly asked	Other topics
RD – Mx, buckling, PPV – indications, adv and dis adv of each; Lincoff's rule RP Coloboma – systemic asso., Mx Post op endophthalmitis	Retinal tear Sudden painless loss of vision Classify uveitis Masquerade syndromes Sarcoid

BRAO BRVO – BVOS, BRAVO CRVO CMV retinitis Toxoplasmosis PDR NPDR CSME Mac hole CNVM CME Angiod streaks Beirgmiester papilla CHRPE Bilateral Best's TB in eye Mx	Candida retinitis Diffuse Kps – DD Traumatic endoph Endogenoud endoph Retrobulbar haemorrhage Hypertensive retinopathy High myope – lesions Choroidal rupture Juvenile RA + BSK Acute retinal necrosis Progressive outer retinal necrosis Sickle cell disease NVD – DD PRP – parameters, types, side effects ERM Stargardt's Scar at macula – DD Bilateral red lesions at fovea DD Pattern dystrophy Drugs in endoph – Reasons

Anterior segment

Very Important/repeatedly asked	Other topics
Stromal dystrophy – Granular, macular,	PK - complications

Avellino,Lattice; inheritance; Mx Penetrating keratoplasty graft Graft failure and rejection PUK HSV epithelial keratitis, HEDS Filamentary keratitis Dry eye – tests, Keratoconus, DD, MX, Role of C3R, signs Hydrops VKC Trachoma Scleritis Iris coloboma Pxf + Cataract – Sx difficulties, dilatation, IOP, CTR, Sulcus IOL, Nucleus drops Traumatic cataract Blunt trauma clinical features Marfan's subluxated lens – Mx Decreased vision post cataract surgery – Mx Slit lamp examination techniques Wegeners	Graft infiltrate Fungal ulcer – KOH, drugs Corneal abcess with impending perforation Ophthalmia neonatarum Different media for corneal scraping Organisms causing corneal ulcer Neurotrophic keratitis Acanthamoeba keratitis Interstitial keratitis Chemical injury – Roper hall, Mx Pseudophakic bullous keratopathy Refractive surprise post cataract surgery Complications during cataract surgery Pty Iridodialysis Stevens Johnson syndrome Ocular cicatricial pemphigoid Hypopyon, No ulcer – DD

	Sclerokeratuveitis Seclusio pupillae – causes RA Phlycten GPC Purulent conjunctivitis Adenoviral conjunctivitis Pseudomembranous conj Follicular conj

Glaucoma

Very Important/repeatedly asked	Other topics
Trab with bleb Trab complications Post trab – causes of flat AC; hyphema; CD NTG OHTS study ACG Malignant glaucoma NVG NVI – DD Pxf + Cataract Mx – Congenital glaucoma, Associations Acetazolamide – Mechanism, uses, side	Congenital glaucoma Types of glaucoma which need valves Steroid response, Raised IOP 2 months after cataract surgery Anterior staphyloma POAG Gonio 3 mirror and 4 mirror – angles and uses, garde angles HVF – reliability indices, what is sita, what defects CCT – how to correct IOP Aniridia –ocular & systemic

effects	associations, Fuch's iridocyclitis Hyphema Cataract in high myope Phacoanaphylactic glaucoma Galucoma valves – types, complications Axenfeld- Reiger anomaly Antimetabolites post trab Surgical PI Bleb failure causes Anti- glaucoma drugs -

Please contact us if you have any further queries.

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