FRCS Experience Glasgow 6/2015 PART (2):

السلام عليكم

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The Glasgow exam 6/2015 is the one I passed الحمد لله .

First I would like to advise you if you are going to Glasgow to be there at least 2-3 days before Exam date to overcome Jet lag and any surprises in the trip.

I stayed in the *Victorian House hotel* which I **don't** recommend because they don't have proper room service ,no ironing service & very small rooms with no space to study although it is near the exam sites.

Advantages of Glasgow diet :

1- I had the impression that it was an organized exam .
2- Clinical cases were mostly 3 per/room.
3- The cases itself were well prepared and sometimes helpful in examination and H/O!

Disadvantages of this diet :

1- The flight and hotel is more expensive than the other exams.
2- You have to search for a place to stay in which provides HALAL حلال food although the HALAL food is available in many places but you have to ask first .
3- The weather is unstable you have to be ready for heavy rains and cold weather in JUNE!

So the first day was the clinical day :

A- The Neuro room (Indian & Arabic Examiners both male):

1- An old male patient with glasses having a prism fitted on it and he had obvious ET.
The examiner asked about type of ***lens/prism*** ..base in or out? Why is he having a prism? ….do Cover un cover then Motility …..patient had limited abduction in one eye and we went through causes of ET ……
(P.S : this patient did not follow my finger in the right gaze and the examiner noticed and did not comment … so I **guess** he had something in mind regarding this case as to make my D.D targeted to something specific !I knew this retrograde from other colleagues after the exam because the patient did the same thing with him and the examiner instructed the patient to follow the finger)

2- He then told me take the ***DIRECT OPHTHALMOSOCOPE*** and examine the old lady at the end of the room .she was not dilated so I asked him to switch the light off and while I was examining he told me Examine only the Optic disc ….it had Drusens ….I told him the D.D & the time was out with this examiner.

P.S: Some of our colleagues had mental block once they saw *the DIRECT OPHTHALMOSCOPE* and they tried to examine while *the light was on* and when they failed to locate the disc they told the examiner I can't use the direct Ophthalmoscope! so first try to train yourself to use it before the exam…second do not panic and try as long as you have time.

3- Old lady with glasses that had an occluder (grey colored) fitted on one side ….he asked me type of lens/prism…I responded that this is not a prism and he told me prove it so I showed it to him! While viewing an object ...the patient had 3^{rd},4^{th} & partial 6^{th} palsy …..D.D where is the lesion and we went through cavernous 3^{rd} Nerve lesions and other neurological associations.

B- **Occuoloplasty and orbit room (Indian and English male examiners)**:

1- Old male patient with blepharospasm peri-orbital fat herniation and Dermolipoma …..he told me ask him about his C/O? he responded it was cosmetic C/O…..Tx….when to treat ? .Blepharoplasty……most serious complication of the procedure (hge) how to deal with it.. …..recurrence…
2- Involutional Ectropion in an old male mainly medial with punctual eversion …..examine …when to treat ?what to do? non-surgical options/surgical options …..TIME WAS OUT.

3- Female patient bilateral ptosis ……he asked me how will I examine ?I told him the measurements needed. He asked me to do only the measurement for levator function so I did and it was > than10mm ,So he told me what will you do next ? I replied I would like to examine motility first so when I did so she had limited motility in most of the gazes and also asked to examine pupil reaction but he told me consider it normal ….so I told him I need to ask the patient about difficulty in swallowing and breathing and both were present ….so I told him this is most likely Myasthenia & I need to do the bed side testes first and we went through the normal Questions of Myasthenia.

P.S This patient gave different levator function values with each candidate due to *exhaustion of muscle*. If you don't exclude neurological causes you will miss it because also she had absent skin crease .

C- **Anterior Segment** : Indian & English male examiners:

(The machines were old and the type of the unites were not familiar to me so don't be shy to ask them to help you to operate it because you will lose time otherwise):

1- Band keratopathy in an old lady unilateral ……Tx options ….what causes such pathology in a child?…Juvenile idiopathic arthritis (JIA).

2- An old lady with Fialmentary keratitis, Dry eye & punctal plug in one eye…..diagnosis …causes in this case(she'd rheumatoid changes in her hand)so it KC sicca….Sjögren syndrome …..he asked me about the name of the hand deformity (swan neck) but I did not recall it ….and he asked me about Tx options of filamentary keratitis…

3- Bilateral Aphakic old male patient with diffuse Iris Atrophy and Nystagmus…….what will you do if he asks for surgical options for visual improvement? Due to Nystagmus I will first examine fundus and give very guarded prognosis if ever I will touch the patient….what might have happened in the surgery in both eyes to be left aphakic?…..complication of cat surgery normal discussion .

4- Iris Coloboma patient…I asked to examine fundus he said ok…I found complete Coloboma present ….Risk of RD? ….why ?...other anomalies you need to look for?.

D- **Posterior segment ,** Two Indian male examiners:

1- Regressed Diabetic retinopathy OU with regressed NVD ,PRP marks &Macular edema…..normal discussion …..complications of PRP. Driving at night after PRP …..counseling …..what type of Argon do you prefer to do blue or green ?!(I didn't know that answer and still).

2- Young female e with chorioretinal peri macular scar (traumatic)…I gave D.D …..

3- Complete Coloboma with cataract again….. normal discussion .

The second day :

A- The General medicine and Neuro.(Indian & English both male examiners):

1- A photo of CRAO ……Emergency measures done in clinic…..is it Effective?(here I stated that it could be effective if you see an embolus !he seemed satisfied)…..what if he was young and did back surgery? …..DVT and its prophylaxis(in details)….TX..

2- **GCA in details.**

3- NAION…..Tx …….C/O…..

4- DVT again in details….

5- Anaphylactic shock in details ….if patient improved will you discharge him on same day? No because it is biphasic….after that what will you do….I said I will put note on file educate patient …

6- A 15 yrs old female girl vision is 6/6& 6/36 all Examination are normal what will you do ?……. After I excluded all the possible physical findings (as retro bulbar neuritis…etc.) I stated I will start to think she is Malingering …. I will put prisms…..Duochrome chart with red green glasses test …..he gave me mask face but later I knew I was right.

B- The ophthalmic medicine :

1- ACG photo (first I thought it was a uveitic eye but he redirected me because the photo was not that clear) …diagnosis ….TX…..surgical options…normal Q & A.

2- Avalleno Corneal Dystrophy……..normal discussion.

3- Visual field of one eye with field defect with did **not** respect the vertical midline…..I first went through the indices before commenting (he seemed happy) then Igave D.D …he asked me could it be neurological? I said no because of the crossing in midline …Glaucoma changes In VF?

C- **Surgery**:

1- A photo of Corneal abscess impending rupture…….what will you do?…..I went stepwise from A-Z and he gave me my time…..he later asked what will you do if it is going to rupture? I mentioned the tectonic graft ..he asked me is there more simple maneuvers? I told him glue as a temporary solution ..he said ok.

2- A phot of a big Pterygium……what will you do? I asked about vision , H/O of previous operation….astigmatism….then Surgical options? Types of grafts? What will you do to avoid recurrence?…Mitomycin…..post op management.

My advice: Do not go for the old school of irradiation, other candidates stated that and the examiners seemed unhappy with it.

3- Pseudo exfoliation photo with cat …what will you do?….I asked first about vision +/- Glaucoma…..other eye condition…..Surgical difficulties?...dilatation…..prepare Tension Rings …sulcus 3 piece IOL ……etc.
He asked me what if you removed ¾ of the lens and you developed less than 180 degree dialysis in the Zonules?….I told him I will stop reevaluate the bag condition and I will put Intra capsular tension ring and continue with 3 piece IOL….

4- Retinoblastoma photo(Endophytic Growth)……TX…..other eye condition , Family H/O,……if patient had recurrent tumor at teenager age in temporal bone what will it be?.....

At The End I ask ALLAH to make these experiences help others to pass (ISA)
Please Share your full experience with others when you pass (ISA) because(زكاة العلم 100%) you might help other candidates more than you expect as it was very useful with me.
I ask ALLAH to use us as his tools to comfort people in this life time and grant us with the reward (الجنه) in the afterlife ISA,
Salam Allekom.

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