My name is **Ahmed Abdelwahab**. I am currently working as assistant lecturer of ophthalmology Zagazig University,Egypt. I have appeared in the final FRCS exams of both RCPSG (12-15/6/2012) & RCSEd (18-22/6/2012). Thanks to Allah i have passed both exams from the first attempt. I dedicate my success to my lovely wife, for her patience with me sacrificing a lot of things for my successes. May GOD bless her?

I have gone to UK carrying with me my MRCSEd 2011 and my IELTS to complete the ID check for registration in the General medical council. I tried to make my appointment in the GMC to match the FRCS examination dates. My mission was to pass at least one of the two exams. Thanks to GOD I passed both.

My preparation was concentrated upon Kanski,Wong &Oxford . I think the last one was the most valuable. I have relied also upon my previous experience in the british style exams (MRCSEd 2011).

Joining the Muthusamy virtual university was very beneficial not only in my exam but also in my way of thinking. Actually they saved my lot of time and effort.

Chua site (Success in mrcophth) is very important. Any candidate should know it by heart especially other candidate experiences.

Edinburgh exam is longer and more difficult, however when you fail a station you only have to repeat it .On the other hand in Glasgow it is all or none. You should pass the whole exam or repeat it as a whole!

I arrived at Glasgow Monday 11-6-2012. Stayed at Victorian house hotel at Renfrew Street which was within the walking distance from the Caledonian university eye clinic where the clinical exam was held and the royal college where the oral exam was held.

Wednesday 13-6-2012 (clinical exam at Caledonian university eye clinic)

4 stations each 2 examiners & 2 patients

1-Posterior segment:
Case 1: 78D exam: lady with bilateral iris colobomas one eye is pseudophakic & the other is aphakic with retained lens matter. The fundus revealed large choroidal coloboma.
Q: why coloboma? Not inferior iridectomy ? A: the collarette.
Q: Embryology & associations?
Q: How to counsel such patients for cataract surgery?
Q: Risk of RD with colobomas?

Case 2: 78D exam of 50 years old man. Bilateral RPE changes in the macula. Left eye shows sickle shaped inferior choroiretinal scar. Disc was pale bilaterally. I tried to gather the signs but in vain. The scar was traumatic and the examiner agreed that it was choroidal rupture. RPE changes were like dry ARMD but the disc? Age? After some discussion about DD I said desperately may be macular dystrophy I would like to do FFA & ERG. The examiner said **YES**. This was atypical central RP that is why the disc is pale??

2- Neuro/motility

Case 1: examine pupil >> Rt RAPD. What is your DD? Questions about AION. Then asked my to examine the disc >> total cup. Asymmetric glaucoma was the cause. Then asked me about counseling such patients for glaucoma surgery, target pressure, vascular risk factors &causes of progression despite normalization of IOP.

Case 2:

Left 3rd nerve palsy with pupil involvement. With further exam 4th (intorsion on slit lamp) & 6th was affected. Multiple cranial neve palsy > DD. Questions about cavernous sinus syndrome and ICA aneurysm.

3- Oculoplastics & Orbit

Case 1

Lady with aponeurotic ptosis , bilateral dry eye with posterior blepharitis.Silicon punctal plugs were in place. Questions about what may lead to both ptsis and dry eye (Contact lenses?) .risks of ptosis surgery with dry eye. Then asked me to examine here generally >> typical rheumatoid hand . then he asked me about child with ptosis and chin lift suddenly chin lift is corrected what does this mean? Means Amplyopia.

Case 2

Thyroid eye disease. Proptosis examination. How to elicit TED signs..Questions on Maurits score.& Treatment? How do you do levator recession for lid retraction? Types of spacers. Questions on complications of blepharoplasty (especially orbital haemorrage). Other candidates got a case of dermoplipoma with orbital fat prolapse.

4- Anterior segment

Case 1

Q: Observe this case
A: Lady with bilateral nystagmus (horizontal jerk with low amplitude & moderate frequency beating to the left) and esotropia of the rt eye. I'd like to check vision sir …the rt eye is not fixing??
Q: what else?
A: bilateral iris coloboma (Again coloboma!!!!)
Q:examine on slit lamp
A: Confirmed the coloboma & Added bilateral nuclear cataract more in the rt eye.
Q: Will you operate on this eye
A: No sir I think vision is poor since early childhood (sensory esotropia)
Q: How do you counsel this patient for cataract extraction?
Q: How do you predict the visual outcome?

Case 2

Q: Examine this case on slit lamp
A: Rt eye lattice dystrophy type 1. Other eye … very early changes in the other eye
Questions on types of stromal dystrophies, inheritance, nature, stains & presentations.
Kept on asking why this case is markedly asymmetrical. I reexamined the case & found no answer!
Questions on the rate of recurrence after keratoplasty for each dystrophy.

My performance in this case was quite less than the other cases and this was reflected on my mood. On my way back to the hotel I kept asking myself why Lattice was markedly asymmetrical. The other eye was nearly free!!!!.
Now the viva will be after 48 hours. I revised Wong from cover to cover. Also the general medicine notes (oxford handbook of emergency medicine)

Friday 15-6-2012
Viva exam in the royal college of physicians and surgeons of Glasgow

3 Stations each 20 minutes

Station 1: General medicine and neurology
First examiner : British descent lady (physician)
Case history >>> I diagnosed post fixation blindness of chiasmal syndrome
Questions on different endocrine manifestations (prolactinoma … Acromegaly… Gigantism … Cushing disease) and medical treatment of each.
Case history >>> Upper GI bleeding... Resuscitation... Scoring
Case history >>> DKA >> Treatment
Hypoglycaemic coma... Treatment.
AIDS antiretroviral treatment.

Second examiner: (ophthalmologist) Asian examiner (his language was very difficult also he has very weak voice) I hardly understood his questions.
Picture of AION: DD. Investigations & TTT. How do you perform TAP? Dose of methyleprednisolone .When to taper steroids (guide: CRP).
CMV retinitis picture.
Amarousis Fugax
Picture of choroidal metastasis
MRI…bilateral acoustic neuroma…Neurofibromatosis type 2 .. Qs on phacomatosis.
Lost valuable time in this station trying to understand his questions (Please repeat the question sir !!!!)

Station 2 Ophthalmic medicine.
First examiner
>>Picture of early glaucomatous cupping … inf notch. Asked about investigations & ttt . target pressure ,.. Vascular risk factors.
>>Picture of typical CHRPE . dd. Changes in size over time .. associations
>>Picture of corneal ulcer with hypopyon .DD , investigations , stains . cultures. He gave me Kimura spatula and asked me to perform scrapping on the picture !! (should include base and advancing edge.
Second examiner
>>picture & case history of orbital cellulitis in a child dd of acute proptosis in children
>>Picture of mutton fat Kps . DD. investigations for uveitis. How to link c/p with investigations
>>picture of RP.inheritance & prognosis.. how to counsel this patient.
>>Picture of lateral fusion of lid margins >>DD tarsorrhaphy.. cicatricial diseases .. asked my about SJS in details.

>> picture of molluscm contagiosum .. causative organism.. significance of multiple lesions.

Station 3 Ophthalmic surgery & pathology

I think this was the best station for me through out the exam >>
First examiner
How do you perform DCR?
How do you perform GFS?
How do you manage a failing bleb?
Shallow AC after GFS
Case of traumatic iridodialysis+ sublx lens in 13 years old boy. Management options

2nd examiner .
Photo of BCC (medial canthal) DD. Management . lid reconstruction options
Case of refractive surprise after phaco in 2nd eye . Ref was -0.5/-0.75@130 in the 1st eye . the 2nd eye -5/-0.5@180.What is your options if this case is presented 4 weeks after surgery?
Classify ectropion….. how do you perform lateral tarsal strip?
Advanced surface ablation (LASEK..EpiLASIK).

Both examiners were satisfied... After the exam took a quick round in the RCPSG.I enjoyed this great historical place. Hilary told us that the results will be issued next Tuesday or Wednesday (I will be in Edinburgh finishing the other exam!!). For me it was better to delay the results until I finish the RCSEd exam in order not to lose my concentration !!!.

I had a chance to take a brief rest to prepare my self to the next battle.

Next morning. I went to Edinburgh with the Train. I enjoyed the Scottish green country. Arrived Edinburgh on Saturday 16-6-2012.I stayed in Pollock Halls hotel which was within the walking distance from The RCSED where the whole exam is held.

I spent Saturday & Sunday revising oxford hand book of ophthalmology.

Monday 18-6-2012
Viva exam (Quincentenary hall . Royal college of surgeons of Edinburgh)
This exam was more difficult (8 stations covering each subspecialty each station was 20 minutes with 2 examiners. Questions were deeper & much more difficult.

In each station the examiner reads clinical scenarios some times with pictures. You tell the diagnosis or (dd). Then he grills you on questions about your diagnosis.
I cannot remember the scenarios fully so I will give my diagnosis directly

Station 1 ocuplastics & orbit

My cases.(clinical scenarios)

- Infant 2 years old with watering eye(dd) how to perform probing
- Meibomian gland carcinoma
- TED
- Post enucleation socket syndrome
- Metastatic neuroblastoma
- Rhabdomyosarcoma
- CCF
- optic nerve glioma

Staion 2 Cornea & external disease

- Graft rejection
- Rupture globe
- Corneal ulcer
- Recurrent pterygium
- PUK.
- Terrien marginal degeneration
- Scleritis

Station 3 Cataract

- Counseling
- Management of extended rhix
- You are in the middle of phaco & there is no vaccum??
- Floppy iris syndrome
- Aphakic lady NO longer can use CL due to RA
- Cataract + Fuch's Dystrophy
- PCR & Vitreous loss at different stages of surgery??
- Phaco with small pupil.

Station 4 Glaucoma

- Different types of perimetry.Advantages &disadvantages
- Angle recession glaucoma
- Hyphaema
- Ocular hypertension ttt study
- Field changes & disc changes
- Classes of antiglaucoma drugs
- How do you perform ALT&SLT (laser parameters)

Station 5 Retina & uvea

- Cone Dystrophies
- BRVO (studies)
- Floaters DD
- Vit Hge dd
- Coats disease
- Choroidal melanomas
- Metastasis
- Counselling a case of RP
- DD of night blindness
- Uveitis with HLA27

Station 6 Neurophthalmology

- 6th nerve palsy
- Amarousis Fugax (asked about carotid artery disease in details)
- Functional visual loss
- AION
- Homonomous hemianopia with macular sparing
- OKN significance
- Myathenia
- Papilloedema
- Nystagmous with localising signs

Station 7 Pediatric ophthalmology & Strabismus

- Unilateral esotropia in 6 years old boy
- Amblyopia
- Unilateral congenital cataract
- Aphakic trisomy 21 boy with contact lens related ulcer
- Malignant hyperthermia
- Perforation during squint surgery
- Functional visual loss. Again??
- Retinoblastoma (counseling)
- ROP screening

Station 8 Surgical outcome , audit & submitted paper

- I was asked about my techniques in phaco, entropion & PRP
- Preparing for cataract surgery
- Counselling
- How I discuss my complications to my patients (examples)
- How I will act towards patient complains (legal responsibility)
- Research methodology … randomization..blinding
- Critical appraisal .. how I judge on a paper

This day was THE LONGEST day in my life. I returned back to the hotel just had a long sleep.i did not try to prepare for the next day (EMQs)

Tuesday 19-6-2012

This was EMQs. I think it was some what easy... I have studied before The MRCOphth EMQs book by Sharmina Khan & Ourania Frangouli. I finished the 3Hours exam in about 100 minute & went back rapidly to the hotel to check the web site for Glasgow results. I found that it has not been issued yet.

I revised the clinical techniques preparing my self for the next and last day (the clinical exam)

Wednesday 20-6-2012

Early in the morning i received an email from Hilary in Glasgow declaring that the FRCSG results will be issued today!. Now Irritable bowel started. I paid a lot of effort to concentrate in my clinical exam in Edinburgh.

Station 1 (Anterior segment) 20 minutes
Case 1
Rt pseudophakia + PKP with toric CL fitted. Left eye was Fuchs dystrophy. I was asked about the type and indication of CL? .What is the possible scenarioi the rt eye..cataract extraction … decompnsation…PKP.

Case 2
Iris nevus
DD difference from Melanoma. What is the sentinel vessel.
Investigations FFA.UBM.OCT.why UBM better than OCT. WHAT IS MANAGEMNT ? Follow up

Case 3
Again bilateral PKP
What are the risk factors for rejection?
Graft survival
Classify grafts according to prognosis

Station 2 posterior segment 20 minutes
Scleral buckle cryo marks at 10 & 6 o'clock .other eye large area with chorioretinal atrophy for DD.
Questions about RD surgery complications

78D exam old Macular BRVO with exaudate.Qs on management. Othe eye >> Fuchs spot. Qs on Other fundus signs of Myopia.

20D exam of well lasered PDR. Qs on ETDRS & DRS

Station 3 Neuro Motility 20 minutes

Case with neurofibromatosis (lish nodules. Optic atrophy. Neurofibroma.Qs on inheritance other sighns. Types of optic atrophy.

Case with optic disc drusens . Associations. Field changes?.causes and DD of swollen disc

Case with Horners Syndrome . Investigations in details.

I was told that they finished all questions . They let me go before the bell ring. I was sure that I passed this station with excellence.

Jane (the exam administrator) told us that results will be issued next Wednesday (I will be in Egypt).

I returned to the hotel to check the web for Glasgow results. I spent that day beside the laptop refreshing the page thousands times. No results until 6 pm when I was sure that results will be next morning.

Thursday 21-6-2012 was a very lovely day. I was shopping in the royal mile street in Edinburgh when my colleges called me from the hotel telling me I passed FRCS Glasgow.(22 candidates out of 57 passed). I joyfully returned back to the hotel to find extra good news. The GMC emailed me and invited me to perform the ID check next day in London.

I packed my luggage went to London by train (5 hours in the charming English country). I attended my ID check in London on Friday 22-6 and returned back to Cairo congratulating my self for FRCSG and waiting for FRCSEd results. 5 days later (27-6-2012) the results were issued on the web site and only one candidate out of 6 passed FRCSEd. That was me! It was one of the best days in my life. Thanks to Allah.

For my colleagues who are preparing for either exams. I am ready to help.

Ahmed Abdelwahab Ali Saad
MBBCH.,MSC.,FICO.,MRCSEd(ophth),FRCS(Glas.),FRCSEd(ophth)
Assistant lecturer of ophthalmology ,Zagazig University
Fellow of the royal college of surgeons of Edinburgh
Fellow of the royal college of physicians & surgeons of Glasgow
Fellow & Honouree scholar of the international council of ophthalmology(London)
Email: ahmed2651982@hotmail.com
Mob: 00201003594198