ARTICLE 1. A rare complication following a routine pterygium excision (Dr Afroz Ahmed)

1 Which one of the following categories of patients should routinely undergo antinuclear antibody (ANA) testing?
   a. Babies before the age of 4 years
   b. Young boys before the age of 10 years
   c. Male gender
   d. Middle-aged females
   e. Elderly women

2 Which one of the following is not a common cause for a pterygium?
   a. Hypermetropic children who wear a spectacle correction
   b. Working outdoors and exposure to ultraviolet light rays
   c. The p53 oncogene
   d. Dry eyes
   e. Fereditary factors

3 Which one of the following is not a complication of ocular surgeries related to surgically induced necrotising scleritis?
   a. Strabismus correction
   b. Pterygium excision
   c. Argon laser treatment for diabetic retinopathy
   d. Cataract extraction
   e. Trabeculectomy

4 Which one of the following is associated with surgically induced necrotising scleritis?
   a. Angioid streaks
   b. Wilms’ tumour
   c. Rheumatoid arthritis
   d. Pseudoxanthoma elasticum
   e. Aniridia

5 Which one of the following is not a true autoimmune marker?
   a. Rheumatoid factor
   b. White cell count
   c. Anti-double stranded DNA antibody
   d. Anti-ribosomal P antibody
   e. Anti-CCP antibody

ARTICLE 2. A practical approach to vertical strabismus: It is not a ‘black box!’ (Stephen P Kraft)

6 Which one of the following statements depicts a pterygium histologically?
   a. An elastotic degeneration of the conjunctival tissue
   b. Non-hyalination of the subepithelial tissue
   c. A leukocytoclastic vasculitis
   d. An elastotic degeneration of the corneal tissue
   e. A non leukocytoclastic vasculitis

7 Which one of the following statements is incorrect?
   a. If the left eye is the preferred eye for fixation and the right eye is sitting higher than the left eye, it is termed a left hypertropia
   b. If the non-fixating right eye is lower than the left eye, it is termed a right hypertropia
   c. If the left eye dissociates upward on cover test, the deviation is termed a left hyperphoria
   d. If there is hypertropia whereby the two eyes are linked according to Hering’s law, then the deviation is termed a ‘true hypertropia’
   e. If the innervation to the two eyes is not linked, the deviation is known as ‘true hypertropia’


8 Which one of the following statements is untrue regarding dissociated vertical deviations?
   a. DVD is most often associated with infantile strabismus
   b. DVD can be associated with acquired eye muscle disorders
   c. DVD is unilateral in the majority of cases
   d. DVD is constant during the day or when measured on different days
   e. DVD can be seen in isolation

9 What is the measurement when the deviation is comitant?
   a. Between 0 and 5 prism dioptres
   b. Between 5 and 10 prism dioptres
   c. Between 10 and 15 prism dioptres
   d. More than 25 prism dioptres
   e. More than 25 prism dioptres

10 Which one of the following statements is not true regarding a fourth nerve palsy?
    a. One of the most common innervational causes of a true vertical tropia is a fourth nerve paresis
    b. Assume that fourth nerve paresis is bilateral until proven otherwise
    c. If the patient has suffered head trauma, it is uncommon for only one fourth nerve to be compromised
    d. In cases of neurological diseases, it is not uncommon for only one fourth nerve to be compromised
    e. Measuring the extorsion in down gaze may also confirm bilateral involvement if it measures more than 18 degrees.

11 Which one of the following questions is not usually asked when counselling a patient about the possibility of a monovision approach?
   a. Is the patient myopic or hyperopic?
   b. Has the patient simulated the effect of monovision with contact lenses?
   c. What is the age of the patient?
   d. What is the pseudophakic correction of the patient?
   e. How mature is the cataract?

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12. Which one of the following statements is untrue for a patient who is not a candidate for monovision correction?
   a. The option of a multifocal intraocular lens can be considered
   b. The option of emmetropic distance correction can be considered
   c. The presbyopic patient with no distance correction needs to be approached cautiously
   d. It is important to realise that one solution for one person is not necessarily the same solution for another person
   e. The option of Premium extended depth of field lenses should never be considered for the hyperopic presbyopic patient

13. Which one of the following side effects is not a common complaint of hyperopic patients?
   a. Suboptimal reading
   b. Significant glare
   c. Significant haloes
   d. Waxy-like vision
   e. Distortion of vision when reading

14. Which one of the following statements is untrue when discussing a modest monovision approach?
   a. Patients have to be told that they may need spectacles for driving or watching TV
   b. Patients have to be told that they will need spectacles for the small print in mesopic conditions
   c. Patients have to be told that their night-time vision may be suboptimal
   d. Patients have to be told that they will need spectacles for the large print in scotopic conditions
   e. This is a user-friendly vision blend

15. Which one of the following statements is untrue regarding monovision in the case of a myopic patient who presents with cataracts?
   a. Monovision may not be the best option for a patient with keratitis
   b. Monovision may not be the best option for a patient who has poor vision after unsuccessful retinal detachment surgery
   c. Myopes do not like to lose all of their distance vision
   d. If patients are not happy with the modest monovision approach after surgery, LASIK or PRK can be considered to remove the induced myopia
   e. If patients are not happy with the modest monovision approach after surgery, a piggyback lens is an option to consider

16. Which one of the following statements is incorrect?
   a. The rand value unit (RVU) is essentially what a medical aid pays a specialist per minute of service
   b. Most medical aids base their reimbursement model on a defunct reference price list (RPL)
   c. Most medical aids do not pay for complexity of cases
   d. Most medical aids pay for the time consultations take
   e. The medical practitioner’s reimbursement decreases with the severity or complexity of the case

17. Which one of the following statements is incorrect?
   a. Medical aids reimburse medical practitioners differently
   b. Medical aids reimburse the same fee irrespective of the time spent on the case
   c. Medical aids reimburse the same fee irrespective of the complexity of the case
   d. Surgeons are not paid after 30 minutes when doing a surgical case
   e. Homeopathy, audiology, speech therapy and psychiatry are reimbursed at a lower rate than surgeons

18. Which one of the following statements is incorrect?
   a. The medical aid reimburses a surgical specialist with 14 years of training at R19.74/minute for a surgical case and R11.05/minute for a consultation
   b. Healthman indicated that a specialist practitioner should be reimbursed at R37.90/minute
   c. The remuneration of Principal Officers for the top six medical aids in the country is on average three to four times more than what they reimburse surgeons
   d. An architect is reimbursed more than a specialist surgeon
   e. Cost studies show that a medical aid reimbursement will not cover costs, once tax and VAT have been deducted

19. Which one of the following statements is incorrect?
   a. Medical aid fees are based on what a newly qualified house doctor (intern) earns in the Province: remember, they pay no VAT and have no practice costs
   b. A medical aid rate does not cover the costs of a surgical practice but generates some income
   c. A designated service provider (DSP) is a doctor/specialist who has agreed to charge a medical aid’s contracted tariff
   d. A medical aid will tell the medical practitioner to see their designated service provider based purely on fees charged
   e. There is absolutely no outcomes and quality based referral from the medical aid

20. Which one of the following statements is incorrect?
   a. A designated service provider (DSP) may provide poor or good quality care but medical aids do not measure this
   b. Private fees are a reasonable fee for service, based on experience and costs of private practice
   c. When your medical aid tells you that they pay 100%, it should be noted that this is usually 100% of their scheme rate
   d. Medical aids pay on average about 50% of what they should be paying
   e. It is important for the patient to understand the implications of private health care costs, private practice costs and why medical aid tariffs are both unethical and unreasonably low

This is to state that I have participated in the CPD-approved programme and that these are my own answers.