



Test your knowledge and understanding

This page is designed to help you test your own understanding of the concepts covered in this issue, and to reflect on what you have learnt. We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

1. The hospital manager is keen to implement a cataract surgical safety checklist to ensure that patient safety is managed well. The checklist:		Select one
a	Should be done before the patient arrives in theatre so as not to delay the operation	<input type="checkbox"/>
b	Should be done at three points in time: before the patient receives anaesthesia, before incision and before the patient leaves the operating room	<input type="checkbox"/>
c	Must be managed by the same person to ensure consistency	<input type="checkbox"/>
d	May be generic, i.e. from any health service	<input type="checkbox"/>
2. When obtaining consent from a patient it is <u>NOT</u> necessary to:		Select one
a	Check that the patient fully understands the proposed treatment and alternatives	<input type="checkbox"/>
b	Inform the patient of the possible consequences with and without the operation	<input type="checkbox"/>
d	Inform patients of their right to refuse the treatment options provided	<input type="checkbox"/>
e	Discuss the patient's details and medical history with the patient and family	<input type="checkbox"/>
3. An incident reporting system:		Select one
a	Requires that there be a clinical governance group in place	<input type="checkbox"/>
b	Could demotivate staff	<input type="checkbox"/>
c	Focuses on assigning responsibility to individuals	<input type="checkbox"/>
d	Is time-consuming	<input type="checkbox"/>
4. A patient with suspected acute endophthalmitis following surgery should be:		Select one
a	Managed with povidone iodine 5% applied to the cornea and conjunctival sac	<input type="checkbox"/>
b	Started on corticosteroid drops without delay	<input type="checkbox"/>
c	Checked using B scan and urgently given a pars plana intravitreal tap to test the vitreous using gram stain and culture, and then given intravitreal antibiotics	<input type="checkbox"/>
d	Observed until there are clear signs of hypopyon and vitreous opacities	<input type="checkbox"/>
5. High myopia is associated with an increased risk of developing sight-threatening conditions, including:		Select one
a	Retinal detachment	<input type="checkbox"/>
b	Sjogren's disease	<input type="checkbox"/>
c	Stevens-Johnson's syndrome	<input type="checkbox"/>
d	Strabismus	<input type="checkbox"/>

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ANSWERS

1. b. It is essential that the checklist in done by the team members at the three distinct stages described in the surgical safety checklist. It would also need to be tailored specifically for the local setting.
2. d. At the consent stage it is important that patient details are not disclosed to family members. Patients' rights and dignity must be respected at all stages.
3. a. A clinical governance group, made up of representatives from all departments, is ideally placed to analyse the incident reports and formulate communication and training to encourage team members to improve patient safety.
4. c. A suspected case of endophthalmitis should be treated as a medical emergency and a clear protocol of diagnosis and management must be followed as soon as possible.
5. a. High myopia is associated with an increased risk of developing sight-threatening conditions such as myopic macular degeneration (defined as atrophic changes or choroidal neovascularisation in the macular region in high myopia), retinoschisis, posterior staphylocoma, glaucoma, retinal detachment, and cataract.

REFLECTIVE LEARNING

Visit www.cehjournal.org to complete the online 'Time to reflect' section.

Picture quiz



Allen Foster

This is a picture of a 12 year old girl in East Africa.

Q1. What abnormality can you see on examination?

- a. Orbital cellulitis
- b. Ptosis left eye
- c. Lagophthalmos left eye
- d. Proptosis left eye
- e. Enophthalmos right eye

Q2. Which of these examinations / investigations would be appropriate and why?

- a. Ocular movements
- b. Examination of the cornea for exposure
- c. Examination of the pupils
- d. Orbital X-ray
- e. Thyroid function tests
- f. Biopsy of a palpable lymph node

Q3. What do you think is the differential diagnosis?

ANSWERS

1. Answer (d) The left eye is protruding (proptosis). There is no sign of inflammation (orbital cellulitis). The lid is not drooping over the cornea (ptosis). To test for lagophthalmos one would ask the patient to close the eyes, one eye would close and the other remain partially open showing lagophthalmos – this is not evident in this picture – both eyes are open. Enophthalmos is when the eye is sunken back into the orbit. There is no evidence of this in the right eye, rather the left eye is pushed out.
2. Answer – all of the above tests are appropriate. Ocular movements may be limited by a lesion in the orbit. Protrusion of the eye may lead to corneal exposure, corneal ulceration and loss of vision. An orbital tumour may compress the optic nerve leading to an afferent pupil defect and loss of vision. An X-ray may show orbital bone or sinus abnormalities. Thyroid function tests may be abnormal in dysthyroid eye disease, although this is uncommon in children. If there are palpable lymph nodes then a biopsy may help to make a definitive diagnosis.
3. Answer: There are various benign or malignant space-occupying lesions of the orbit and neighbouring sinuses which can cause proptosis. The rate of development of the proptosis can be a guide as to whether the tumour is benign or malignant. Also, causes vary according to geographical distribution and age of presentation. For example, proptosis in a European adult may be due to dysthyroid eye disease, but this is uncommon in children, and dysthyroid eye disease is generally uncommon in Africa. This child had unilateral proptosis due to Burkitt's lymphoma which is one of the more frequent causes of proptosis in East Africa in children aged 5–15 years. It is usually rapidly progressive and may be associated with abdominal tumours. She responded to treatment with intravenous cyclophosphamide.