



I-Courses Ophthalmology Exams Preparation Programs

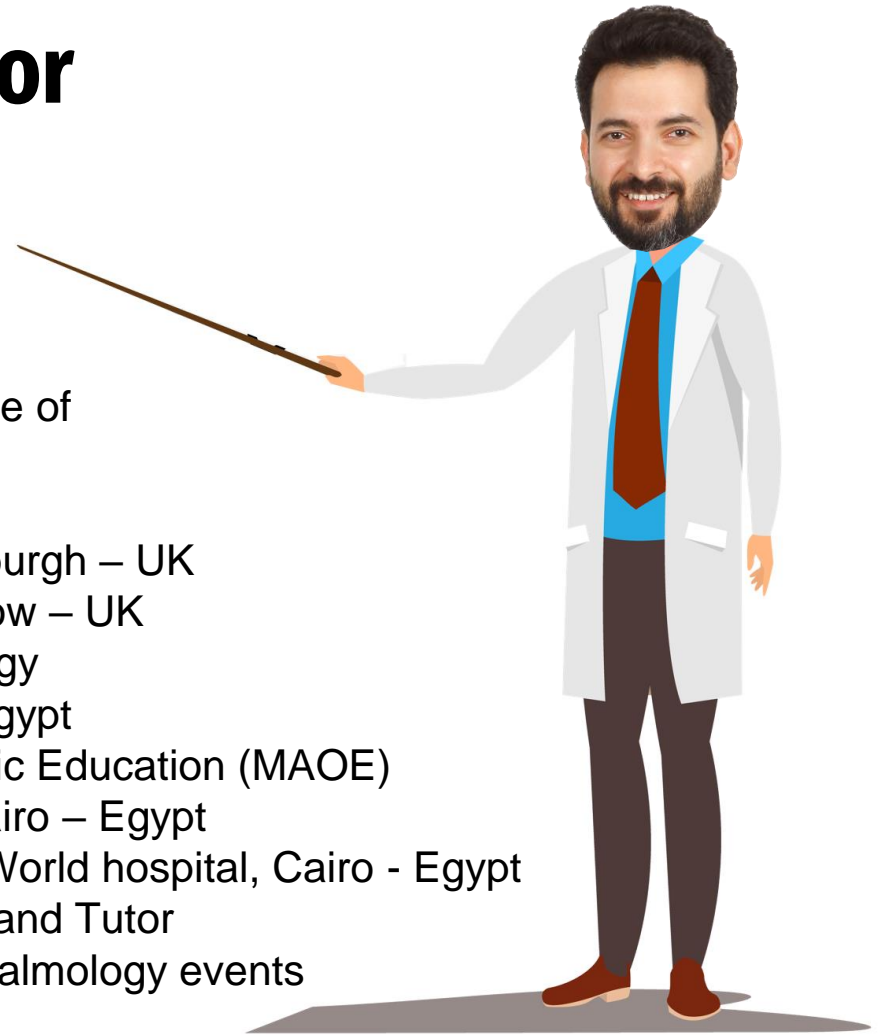
Ahmed Hamdy Oreaba
M.Sc, FICO, MRCSEd, FRCS

I-Courses Academy Founder & Instructor
Ophthalmology Exams Expert

Instructor

Ahmed Hamdy Oreaba
M.Sc, FICO, MRCSEd, FRCS

- I-Courses Founder and Instructor
- Former Cornea Consultant at Memorial Institute of Ophthalmology, Giza - Egypt
- More than 10 years of teaching experience
- Member of Royal College of Surgeons – Edinburgh – UK
- Fellow of Royal College of Surgeons of Glasgow – UK
- Fellow of International Council of Ophthalmology
- Licensed Ophthalmologist in the UK, UAE & Egypt
- Instructor at Moonlight Academy for Ophthalmic Education (MAOE)
- Former instructor at Score Training Centre, Cairo – Egypt
- Former International Training Director at Eye World hospital, Cairo - Egypt
- Phacoemulsification and Keratoplasty Trainer and Tutor
- Guest Speaker in local and international ophthalmology events



I-Courses Academy

Started

2014

Candidates

8000

Countires

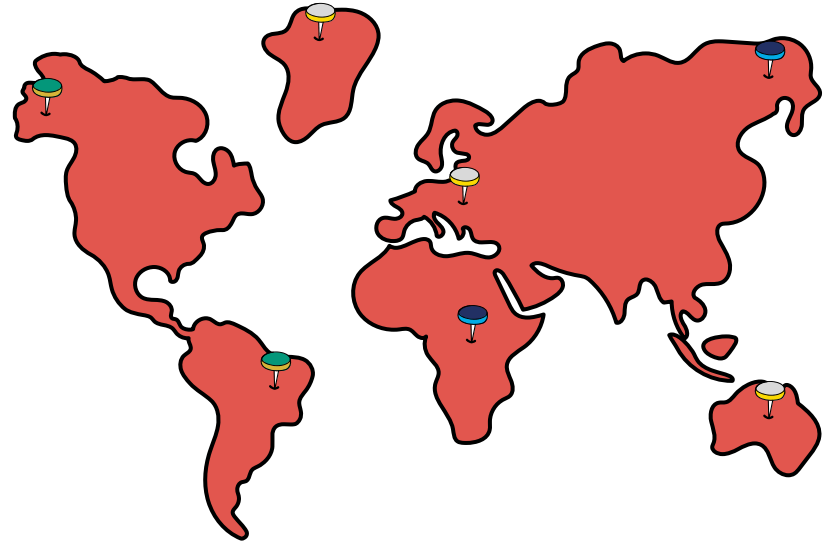
70

Success Rate

90%

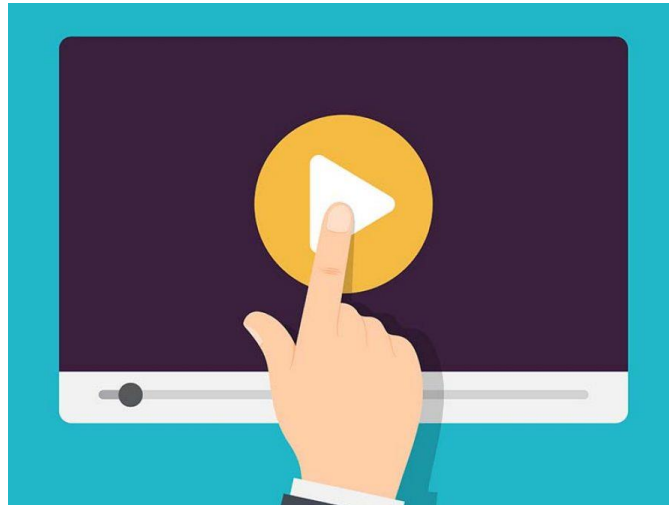
Satisfaction Rate

100%



Self Study Video Lectures

- Detailed Video Explanation for the syllabus
- Divided into Topics explanation lectures, MCQs discussion lectures, Clinical Examination techniques, Case simulation discussion, Clinical Trials discussion.
- Available to watch anytime anywhere within subscription period
- Subscription plans available : 4 months, 6 months, 12 months (No shorter plans less than 4 months available)



+addon Group Coaching Classes

**Subscription is available for
Registered Candidates Only**

- Group Coaching for all courses
- Live interaction with the instructor
- Dedicated Questions and Answers Sessions
- For answering queries regarding course topics and questions
- Questions should be submitted to Support team in advance to receive attendance link on ZOOM
- 2 sessions monthly
- Session is every other Saturday, (every two weeks)
- At 6 PM GMT on ZOOM
- Schedule is adjusted in March and October to be before ICO Exams
- Registration is available after course subscription

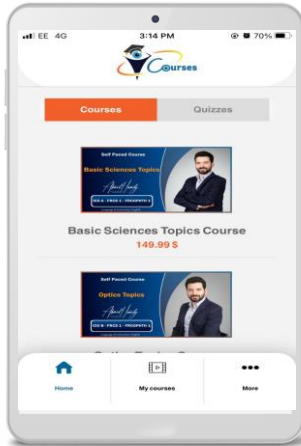


Courses are accessible through

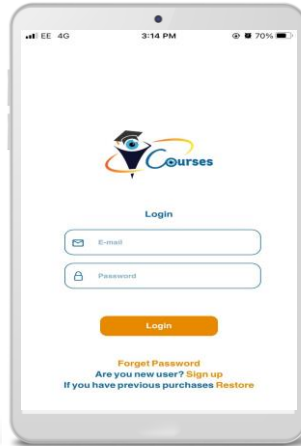
Mobile



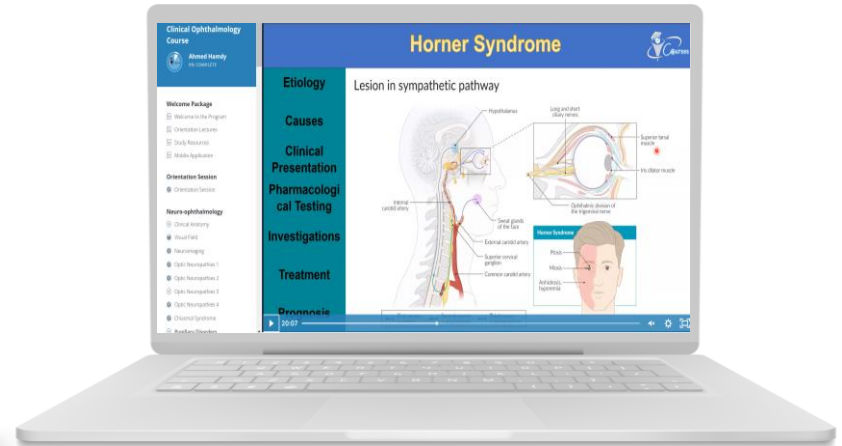
Tablet



I-PAD



PC / Laptop



iCourses App



icourses.org

Mock Tests

- Several Mock Tests to simulate the real exam
- Measure your performance against time
- Helpful to know points the need further improvement
- The mock exams cover

Basic (Visual) Sciences

Optics, Refraction and Instruments

Clinical Ophthalmology MCQs

Advanced Ophthalmology MCQs and EMQs

Final Basic Sciences Test

Time remaining
2:09:59

Anatomy and Embryology

1. Descemet's membrane is principally made from

- type I collagen
- type II collagen
- type III collagen
- type IV collagen

2. Regarding the cornea, which one of the following statements is most likely to be true?

- It has a multilayered stratum posterius to Descemet's membrane
- Refractive index is 1.18
- It is thicker peripherally than centrally
- The radius of curvature is greater posteriorly than anteriorly

3. With regard to the sclera, which statement is LEAST likely to be correct?

- It consists of regularly spaced collagen fibres
- It is less posteriorly with the dorsal sheath of the optic nerve

Final Clinical Ophthalmology Test

Time remaining
3:59:59

General Medicine related to ophthalmology

1. Which of the following is associated with Lyme disease?

- The infection is carried by mosquito larvae.
- The infectious pathogen is Borrelia burgdorferi.
- Nervous system involvement does not occur.
- All patients present with a typical rash known as erythema chronicum migrans.

2. What is the most important parameter in predicting anaphylaxis?

- Past use of many antibiotics
- Sensitivity to epinephrine
- Sensitivity to hydrocortisone
- History of previous allergic reactions

3. In patients with shock, what is the most frequent single cause of death?

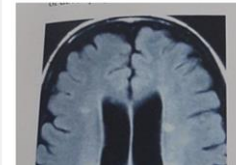
- haemorrhage
- myocardial infarction

Advanced Ophthalmology Test

Time remaining
00:00:00

Extended Matches Questions

1. A 55 year-old North American woman presented with acute visual loss in the right eye. Her ophthalmic examination showed a visual acuity of logMAR 0.3 (Snellen 6/12, 20/40), discinal 0.50 in the right eye with a right PAVD (Relative Afferent Pupillary Defect), but was otherwise normal. Her visual field showed ... (Figure 1). Given the findings the expected risk of developing MS (Multiple Sclerosis) is about ...3... in the next 15 years. The patient is treated with ...4... to increase the rate of visual recovery and decrease chance of developing MS in the next two years.



WhatsApp Group

- Group support from previous and current candidates
- Exchange information, discussion of questions
- Under supervision of the instructor



Course Certificate

Certificate of Attendance



This Certificate is proudly awarded to

YOUR NAME

for successful completion of

Clinical Ophthalmology Examination, Work Up and Case Based Discussion

80 hours Interactive Online Course from 29 July 2021 to 23 November 2021

I Courses© is a registered International
Academy for Ophthalmic Education

Website: icourses.org
Email: support@icourses.org



I Courses Founder
and Course Instructor

Ahmed Handy

Support Team

Email: support@icourses.org
Whatsapp: [+201092909418](https://www.whatsapp.com/+201092909418)



Payment Methods



International Agents



100% Satisfaction Guaranteed !



Installment Plan for Bundles Available!

- Pay 50% Now and get access to one course of your choice within the bundle
- Pay 50% after a month and get access to the other course/courses
- Contact us for more details (Extra 5% Administrative charges with each installment)



Part 1 Courses



Basic Sciences & Optics

Who should apply?



Language of Instruction



01	FICO Part A & B
02	FRCS Part 1
03	FRCOPHTH Part A
03	FEBO
04	Egyptian Master and Doctorate Board Exam
05	Arabic Board Exam
06	Jordanian, Lybian, Iraqi, Palestenian Board Exams
07	FCPS, Indian Ophthalmology Exam
08	American Board

Basic Sciences Topics Explanation Course



Anatomy

- Introduction
- Cornea
- Sclera
- Limbus
- Anterior Chamber
- Choroid
- Ciliary Body
- Iris
- Vitreous
- Retina
- Orbit
- EOM
- Eyelid
- Conjunctiva
- Lacrimal sys.
- Blood Supply
- Neuroanatomy
- Visual Pathway
- Embryology

Physiology & Biochemistry

- Cornea
- Lens
- Tear Film
- Aqueous
- Pupil
- Visual Acuity
- Contrast Sensitivity
- Retina
- Photochemistry of Vision
- Visual Pathway
- Adaptation
- Vision Sense
- Colour Vision
- Binocular Vision
- Electrophysiology
- EOM

Pharmacology

- Pharmacokinetics
- Pharmacodynamics
- Drug receptor interaction
- Pharmacological Agents
- Eye and Automatic Nervous System
- Antiglaucoma
- Antibiotics/Antivirals/Antifungals
- Analgesics
- Anti-inflammatory
- Anesthetics

Basic Sciences Topics Explanation Course



Microbiology

- Microbial Pathogenesis
- Gram Stain
- Bacteria
- Viruses
- Fungi
- Parasites
- Sterilization
- Disinfection

Genetics

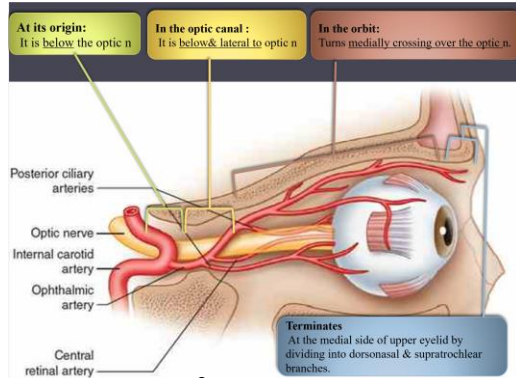
- Chromosomes
- Genes
- DNA Replication
- Gene Regulation
- Cell Cycle
- Mutation
- Mendelian Inheritance
- Non Mendelian Inheritance
- Genetic Ocular Diseases
- DNA Cloning
- PCR
- Gene Therapy

Pathology & Immunology

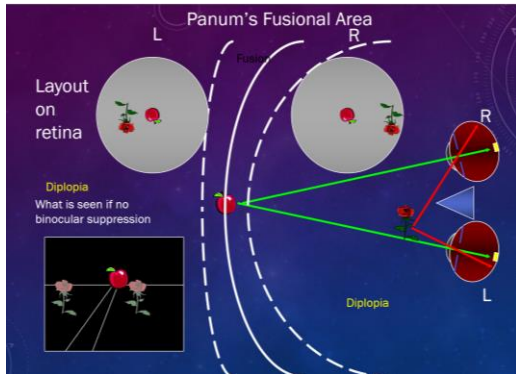
- Acute Inflammation
- Chronic Inflammation
- Innate Immunity
- Humoral Immunity
- Chemical Mediators
- Cells and Tissue Damage
- Cellular & Tissue Reaction
- Hypersensitivity Reactions
- Aging, Degeneration, Dystrophies
- Tumors & Tumor like Conditions
- Vascular Changes
- Basic Ocular Pathology

Basic Sciences Topics Explanation Course

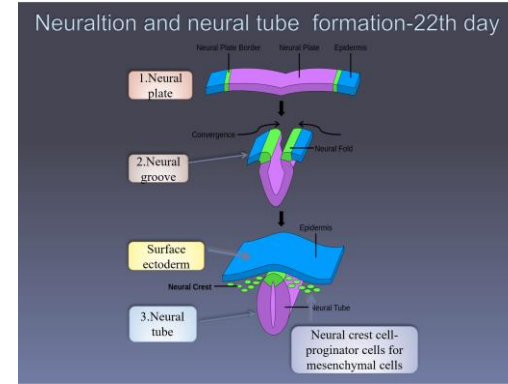
Anatomy



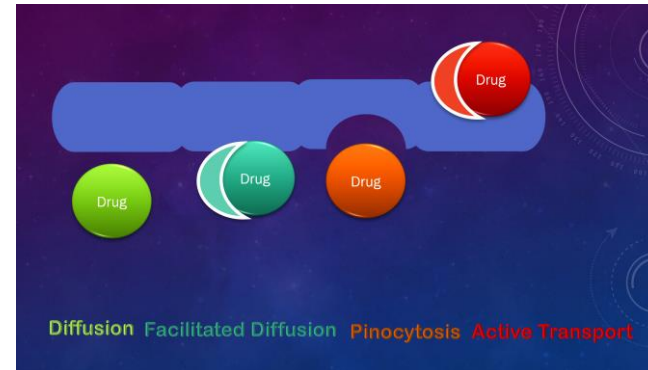
Physiology



Embryology



Pharmacology



Basic Sciences Topics Explanation Course

Microbiology

Structure

Cell Wall

- Mucocomplex of muramic acid
- Porous to all molecules
- Except very large molecules

Cell Membrane

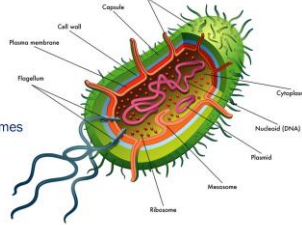
- Important osmotic barrier and
- The site of a number of important enzymes

Plasmids

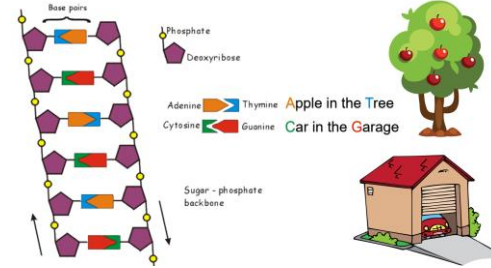
- Fragments of DNA within bacteria
- Involved in antibiotic resistance.

Flagella allow for motility

Pili allow for conjugation



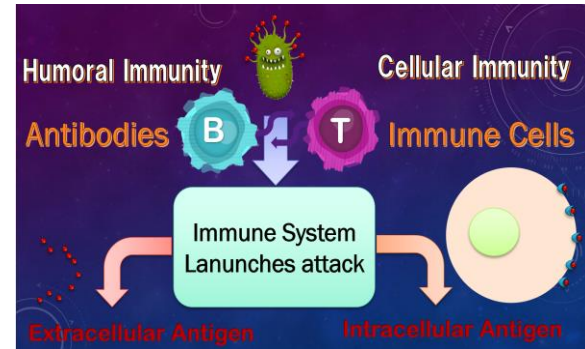
Genetics



General Pathology



Immunology



Basic Sciences MCQs Discussion Course



Anatomy

- Introduction
- Cornea
- Sclera
- Limbus
- Anterior Chamber
- Choroid
- Ciliary Body
- Iris
- Vitreous
- Retina
- Orbit
- EOM
- Eyelid
- Conjunctiva
- Lacrimal sys.
- Blood Supply
- Neuroanatomy
- Visual Pathway
- Embryology

Physiology & Biochemistry

- Cornea
- Lens
- Tear Film
- Aqueous
- Pupil
- Visual Acuity
- Contrast Sensitivity
- Retina
- Photochemistry of Vision
- Visual Pathway
- Adaptation
- Vision Sense
- Colour Vision
- Binocular Vision
- Electrophysiology
- EOM

Pharmacology

- Pharmacokinetics
- Pharmacodynamics
- Drug receptor interaction
- Pharmacological Agents
- Eye and Automatic Nervous System
- Antiglaucoma
- Antibiotics/Antivirals/Antifungals
- Analgesics
- Anti-inflammatory
- Anesthetics

Basic Sciences MCQs Discussion Course



Microbiology

- Microbial Pathogenesis
- Gram Stain
- Bacteria
- Viruses
- Fungi
- Parasites
- Sterilization
- Disinfection

Genetics

- Chromosomes
- Genes
- DNA Replication
- Gene Regulation
- Cell Cycle
- Mutation
- Mendelian Inheritance
- Non Mendelian Inheritance
- Genetic Ocular Diseases
- DNA Cloning
- PCR
- Gene Therapy

Pathology & Immunology

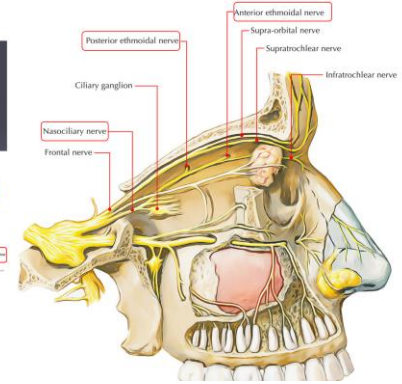
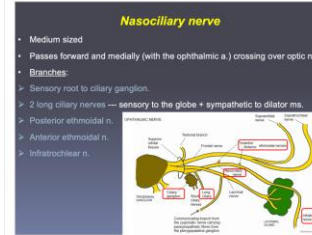
- Acute Inflammation
- Chronic Inflammation
- Innate Immunity
- Humoral Immunity
- Chemical Mediators
- Cells and Tissue Damage
- Cellular & Tissue Reaction
- Hypersensitivity Reactions
- Aging, Degeneration, Dystrophies
- Tumors & Tumor like Conditions
- Vascular Changes
- Basic Ocular Pathology

Basic Sciences MCQs Discussion Course

Anatomy and Embryology

3-Which one of these structures is supplied by the nasociliary nerve?

- a-The ethmoid sinus. ✓
- b-The medial third of the lower lid.
- c-The non-pigmented ciliary epithelium.
- d-The upper canine teeth.



Physiology

40. Regarding colour vision, which ONE of the following statements is MOST likely to be TRUE?

- a-Colour constancy depends on the wavelength of the illumination light.
- b. Colour perception requires more than one type of photoreceptor. ✓
- c-Protanomaly is reduced sensitivity to green light.
- d-The photochromatic interval is the time from stimulus to colour identification.

Colour Constancy

Colour constancy is the tendency of objects to appear the same colour even under changing illumination.

A yellow banana appears yellow whether you see it in the tungsten light of the kitchen or in sunlight outdoors.

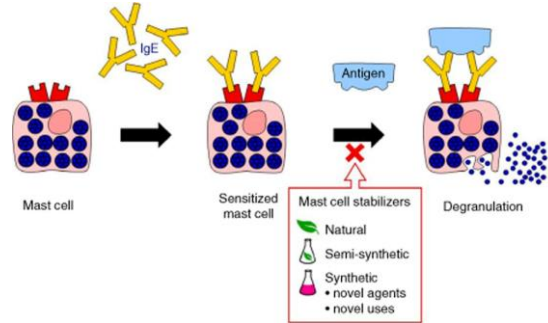


Basic Sciences MCQs Discussion Course

Pharmacology

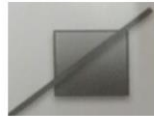
72. Which ONE of the following statements describes the mechanism of action of sodium cromoglycate in the treatment of allergic hypersensitivity reactions?

- a. It blocks histamine receptors in many target organs.
- b. It prevents the binding of T cells to surface antigens.
- c. It reduces vascular permeability.
- d. It stabilizes mast cell membranes. ✓



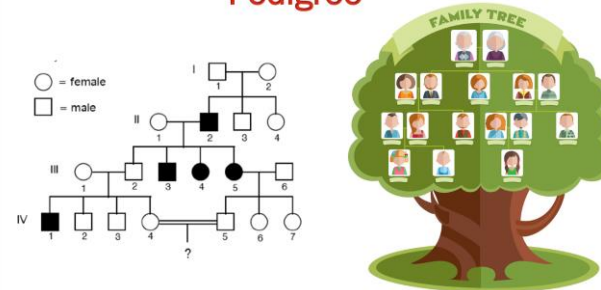
Genetics

88. When drawing a family tree, what is the meaning of the symbol below?



- a. A deceased affected male. ✓
- b. An affected male who married into the family.
- c. An unaffected presenting male.
- d. The affected presenting female.

Pedigree

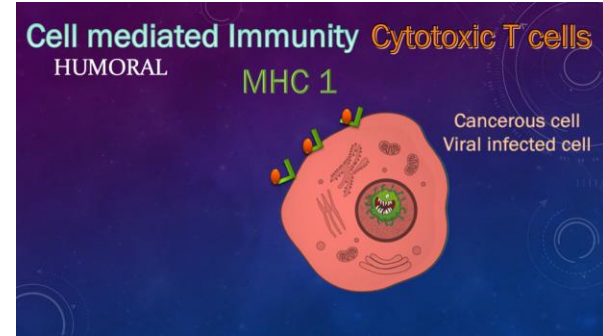


Basic Sciences MCQs Discussion Course

General Pathology and Immunology

96. Regarding the functions of T cells, which ONE of the following statements is MOST likely to be TRUE?

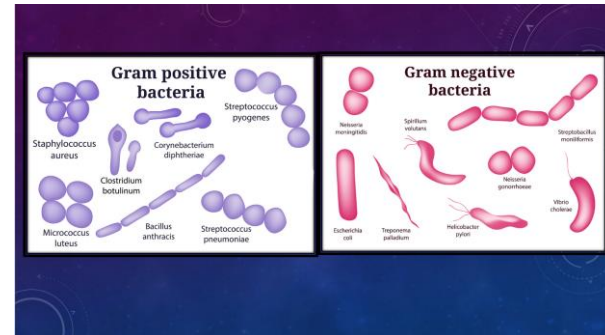
- a. A Helper T cells, recognizes many different viruses
- b. Cytotoxic T cells produce interleukins.
- c. They are responsible for antibody mediated immunity.
- d. They can recognize and eliminate cancerous cell. ✓



Microbiology

110. Regarding the results of a gram stain on a conjunctival swab from a patient with conjunctivitis, which ONE of the following statements is MOST likely to be TRUE?

- a. Escherichia coli is a gram negative coccus.
- b. Haemophilus influenzae is a gram negative rod. ✓
- c. Neisseria gonorrhoeae is a gram positive coccus.
- d. Pseudomonas aeruginosa is a gram positive rod.



Optics, Refraction & Instruments Topics Explanation Course



Optics

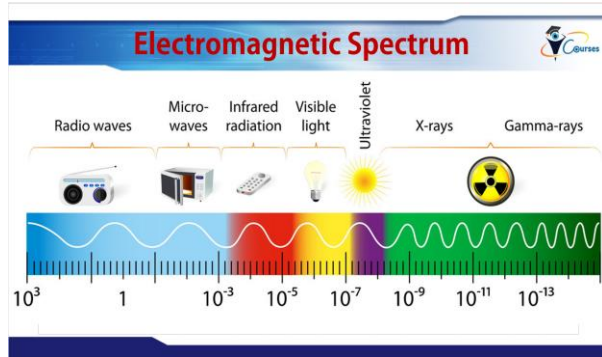
- Physical Optics
- Reflection of Light
- Refraction of Light
- Prisms
- Spherical Lenses
- Astigmatic Lenses
- Transposition
- Lens Measurement
- Lens Neutralization
- Aberrations
- Thick Lens Theory
- Schematic Eye
- Reduced Eye
- Accommodation
- Myopia
- Hypermetropia
- Astigmatism
- Aphakia
- Presbyopia
- Anisometropia & Anisoconia

Optics

- Clinical Refraction
- Low Vision Aids
- Bifocal Lenses
- Contact Lenses
- Intraocular Lenses
- Laser
- Retinoscopy
- Direct Ophthalmoscopy
- Indirect Ophthalmoscopy
- Slit Lamp
- Surgical Microscope
- Telescopes
- Microscopes
- Keratometer
- Faucimeter

Optics, Refraction & Instruments Topics Explanation Course

Physical optics



Misc Topics

LASER Elements

1. An active medium: (a gas, solid, or liquid) makes light monochromatic
2. Energy input: known as pumping ; makes light coherent
3. Optical feedback. To reflect and amplify the appropriate wavelengths.

Population inversion
Pumping
Resonance

3 mirrors, 2 light, 4 mirrors, 1 Active medium, 5 laser

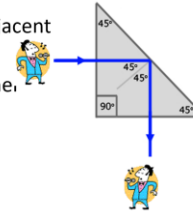
Geometric optics

Clinical applications of critical angle and TIR

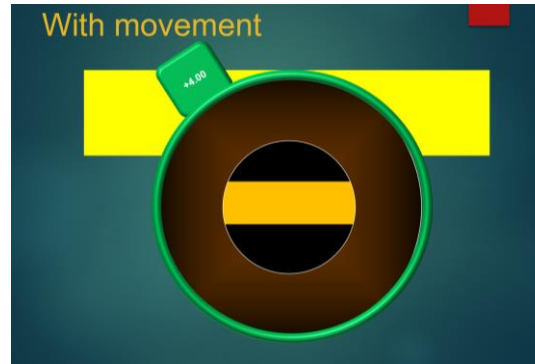
1- Reflecting prisms

1- Right angle prism

- Incident rays strike surface adjacent to right angle
- Emergent rays arise from other, adjacent surface
- Image formed is
 - Deviated 90o
 - Laterally transposed

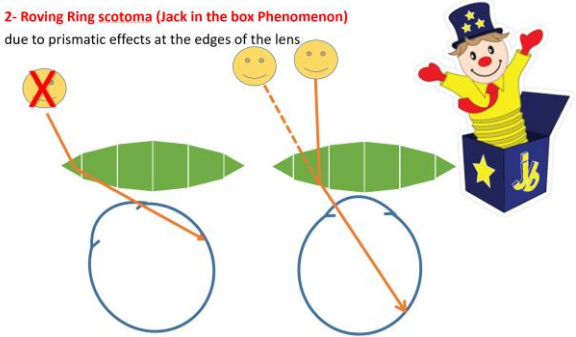


Clinical Refraction



Human optics

2- Roving Ring scotoma (Jack in the box Phenomenon) due to prismatic effects at the edges of the lens



Instruments

Compound Microscope

Objective Lens: High convex lens +100 to +200D
Eye Piece: Convex lens +20 to +50D

Object is placed between F & 2F of objective lens

Real inverted magnified image

Virtual Inverted magnified Image, can be inverted by inverting prism

Eye piece is place so the image lies in its F

Optics, Refraction & Instruments MCQs Discussion Course



Optics

- Physical Optics
- Reflection of Light
- Refraction of Light
- Prisms
- Spherical Lenses
- Astigmatic Lenses
- Transposition
- Lens Measurement
- Lens Neutralization
- Aberrations
- Thick Lens Theory
- Schematic Eye
- Reduced Eye
- Accommodation
- Myopia
- Hypermetropia
- Astigmatism
- Aphakia
- Presbyopia
- Anisometropia & Anisoconia

Optics

- Clinical Refraction
- Low Vision Aids
- Bifocal Lenses
- Contact Lenses
- Intraocular Lenses
- Laser
- Retinoscopy
- Direct Ophthalmoscopy
- Indirect Ophthalmoscopy
- Slit Lamp
- Surgical Microscope
- Telescopes
- Microscopes
- Keratometer
- Faucimeter

Optics, Refraction & Instruments MCQs Discussion Course

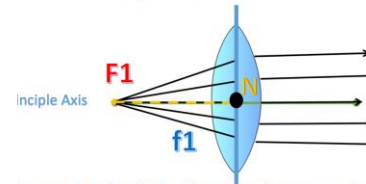
9-Regarding spherical lenses, which ONE of the following statements is MOST likely to be TRUE?

- a. For a contact lens the first and second focal lengths are equal.
- b. Lens power is designated by the second focal length. ✓
- c. The nodal point lies between the first principal focus and the principal plane.
- d. The second principal focus of a concave lens is posterior to the lens.

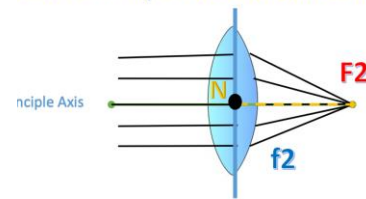
31. Regarding the measurement of the back vertex distance using a trial frame, which ONE of the following statements is MOST likely to be TRUE?

- a. A ruler should measure from the cornea to the front of a lens in the back cell
- b. If using the side arm ruler of the trial frame the lens should be in the middle cell.
- c. It can be measured with a ruler through a stenopeic slit in the back cell. ✓
- d. It is only necessary for myopic prescriptions greater than 5 dioptres.

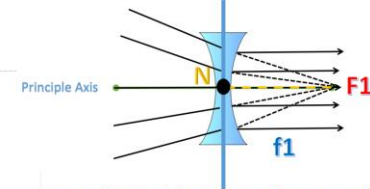
First Principle Focus of convex lens



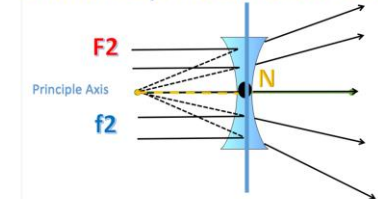
Second Principle Focus of convex lens



First Principle Focus of concave lens

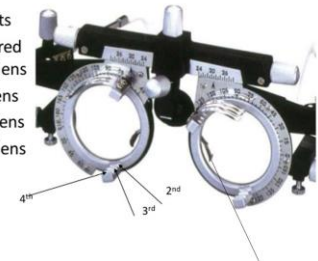


Second Principle Focus of concave lens



COMPARTMENTS OF TRIAL FRAME

- 3-4 compartments
- 1st - High powered lens
- 2nd - spherical lens
- 3rd - cylindrical lens
- 4th - accessory lens & prisms

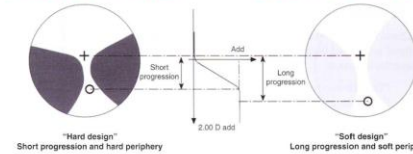


Optics, Refraction & Instruments MCQs Discussion Course

46. Regarding progressive addition (varifocal) lenses, which ONE of the following statements is MOST likely to be TRUE?

- a. Oblique astigmatism causes intolerance with a high cylindrical error.
- b. The distance and near visual points are in the same vertical plane. ✓
- c. The intermediate corridor is of a length proportionate to the near add.
- d. The near portion has to be a fixed size to avoid peripheral aberration.

Hard PAL Soft PAL



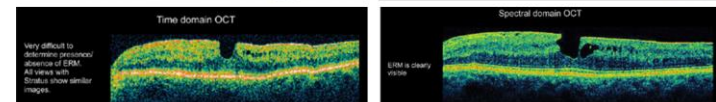
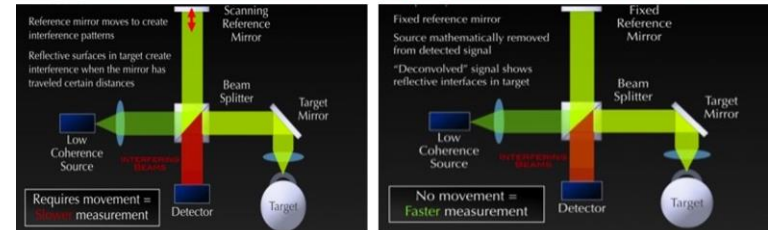
- ↓ Peripheral aberration (more dense)
- ↑ Peripheral aberration (less dense)
- ↑ Distortion free principal zones
- ↓ Distortion free principal zones
- Wide Corridor
- Narrow Corridor

If the transition corridor is lengthened, the distortions are less pronounced, but problems arise because of the greater vertical separation between the distance optical center and the reading zone.

56- Regarding Time domain and Spectral domain optical coherence tomography (OCT) which ONE of the following statements is MOST likely to be TRUE?

- a. Both types of OCT have an optical beam splitter ✓
- b. Spectral domain OCT use light with a wavelength of 380nm
- c. Time domain OCT has a fixed reference arm.
- d. Time domain OCT has the higher resolution

Time Domain OCT Spectral Domain OCT



Part 1



**Basic Sciences and Optics
Topics Bundle**

**Basic Sciences and Optics
MCQs Bundle**

**Basic Sciences
Topics Course**

**Basic Sciences
MCQs Course**

**Optics
Topics Course**

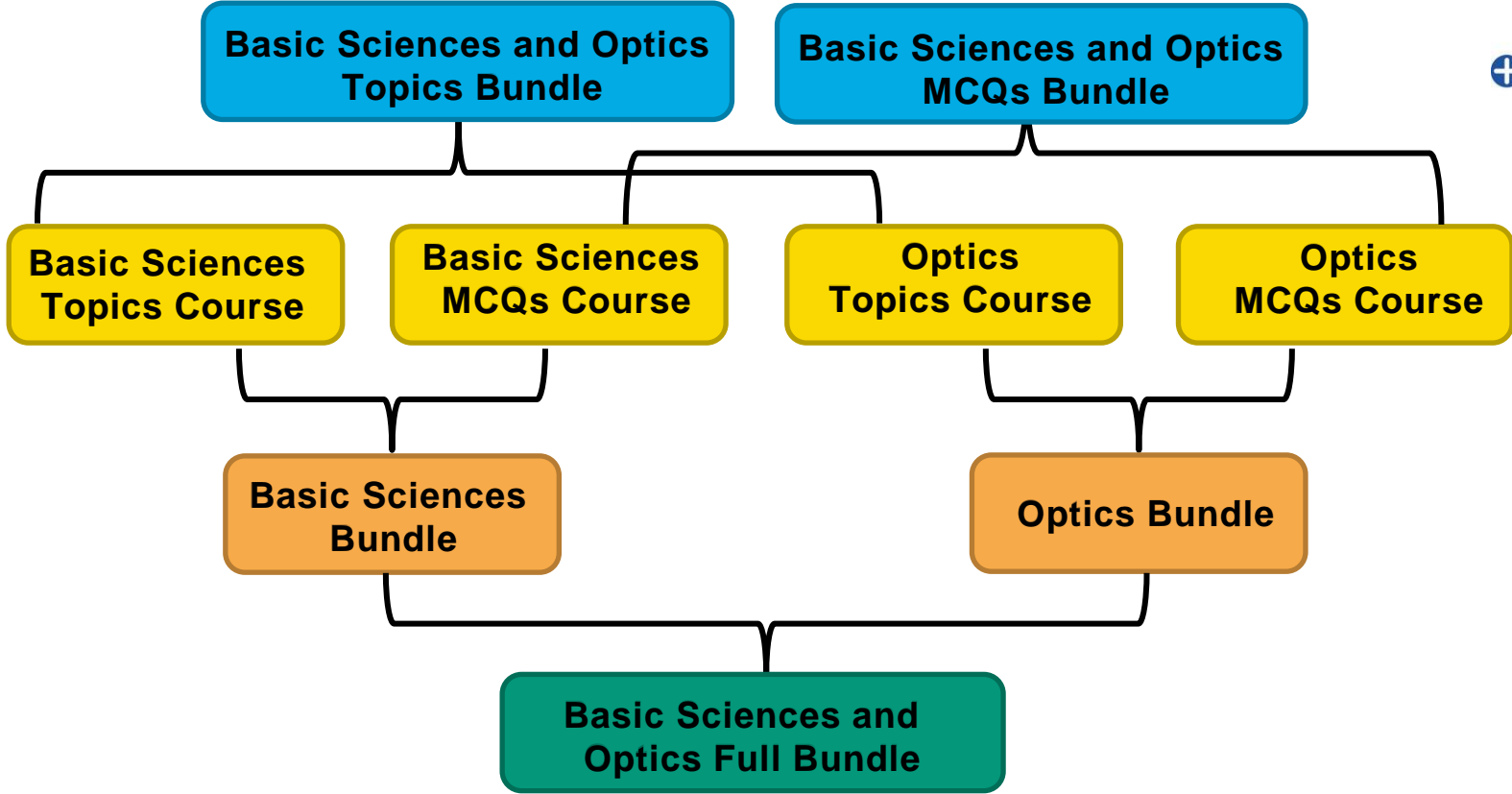
**Optics
MCQs Course**

**Live Q&A
Sessions**

**Basic Sciences
Bundle**

Optics Bundle

**Basic Sciences and
Optics Full Bundle**



Courses/Bundles	Duration	4 Months	6 Months	12 Months
Basic Sciences Topics Course	45 Hours	\$199	\$249	\$349
Basic Sciences MCQs Course	35 Hours	\$199	\$249	\$349
Basic Sciences Bundle	80 Hours	\$299	\$349	\$449
Optics Topics Course	35 Hours	\$149	\$199	\$299
Optics MCQs Course	25 Hours	\$149	\$199	\$299
Optics Bundle	60 Hours	\$199	\$249	\$349
Basic Sciences & Optics Topics Bundle	80 Hours	\$249	\$299	\$399
Basic Sciences & Optics MCQs Bundle	60 Hours	\$249	\$299	\$399
Basic Sciences & Optics Full Bundle	140 Hours	\$399	\$499	\$599
Live Coaching Sessions (2 Per month)	Addon	\$99	\$149	\$249

Part 2 Courses



Clinical Ophthalmology (Theoretical)

Who should apply?



Language of Instruction



01	FICO Part C, Advanced Exam
02	FRCS Part 2
03	FRCOPHTH Part 2 Written
03	FEBO
04	Egyptian Master and Doctorate Board Exam
05	Arabic Board Exam
06	Jordanian, Lybian, Iraqi, Palestenian Board Exams
07	FCPS, Indian Ophthalmology Exam
08	American Board

Clinical Ophthalmology Topics Explanation Course



Neuro-ophthalmology

- Clinical Neuroanatomy
- Visual Field Defects
- Neuroimaging
- Optic Neuropathies
- Pupillary Disorders
- Supranuclear Disorders
- Ocular Myopathies
- Headache
- Visual Loss

Pediatric Ophthalmology

- Eyelid Diseases
- Lacrimal Diseases
- Conjunctival Diseases
- Orbital Diseases
- Corneal Diseases
- Congenital Glaucoma
- Lens Diseases
- Pediatric Uveitis
- Pediatric Retinal diseases

Strabismus

- Clinical Anatomy
- Fundamental Concepts
- Assessment of VA
- Assessment of squint
- Comitant Strabismus
- Paralytic Strabismus
- Restrictive Strabismus
- Nystagmus
- Strabismus Surgery

Conjunctiva

- Allergic Conjunctivitis
- Infectious Conjunctivitis
- Papillary Conjunctivitis
- Follicular Conjunctivitis
- Conjunctival Surgery

Cornea

- Congenital Diseases
- Corneal Trauma
- Infectious Keratitis
- Peripheral Corneal Ectatic Diseases
- Dry Eye Syndrome
- Corneal Surgery
- Corneal Topography
- Refractive Surgery

Sclera

- Episcleritis
- Scleritis

Lens & Cataract

- Lens Disorders
- Preoperative Assessment
- Biometry
- Phaco Steps
- Phaco Complications
- Post operative complications

Eye Lid

- Congenital Diseases
- Eyelid Trauma
- Eyelid Reconstruction
- Blepharitis
- Eyelid Malposition
- Ptosis
- Miscellaneous Diseases

Clinical Ophthalmology Topics Explanation Course



Lacrimal System

- Congenital Diseases
- Trauma
- Infections
- Epiphora
- DCR Surgery

Orbit

- Congenital
- Trauma
- Infections
- Inflammation
- Vascular Diseases
- Miscellaneous Diseases

Ocular Pathology

- Stains
- Skin Path Terms
- Eyelid Tumors
- Conjunctival Tumors
- Lacrimal Tumors
- Orbital Tumors
- Corneal Dystrophies & Degenerations

Intraocular Tumors

- Phacomatosis
- Choroidal Melanoma
- Retinoblastoma
- Other intraocular Tumors

Glaucoma

- Fundamentals
- Open Angle Glaucoma
- Closed Angle Glaucoma
- Congenital Glaucoma
- Anti-glaucoma drugs
- Laser in Glaucoma
- Surgical Management

Uveitis

- Fundamentals
- Anterior Uveitis
- Intermediate Uveitis
- Posterior Uveitis
- Uveitis Treatment

Retina

- Retinal Imaging
- Vascular Retinal Diseases
- Retinal Dystrophies
- Surgical Retina

Macula

- Macular Diseases
- Macular Dystrophies

Exam Based Lectures



General Medicine

Public Health

Medical Professionalism

Low Vision

Medical Ethics

Emergency Medicine

Clinical Ophthalmology Topics Course

Neuro-ophthalmology

Pediatric Ophthalmology

Strabismus

MS Demyelinating Optic Neuritis



Demography

Ocular

- Acute loss of vision
- Pain with eye movement
- Bright flashes of light with movement of affected eye (phosphenes)
- Diplopia, nystagmus
- Sudden worsening of vision on exercise or increase in body temperature (**Uhthoff phenomenon**)

Onset, Course

Duration

Clinical Presentation

Signs

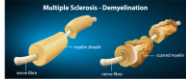
General

- Dysarthria, dysphagia
- Electric shock like sensation on neck movement (**Lhermitte sign**)
- Weakness and stiffness of lower limbs
- Numbness and paresthesia
- Sphincter disturbances.
- Past history of previous attacks

Investigations

Treatment

Prognosis



Craniofacial disorders

FETAL ALCOHOL SYNDROME

- Myopia
- Optic Nerve Hypoplasia
- Low nasal bridge
- Short nose and flat midface
- Smooth philtrum
- Thin upper lip
- Micrognathia (small jaw)



Monoocular or asymmetric ptosis
Strabismus (usually ET)

- Microcephaly (small forehead)
- Epicanthal folds
- Short palpebral fissures
- Minor ear abnormalities

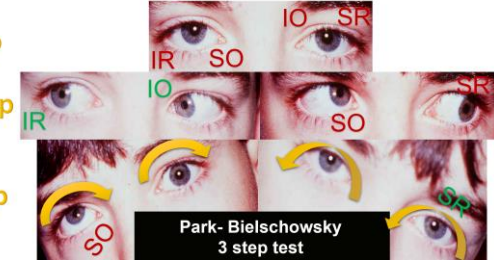
Park 3 Step Test



1st step

2nd step

3rd step



Park- Bielschowsky 3 step test

Conjunctiva

Giant conjunctival papillae



Vernal Keratoconjunctivitis

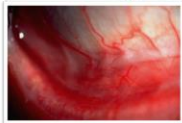
- Early Onset
- Usually resolves by puberty
- Ass. with atopic dermatitis
- Family history of atopy
- Cobble stone papillae
- Horner-Tranta dots
- Shield Ulcer
- Pseudomembrane
- ↑ histamine and IgE in tears

Atopic Keratoconjunctivitis

- Onset : 30-50 years
- Ass. With atopic dermatitis
- Dermatitis of eye lids
- Symblepharon
- Papillae in inferior fornix

Giant papillary Keratoconjunctivitis

- Allergy to FB
 - Contact Lens
 - Exposed stich
 - Ocular prosthesis



Cornea

Keratoconus



MILD

MODERATE

ADVANCED



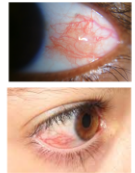
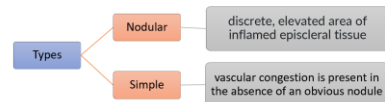
Sclera

Episcleritis



Definition

A common, benign, self-limited cause of red eye, due to inflammation of the episcleral tissues.



Incidence

- Females are affected more common than males (Query Boys > Girls)
- More common between 20-50 years
- Simple more common than nodular
- Simple sectoral more common than simple diffuse

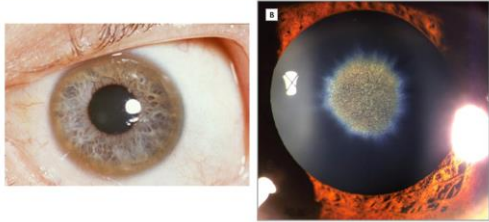
Clinical Ophthalmology Topics Course

Lens

Wilson disease



- Senile
- Congenital
- Trauma
- Metabolic
- Drug induced
- Toxic
- Miscellaneous



- Remember!**
- Sun flower cataract, Keiser Fleisher ring
 - Doesn't cause serious visual impairment

Eyelid

Lid Coloboma



- Congenital
- Trauma
- Infection
- Inflammation
- Malposition
- Tumors
- Miscellaneous

• Usually **superonasal and unilateral**.
 • If **inferolateral defects & bilateral & associated with systemic affection** think of...
 • Associated with **microphthalmos, iris coloboma, and anterior polar cataract**.

Treacher Collins syndrome

Lacrimal System

Canaliculitis



- Congenital
- Trauma
- Infection
- Inflammation
- Epiphora
- Tumors
- Miscellaneous

- Pouting Punctum
- Actinomyces israelii (Gram-positive rod, is the most common cause)
- Gritty sensation of probing
- Actinomyces branching filaments and sulfur granules on Gram stain
- Dilated canaliculus on dacryocystography.

Orbit

Graves Orbitopathy Scoring



Clinical Activity Scoring

- Spontaneous retrobulbar pain
- Pain on attempted up or down gaze
- Redness of eyelids
- Redness of conjunctiva
- Swelling of caruncle or plica
- Swelling of eyelids
- Swelling of conjunctiva (chemosis)

NOSPECS Scoring

- N**o signs or symptoms
- O**nly signs, no symptoms
- S**oft tissue involvement
- P**roptosis: exophthalmos
- E**xtraocular muscle involvement
- C**orneal involvement
- S**ight loss

Inactive GO = CAS <3
 Active GO = CAS ≥3

Manage according to symptoms, signs and complications

Trauma

Orbital Hemorrhage/Compartment syndrome



- Congenital
- Trauma
- Infection
- Inflammation
- Vascular
- Tumors
- Miscellaneous

Figure 1. Patient with post-traumatic retrobulbar hemorrhage of the right eye and orbital compartment syndrome. Note the eyelids forced open, the hemorrhagic chemosis and the inability of the eye to move inferiorly while the patient is in down gaze.

Management

- Intervention → Lateral Canthotomy & cantholysis
 - CT scan
 - Observation
- ↓ IOP
-

Glaucoma

Normal Tension Glaucoma

Definition

A chronic, progressive optic neuropathy that results in a characteristic optic nerve head cupping, retinal nerve fiber layer thinning and functional visual field loss with **normal IOP**

Risk Factors:

Gender: Female (♀)

Decreased CCT:

Increased Age:

Japanese race:

Family History:

Myopia:

Systemic Hypotension & Vascular diseases:

Obstructive sleep apnea:

Thyroid disease:

Clinical Ophthalmology Topics Course

Uveitis

Anatomical Classifications of Uveitis

Anterior Chamber
Iritis
Iridocyclitis
Anterior Cyclitis

Anterior Uveitis

Intermediate Uveitis
Vitreous
Pars planitis
Posterior cyclitis
Hyalitis

Retina or Choroid
Choroiditis
Retinitis
Chorioretinitis
Retinochoroiditis
Neuroretinitis

Posterior Uveitis

Panuveitis
AC, Vitreous, and retina or choroid

Retina

Classification & Diagnosis of Diabetic Retinopathy

Diabetic Retinopathy

Non proliferative

Mild NPDR
Moderate NPDR
Severe NPDR

Proliferative

Early PDR
High risk PDR

Advanced diabetic disease

Maculopathy

Macular Edema

Focal DME
Diffuse DME
CSME

Ischemic Maculopathy

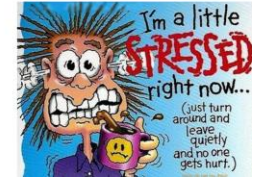
Mixed maculopathy

Macula

Central Serous Chorioretinopathy

Epidemiology

- Young middle-aged men
- Affected women are older
- Type A personality
- Hypertension
- Steroid use
- Psychiatric medication use
- Pregnancy



Pathology

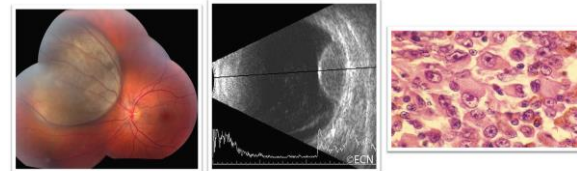
Granular Dystrophy



- Remember!**
- Deposition of hyaline material stained with Masson Trichrome
 - Doesn't reach limbus and cornea between lesions is clear

Intraocular Tumors

Choroidal Melanoma



- Remember!**
- Commonest primary intraocular tumor of adulthood
 - Very very important!

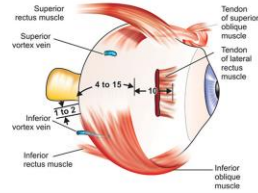
Clinical Ophthalmology Topics Course

Strabismus Surgery

Weakening Procedures

Myectomy

- Inferior Oblique Myectomy



Cataract Surgery

Phacoemulsification complications

Wound

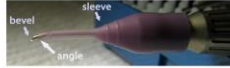
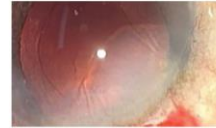
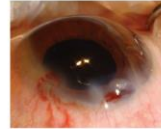
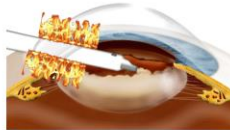
Cornea

Anterior Chamber

Lens

IOL

- Wound burn
- Descemet's detachment



Cornea Surgery

Penetrating Keratoplasty

Indications

Preoperative Assessment

Surgical Procedure

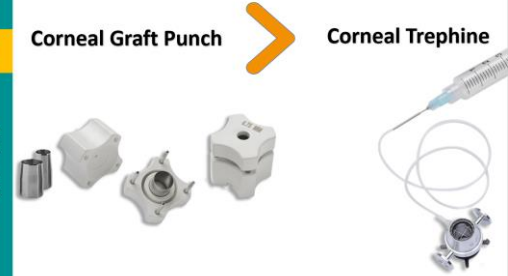
Intraoperative Complications

Postoperative Complications

Graft Failure

Corneal Graft Punch

Corneal Trephine

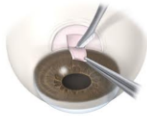


Glaucoma Surgery

Subscleral Trabeculectomy

Indicated when

- Progressive optic neuropathy or visual field defect
- IOP is too high for disease state or maximum tolerated medical therapy (MTMT) was reached

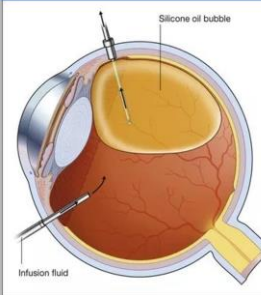
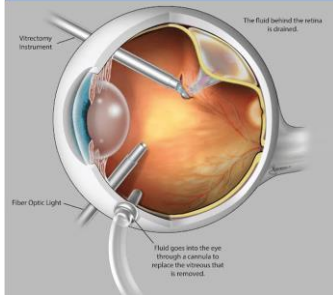


Contraindications (risk factors for failed trab)

- Blind eye
- Relative : active anterior NV
- Active iritis
- Extensive conjunctival injury
- Thin sclera
- Necrotizing scleritis
- Less successful in younger and blacks

Retina Surgery

Retinal Detachment Surgery



Lacrimal Surgery

Dacryocystorhinostomy

Congenital

Trauma

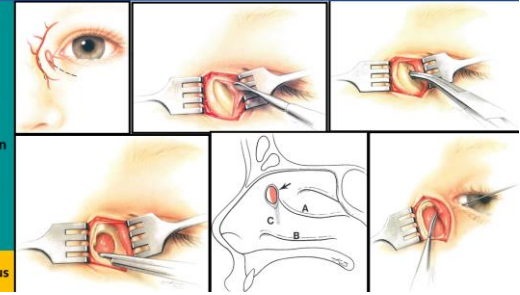
Infection

Inflammation

Epiphora

Tumors

Miscellaneous



Clinical Ophthalmology Topics Course

General Medicine related to ophth

Human Immunodeficiency HIV

- Retrovirus
- Infects & replicates in immune system CD4 T-cells/macrophages
- HIV replicates inside cells → destroys the cell
- Virions released / infects more cells
- Transmission



Public Health

How trachoma infection spreads



Adapted from 'The life cycle of trachoma', Carter Center www.cartercenter.org

Medical Ethics & Professionalism



Low Vision Rehabilitation

Alternative Optical NV Aids (Reading LVAs):

- ▶ Spectacle magnifiers
- ▶ hand held magnifiers,
- ▶ Stand magnifiers (Conventional, Flat Field Magnifiers, Flexible and Chest Magnifiers)
- ▶ Wide Range of Electronic Magnifiers
- ▶ CCTVs (including low magnification for affected field cases)
- ▶ Large screen monitors (i.e., over 19 inches for low vision users)
- ▶ Video Magnifiers
- ▶ Telescopes Magnifiers



Emergency Medicine

Call for Help

Airway: Look/listen/feel

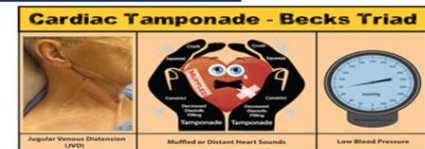
?patient talking ?breathing noise ?obstruction
?secrections ?cyanotic

Management;

- 1)Head tilt, chin lift, jaw thrust
- 2)Suction
- 3)Airway adjunct



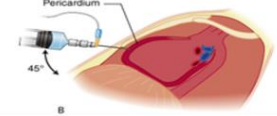
➤ Cardiac Tamponade:



Globular Heart



Rt: Pericardiocentesis



Clinical Trials and Studies Course



Neuro-ophthalmology

Pediatric Ophthalmology

Cornea

Lens & Cataract

Oculoplastics

Pathology

Uveitis

retina

Clinical Trials Course

Neuro-ophthalmology

Optic Neuritis Treatment Trial (ONTT)

Objective

- Are steroids beneficial?
- Risk of developing CDMS.

Placebo

IV Steroids followed by Oral Steroids

Oral Steroids

All reached same final VA after 6 months

Faster Visual Recovery
↓ Risk of CDMS in 2 years

↑ Risk of recurrence

Intraocular Tumors

Observation for small melanoma

5 year survival 94%

2 years

5 years

20%

30%

Growth

Pediatric Ophthalmology

Patching in treating amblyopia

2 hours / day

5 w

0.07 logMAR

Severe Amblyopes

Moderate Amblyopes

Full time 6 hours/day

2 hours/day 6 hours/day

No difference

No difference

Glaucoma

Ocular Hypertension Treatment Study

Objective

- Is **treatment** helpful in reducing progression of OHT to glaucoma?
- What are **risk factors** of progression of OHT to glaucoma??

Observation

Treatment

6 years

10%

4%

13 years

22%

16%

↑ Ocular symptoms

Cornea

Herpetic Eye Disease Study 1 (HED-1)

Objective

- Are **Topical steroids** beneficial in HSV stromal keratitis?
- Do **Oral acyclovir** have an additional benefit to topical trifluridine and topical steroids in HSV stromal keratitis?
- Do **Oral acyclovir** have an additional benefit to topical trifluridine and topical steroids in HSV Iridocyclitis?

Inclusion

Age > 11 years

Exclusion

- Active HSV epithelial keratitis
- Previous keratoplasty of the affected eye
- Pregnancy.

Retina

Anti-VEGF

MARINA

ANCHOR

Ranibizumab (Lucentis) is very effective in management of CNV involving the fovea and equally effective to other Anti-VEGFs when given monthly

• There was a reduction in VA in the **Ranibizumab** groups when their treatments were switched from monthly to quarterly, suggesting this is an insufficient frequency of treatments.

MARINA: Ranibizumab for Minimally Classic or Occult Neovascular Age-Related Macular Degeneration
ANCHOR: Ranibizumab vs. Verteporfin for Predominantly Classic Choroidal Neovascularisation in ARMD

Clinical Ophthalmology MCQs Discussion Course



Neuro-ophthalmology	Pediatric Ophthalmology	Strabismus	Conjunctiva
Cornea	Sclera	Lens & Cataract	Eye Lid
Lacrimal System	Orbit	Ocular Pathology	Intraocular Tumors
Glaucoma	Uveitis	Retina	Macula
Public Health	General Medicine		

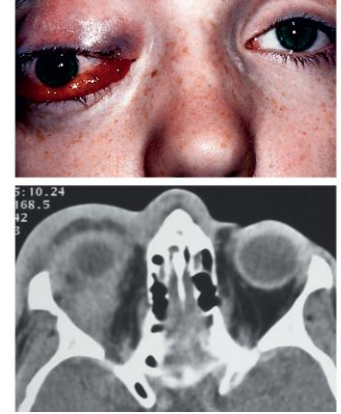
Clinical Ophthalmology MCQs Discussion Course

75. An otherwise healthy 4 year old child presents with orbital cellulitis. Which ONE of the following is MOST appropriate management?

- a. No imaging, treat with intravenous antibiotics.
- b. No imaging, treat with oral antibiotics
- c. Orbital imaging, treat with intravenous antibiotics. ✓
- d. Orbital imaging, treat with oral antibiotics

Orbital Cellulitis

- High-resolution CT of the orbit, sinuses and brain is vital to
 - confirm the diagnosis
 - Assess intraorbital extension
 - exclude a subperiosteal or intracranial abscess
- MRI is also sometimes performed.



94. The systemic condition MOST likely to be associated with the appearance in Figure 94 is which ONE of the following?

- a. Atopy.
- b. Obstructive sleep apnoea. ✓
- c. Systemic hypertension.
- d. Type 2 diabetes.



Figure 93



Floppy Eyelid Syndrome

Obstructive Sleep Apnea
Cardiovascular diseases
Cerebrovascular diseases

CPAP

A clinical photograph showing a patient's eye with a characteristic feature of floppy eyelid syndrome: the eyelid is severely lax and is being pulled away from the globe, exposing the sclera.

Clinical Ophthalmology MCQs Discussion Course

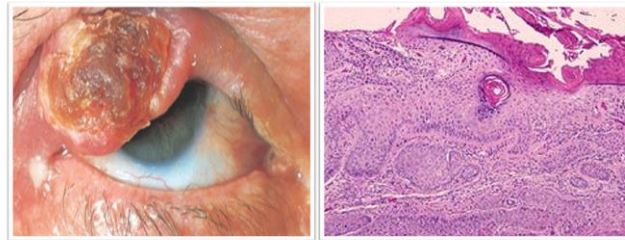
97-Regarding squamous cell carcinoma of the lid, which ONE of the following statements is MOST likely to be TRUE?

- a. It is more common in the lower than the upper lid. ✓
- b. It is typically differentiated from basal cell carcinoma by the absence of ulceration.
- c. It is usually preceded by solar keratosis.
- d. It metastasis frequently to the lungs.

14-The Bardet-Biedl (Laurence-Moon-Bardet-Biedl) syndrome is an autosomal recessive multisystemic disorder including obesity, polydactyly, renal abnormalities, hypogonadism and learning difficulties. Which ONE of the following ocular features is MOST likely to be found?

- a. Corneal endothelial pigmentary spots (guttata).
- b. Glaucoma.
- c. Lens subluxation.
- d. Pigmentary retinopathy. ✓

Squamous Cell Carcinoma



- Remember!**
- More LL but more in UL & outer canthus than BCC, hyperkeratotic
 - Pink malignant squamous cells below BM, Eddy pearls, distant Met



Clinical Ophthalmology MCQs Discussion Course

25- You are the ophthalmologist in charge of a 15 bed eye hospital that serves a population of about 1.5 million. You and your team did 900 cataract operation last year. Which ONE of the following is your cataract surgical rate?

- A. 600 ✓
- B. 900
- C. 1350
- D. Insufficient information to calculate

5-Progression of which ONE of the following diabetic complications has been shown to be reduced by Captopril?

- a. Nephropathy. ✓
- b. Neuropathy.
- C. Peripheral microvascular disease.
- d. Retinopathy.

Cataract surgical rate (CSR)

Number of surgeries carried out per million population per year

$$\frac{\text{Cataract operations per year}}{\text{Population in millions}} = \text{CSR}$$

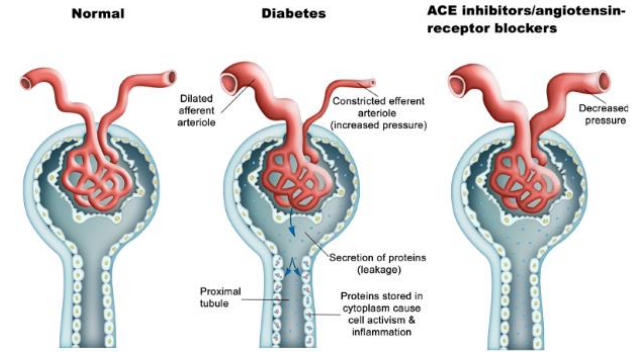
For example:

Population = 1.5 million

900 cataract surgeries per year

$$\frac{900}{1.5} = 600 \text{ CSR}$$

Local effects of ARBs and ACEIs in the kidney in the patient with type-2 diabetes. Vasoconstriction in the efferent arteriole is reduced and less protein crosses the glomerular filter into the tubule of the nephron



Advanced Ophthalmology MCQs & EMQs Discussion Course



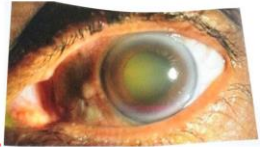
Neuro-ophthalmology	Pediatric Ophthalmology	Strabismus	Conjunctiva
Cornea	Sclera	Lens & Cataract	Eye Lid
Lacrimal System	Orbit	Ocular Pathology	Intraocular Tumors
Glaucoma	Uveitis	Retina	Macula
Public Health	Medical Professionalism	Low Vision	

Advanced Ophthalmology MCQs & EMQs Discussion Course

A healthy 24 year old man presented with a few week history of transient monocular visual loss without any headache or other symptoms. The visual loss was described as -5- and affected -6-. Duration of visual loss is -7-. He was treated with -8-

	A	B	C
5	Complete blindness for 1 minute ✓	Complete sudden altitudinal inferior field loss	Patchy fading over few minutes
6	The left eye every time ✓	Either eye on different occasions	Either eye on different occasions and sometimes both eyes together
7	5 minutes ✓	30 minutes	60 minutes
8	Aspirin	Nifedipine ✓	Propranolol

A 62 year old veterinary surgeon has been hit by a shuttlecock in the eye. On examination, the vision was logMAR 1.0 (6/60, 20/100, decimal 0.1) in the affected eye and 6/6 in the fellow eye. Intraocular pressure (IOP) was 66 mmHg on day 1 in the affected eye and normal in the fellow eye. With a hyphema of less than 50%, the glaucoma risk is -13-. The immediate management is -14-. Corneal staining is an indication for -15-. Bed rest -16- quiet ambulation.

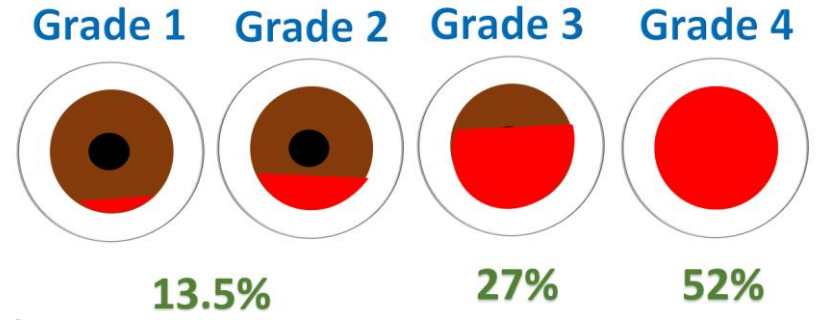


	A	B	C
13	80%	50%	10% ✓
14	Paracentesis and AC washout	Intensive anti-fibrinolytic treatment and cycloplegia	Intensive Hypotensive ✓
15	Emergency penetrating keratoplasty	Intravitreal tissue plasminogen activator injection	Early AC Wash ✓
16	Gives better long term vision than ✓	Gives worse long-term vision than	

Retinal Migraine

- It is caused by ischaemia or vascular spasm in or behind the affected eye.
- The typical symptom is a **scotoma** or **complete loss of vision** in **one eye** for **few seconds or minutes**.
- Patients generally do **NOT** describe a **shade coming down** over their vision as occurs with emboli.
- **Calcium blockers** have been particularly effective for these patients.
- Occasionally, one **aspirin** a day will also reduce the frequency of retinal migraine.

Exception : Sickle Cell **Hyphaema** Rebleeding cases > 50%



Advanced Ophthalmology MCQs & EMQs Discussion Course

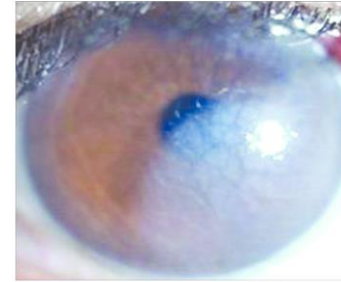
49) Following a straightforward phacoemulsification and lens implant for very early cataract, a patient presents three months post-operatively with a persisting localized patch of corneal edema in the superior temporal quadrant. Which structure to be causing this presentation:

- a. Bowman's membrane.
- b. Corneal epithelium.
- c. Corneal stoma.
- d. Descemet's membrane. ✓

51) Systematic review of studies comparing monofocal lens implants with multifocal lens implants reveals which ONE:

- a. Better unaided distance visual acuities in the monofocal group.
- b. Higher incidence of haloes (rings round lights) in the multifocal group. ✓
- c. No differences in contrast sensitivity between the 2 groups.
- d. No difference in rates of total freedom from glasses between the 2 groups

Post operative descemet's membrane detachment



Unifocal vs Multifocal lenses systematic review

	Monofocal Lenses	Multifocal Lenses
Corrected distance VA	No difference	No difference
Uncorrected distance VA	No difference	No difference
Near VA	Worse	Better
Spectacle dependence	Worse	Better
Quality of life	Worse	Better
Glare	Better	Worse
Haloes	Better	Worse
Contrast Sensitivity	Better	Worse

Advanced Ophthalmology MCQs & EMQs Discussion Course

96) The ICO curriculum ethics section refers to which of the following standards:

- a. Clinical trials procedures should adhere to the Geneva Convention.
- b. Ensure that sponsors are not allowed to influence the content of ophthalmologic presentations. ✓
- c. Fees/expenses can be claimed for defending the cause of external funding bodies (Not relating to professional activity) as long as they are declared.
- d. Informed consent for participation in clinical trials may not be necessary, in order to avoid the Hawthorne effect.

93) Regarding helping a patient with low vision, from age related macular degeneration (ARM), to read:

- a. A typoscope (an overlay highlighting one word and masking out surrounding text) may be used to reduce glare. ✓
- b. Amount of illumination is less important than the source of the illumination.
- c. Contrast enhancement of text is not usually helpful.
- d. Reading speed is proportional to text size.

Research Standards

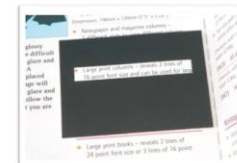


Helsinki Declaration—Ethical Principles for Medical Research Involving Human Subjects

- Its **purpose** was to provide guidance to physicians engaged in clinical research and its main focus was the responsibilities of researchers for the protection of research subjects.
- Developed for the medical community by the World Medical Association
- The **Declaration of Helsinki** is not **legally binding in the international law**, but has had major impact on national legislation

Management Strategy for Reduced Contrast Sensitivity and Glare Sensitivity

- Optimum lighting (ambient, task, or use of illuminated devices)
- Increased magnification
- Use of specific lens designs (e.g., biconvex aspheric lens, achromatic doublets)
- Use of tints, filters, lens coatings, apertures, etc.
- Non-optical devices (e.g., hats, visors, sideshields, typoscopes)
- Electronic devices.



Part 2

**Clinical and Advanced Ophth
EMQs & MCQs Mega Bundle**



**Clinical Ophth
MCQs Course**

**Clinical Ophth
Topics Course**

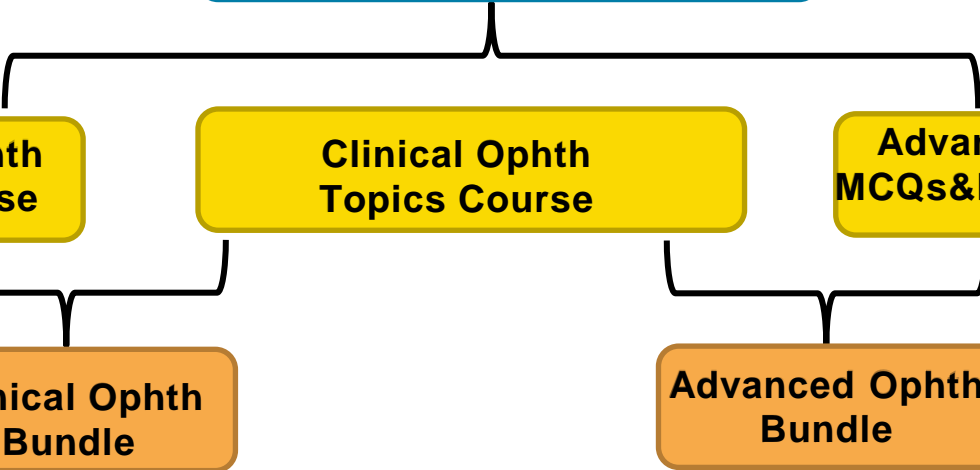
**Advanced Ophth
MCQs&EMQs Course**

**Live Q&A
Sessions**

**Clinical Ophth
Bundle**

**Advanced Ophth
Bundle**

**Clinical Trials
Course**



Courses/Bundles	Duration	4 Months	6 Months	12 Months
Clinical Ophth. Topics Course	80 Hours	\$299	\$349	\$449
Clinical Ophth. MCQs Course	80 Hours	\$199	\$249	\$349
Clinical Ophth. Bundle	160 Hours	\$399	\$499	\$599
Advanced Ophth. MCQs&EMQs Course	80 Hours	\$199	\$249	\$349
Advanced Ophth. Bundle	160 Hours	\$399	\$499	\$599
Live Coaching Sessions (2 Per month)	Addon	\$99	\$149	\$249
Clinical Trials and Studies Course	Addon	\$99	\$149	\$199

Part 3 Courses



Clinical Ophthalmology (Oral & Practical)

Who should apply?



Language of Instruction



01

FRCS Part 3

02

FRCOPHTH Part 2 Oral

03

FEBO

03

Egyptian Master and Doctorate Board Exam

04

Arabic Board Exam

05

Jordanian, Lybian, Iraqi, Palestenian Board Exams

06

FCPS, Indian Ophthalmology Exam

07

American Board

08

Day to Day Clinical Practice

Clinical Examination Skills Course (English Course-Arabic Course)



10 Hours

Neuro-Ophthalmology

- Pupil Examination
- Confrontation Test
- Nystagmus Examination
- Cranial Nerves Examination

Strabismus

- Visual Acuity in Children
- Cover Tests
- EOM Motility Tests

Anterior Segment

- Slit Lamp Examination Techniques
- Special Tests

Posterior Segment

- 90 D lens Examination
- Direct Ophthalmoscopy
- Indirect Ophthalmoscopy



Oculoplastics

- Ptosis Examination
- Proptosis Examination
- Entropion/Ectropion Examination
- Enucleated Socket Examination

Clinical Examination Course


Pupil Examination

How to see the pupil in the dark?



Observe



Anisocoria



By observation, there is **No heterochromia, No anisocoria in light or dark**

Confrontation Test



Blind Spot Examination



- Done if both eyes are normal or examiner asks for it
- Use the red target
- Strictly midway between you and the patient at 15 degrees temporal
- Idea is to compare its size with yours

Nystagmus Examination

2- Eyes



- Direction** horizontal or vertical or torsional
- Waveform** Pendular or jerky
- Amplitude** large or small
- Rest** in 1ry position or null zone
- Frequency** high or low

Cranial Nerves Examination



Temporals Masseter pterygoids

2- Clench on your teeth

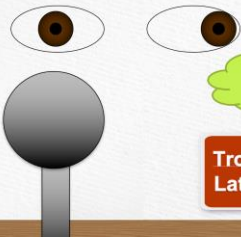



4- Corneal reflex 5- Jaw reflex

3- Open your mouth (Deviation) & push against resistance

Cover Uncover Tests

Cover test



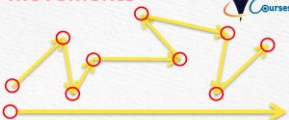



Fixing Eye

Tropia
Latent nystagmus

EOM Motility Tests

Types of eye movements



- Saccadic** Fast eye movement
- Pursuit** Slow eye movement
- Vergence** Eye movement in opposite directions
- Vestibular** Maintain specific gaze during head movement

Clinical Examination Course

Slit Lamp Examination

Illumination Techniques

Slit Width Knob Control

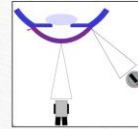
It increases the width of slit lamp beam from narrow to fully wide beam for diffuse illumination



Slit Lamp Examination

Sclerotic Scatter

- **Illumination** : 1-2 mm wide
- **Magnification** : Low to Medium
- **Angle** : 45 degrees
- **Decentered Beam**
- **Purpose** : Assessment of subtle corneal opacities, FB, Edema



Ptosis Examination

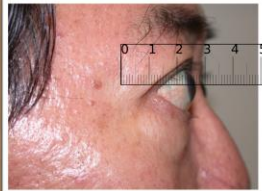
Measurements

Look up
Levator function



Proptosis Examination

Measurements



Enucleated Socket Examination

How to know if this patient has prosthesis without touching ?



Entropion/Ectropion Examination

Canthal Tendons Laxity

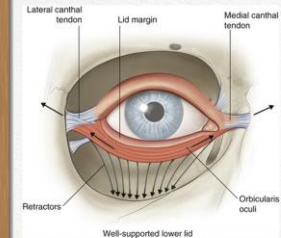


Figure 2. Involutional ectropion secondary to a lax lateral canthal tendon.

Clinical Examination Course

Fundus Slitlamp Examination

Examine



- Darken the room.
- Make sure you can get a comfortable position with elbows on table if possible.
- Ophthalmoscopy is possible with a 3mm pupil.
- Some stereo is possible with a 5mm pupil, however, the lens needs to be centered carefully.



Direct Ophthalmoscopy

IMPORTANT



- Set your own instrument according to your error of refraction
- Start practicing as early as possible



Indirect Ophthalmoscopy

Temporal



Nasal

Down

Up

Clinical Cases Simulation Course (English Course-Arabic Course)



Neuro-ophthalmology

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Pediatric Ophthalmology

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Strabismus

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Cornea & Ext. Diseases

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Lens & Cataract

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Glaucoma

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Uveitis

- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Posterior Segment

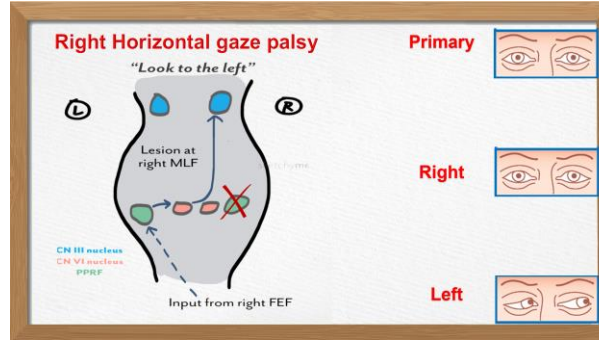
- Work Up
- Video Cases Discussion
- Picture Cases Discussion

Clinical Cases Simulation Course

Neuro-ophthalmology



Neuro-ophthalmology



Strabismus



Strabismus

Infantile Esotropia

- Esotropia developing in first 6 months of life
- Large angle ET > 30 PD
- Can show cross fixation

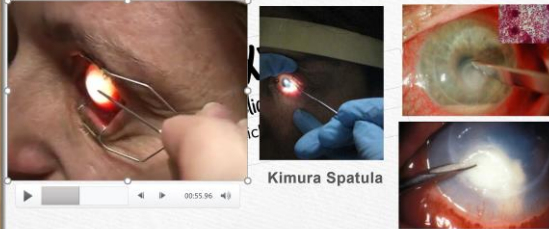


DD

- Pseudo ET
- Duane syndrome type 1
- Congenital 6th N palsy
- Early onset accommodative ET
- Nystagmus Blockage syndrome
- Sensory ET

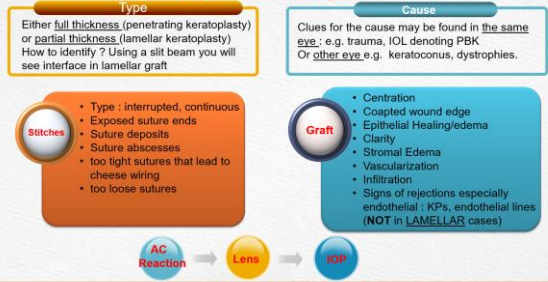
Cornea

Corneal Scrapping



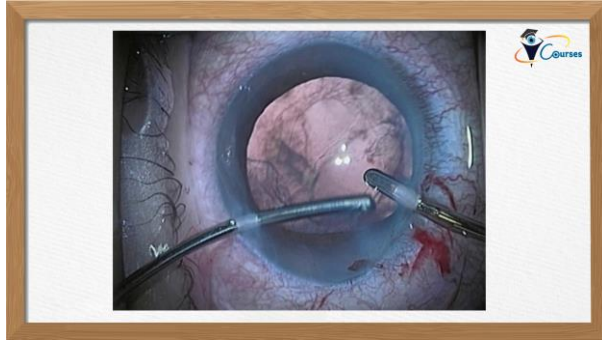
Cornea

How to approach a corneal graft case?

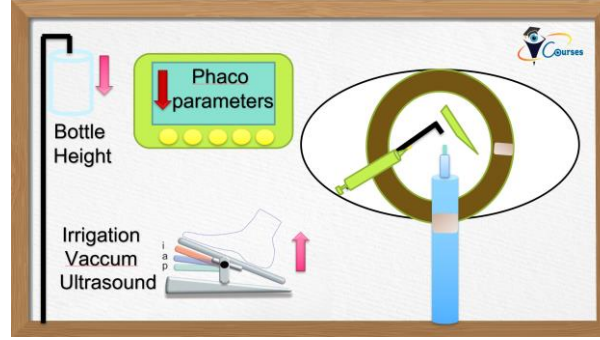


Clinical Cases Simulation Course

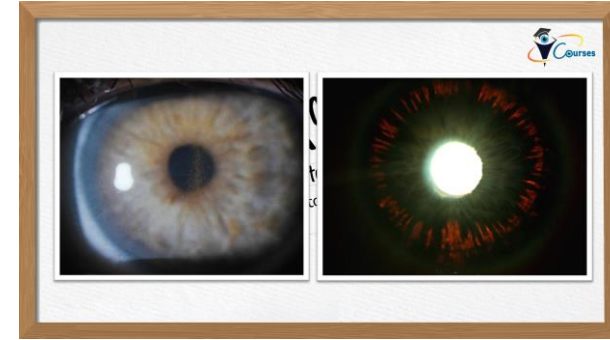
Lens & Cataract



Lens & Cataract



Glaucoma



Posterior Segment

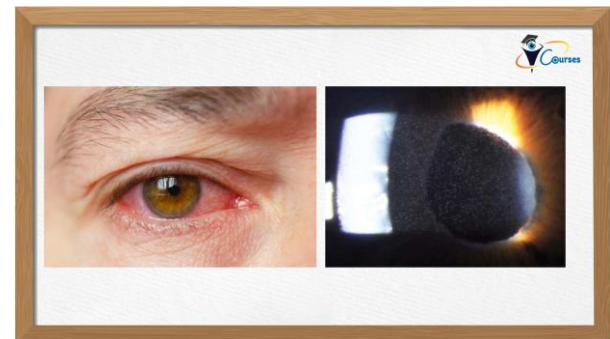


Posterior Segment

A diagram illustrating treatment modalities for posterior segment disease. It features three colored boxes with icons and text:

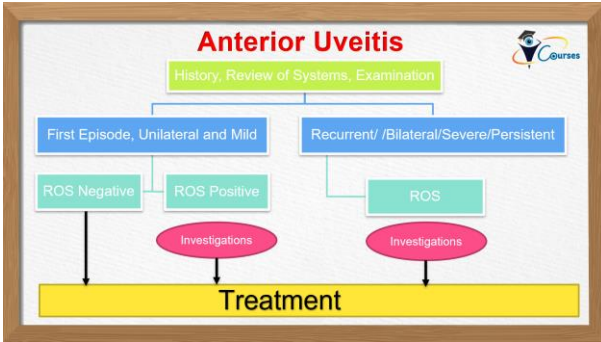
- Before the Beginning** (Yellow box): DM control : HbA1C should be kept under 7% (Icon: HbA1C test strip).
- Treatment Modalities** (Cyan box): Intravitreal injection (Anti VEGF-steroid), Laser Photocoagulation (Focal-Grid-PRP), Pars Plana Vitrectomy (Icon: Syringe).
- Treatment Stop** (Pink box): BCVA reaches 20/20 and/or Central macular thickness is 250 M or less (Icon: Stop sign).

Uveitis

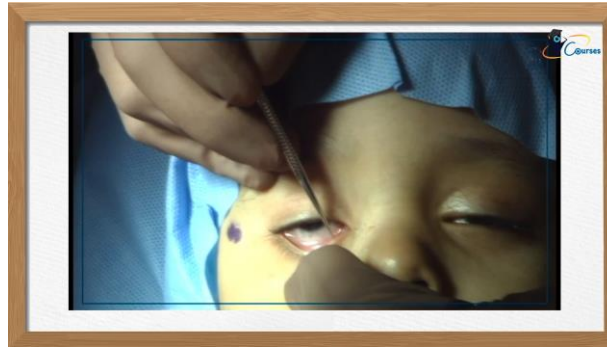


Clinical Cases Simulation Course

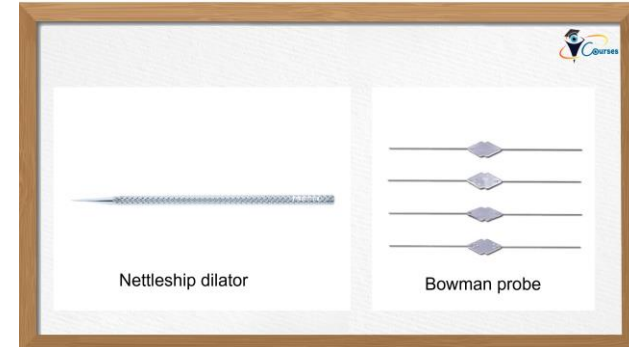
Uveitis



Oculoplastics



Oculoplastics



Emergency Medicine

Call for Help

Airway: Look/listen/feel

?patient talking ?breathing noise ?obstruction
 ?secreations ?cyanotic

Management;

- 1)Head tilt, chin lift, jaw thrust
- 2)Suction
- 3)Airway adjunct



Emergency Medicine

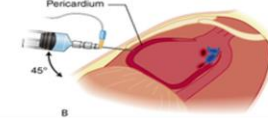
➤ Cardiac Tamponade:



Globular Heart



Rt: Pericardiocentesis



Clinical Trials and Studies Course



Neuro-ophthalmology

Pediatric Ophthalmology

Cornea

Lens & Cataract

Oculoplastics

Pathology

Uveitis

retina

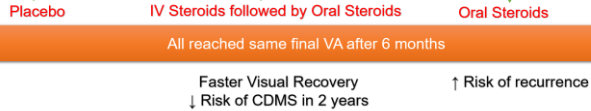
Clinical Trials and Studies Course

Neuro-ophthalmology

Optic Neuritis Treatment Trial (ONTT)

Objective

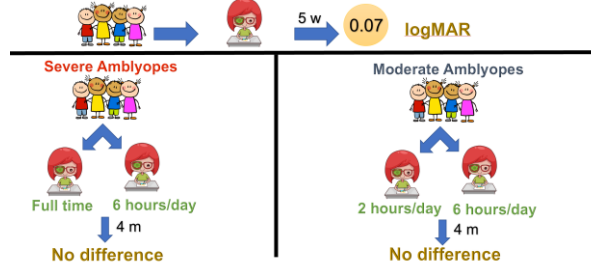
- Are steroids beneficial?
- Risk of developing CDMS.



Pediatric Ophthalmology

Patching in treating amblyopia

2 hours / day



Cornea

Herpetic Eye Disease Study 1 (HED-1)

Objective

- Are **Topical steroids** beneficial in HSV stromal keratitis?
- Do **Oral acyclovir** have an additional benefit to topical trifluridine and topical steroids in HSV stromal keratitis?
- Do **Oral acyclovir** have an additional benefit to topical trifluridine and topical steroids in HSV Iridocyclitis?



Age > 11 years



- Active HSV epithelial keratitis
- Previous keratoplasty of the affected eye
- Pregnancy.

Intraocular Tumors

Observation for small melanoma

5 year survival 94%

Growth

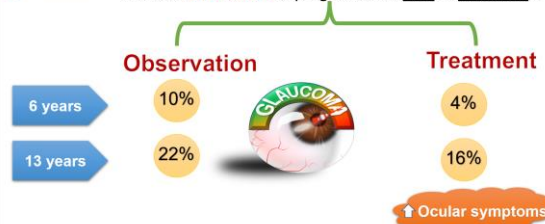


Glaucoma

Ocular Hypertension Treatment Study

Objective

- Is **treatment** helpful in reducing progression of OHT to glaucoma?
- What are **risk factors** of progression of OHT to glaucoma?



Retina

Anti-VEGF

MARINA

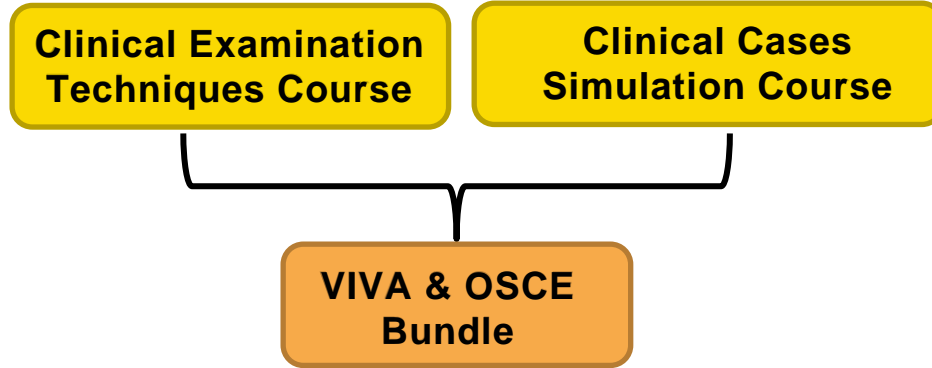
Ranibizumab (Lucentis) is very effective in management of CNV involving the fovea and equally effective to other Anti-VEGFs when given monthly

ANCHOR

• There was a reduction in VA in the **Ranibizumab** groups when their treatments were switched from monthly to quarterly, suggesting this is an insufficient frequency of treatments.

MARINA: Ranibizumab for Minimally Classic or Occult Neovascular Age-Related Macular Degeneration
ANCHOR: Ranibizumab vs. Verteporfin for Predominantly Classic Choroidal Neovascularisation in ARM2

Part 3



+addon

Live Q&A Sessions

Clinical Trials Course

FREE Access to FB Group

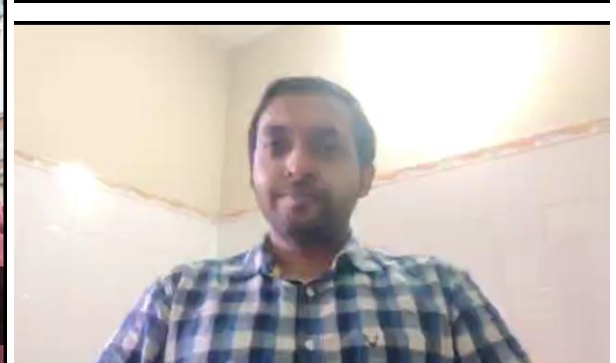
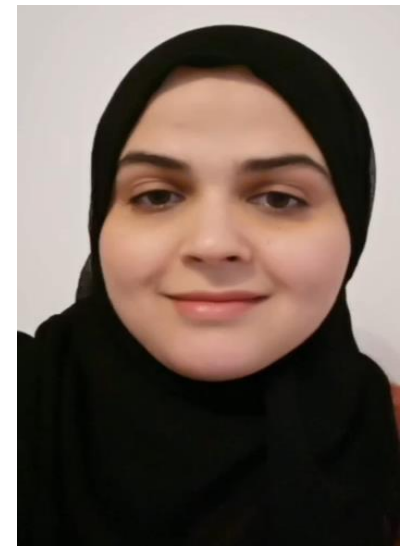
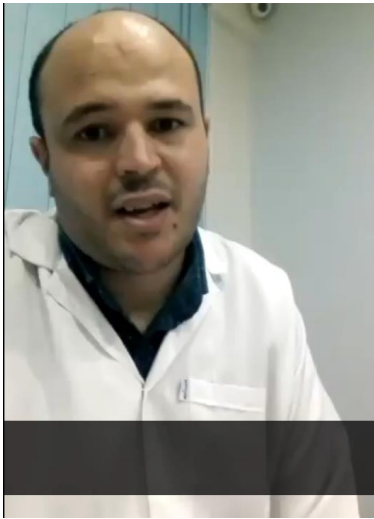
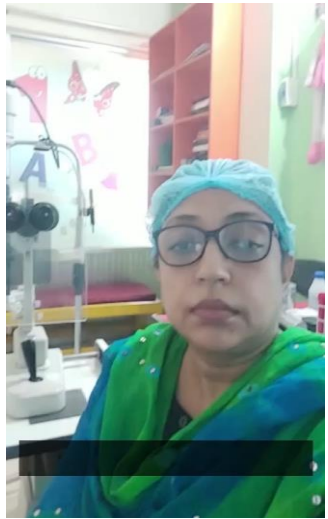
Courses/Bundles	Duration	4 Months	6 Months	12 Months
Clinical Examination Skills Course	10 Hours	\$149	\$199	\$299
Clinical Cases Simulation Course	80 Hours	\$349	\$399	\$499
Clinical Ophth VIVA & OSCE Bundle	90 Hours	\$399	\$499	\$599
Clinical Trials and Studies Course	10 Hours	\$99	\$149	\$199
Live Coaching Sessions (2 Per month)	Addon	\$99	\$149	\$249
Clinical Trials and Studies Course	Addon	\$99	\$149	\$199

More than 1000

**SUCCESS
STORIES**



The next one is YOURS !



Thank You !

