



Meet, exceed patient expectations with proper IOL selection



1. Research has shown that in cell culture, animal and human studies, BAK as a preservative causes greater cytotoxic effects than some of its alternatives. The ocular effects are dose-dependent and can range from apoptosis to necrosis. Which of the following is an acceptable strategy in reducing BAK exposure to the human cornea?
 - a. Switch the patient from Travatan Z (travoprost, Alcon) to Xalatan (latanoprost ophthalmic solution 0.005%, Pfizer).
 - b. Switch the patient from Optive (Allergan) four times daily to Hypotears (CIBA Vision) four times daily.
 - c. Prescribe glaucoma medications in combination when possible.
 - d. Prescribe Patanol (olopatadine HCl, 0.1%, Alcon) twice daily instead of Elestat (0.05% epinastine HCl, Inspire) twice daily.
2. Which of the following prostaglandin analogs has the highest concentration of BAK?
 - a. Travatan Z
 - b. Lumigan (bimatoprost 0.03%, Allergan)
 - c. Xalatan
 - d. None are preserved with BAK.
3. Which of the presbyopia-correcting IOLs is not associated with a worsening of dysphotopsia when compared to a standard monofocal IOL?
 - a. ReStor (Alcon, Fort Worth, Texas)
 - b. ReZoom (Abbott Medical Optics, Santa Ana, Calif.)
 - c. Crystalens (Bausch & Lomb, Aliso Viejo, Calif.)
 - d. Array (AMO)
4. Which aspheric IOL is considered the most forgiving when decentration or tilt occurs?
 - a. Acrysof IQ (Alcon)
 - b. Tecnis CL (AMO)
 - c. Sofport AO (Bausch & Lomb)
 - d. Decentration affects image quality equally with all of the above.
5. According to the U.S. Food and Drug Administration clinical trials, what percentage of patients were able to see J2 or better at 4 months postoperatively with the Crystalens HD?
 - a. 60%
 - b. 70%
 - c. 80%
 - d. 90%
6. Which aspheric IOL platform comes in both acrylic and silicone material?
 - a. Acrysof IQ
 - b. Tecnis
 - c. Sofport AO
 - d. Acrysof IQ Toric
7. According to Hoffer, what percentage of cataract patients are likely to have clinically significant astigmatism (1.50 D or greater)?
 - a. 5% to 10%
 - b. 15% to 20%
 - c. 25% to 30%
 - d. 35% to 40%
8. Which of the following glaucoma drops has been anecdotally associated with cystoid macular edema after cataract surgery?
 - a. Azopt (brinzolamide 1%, Alcon)
 - b. Xalatan
 - c. Pilocarpine
 - d. Alphagan P (brimonidine tartrate, Allergan)
9. You have a patient who has been diagnosed with pseudoexfoliation and needs cataract surgery. Which of the following implants might you recommend?
 - a. ReStor
 - b. ReZoom
 - c. Tecnis Aspheric
 - d. Sofport AO
10. What is the most important aspect of the cataract surgical consult when dealing with a patient who is motivated for spectacle independence and has moderately advanced glaucoma?
 - a. Visual field results
 - b. Nerve fiber layer analysis
 - c. Establishing realistic expectations
 - d. Ultrasound biometry
11. Your long-standing glaucoma patient recently underwent uneventful cataract surgery in both eyes. She elected to have the ReStor multifocal IOL placed in both eyes. At 3 months postoperatively, she has distance acuities of 20/20 OD and 20/30 OS. She complains of the image quality in the left eye for both distance and near. Her refraction is -0.25 D + 0.75 D x 080 OS, giving her 20/25+ acuity. Her posterior capsules are clear in both eyes, but you note that the left lens has decentered temporally 0.5 mm. What might you consider?
 - a. Schedule her for a YAG capsulotomy in the left eye.
 - b. Schedule her for a laser vision correction enhancement in the left eye.
 - c. Schedule her for explantation of the ReStor lens in the left eye and replace it with the Crystalens HD.
 - d. Schedule her for an argon pupilloplasty in the left eye.
12. A 61-year-old patient has moderately advanced glaucoma and is motivated to reduce his dependency on glasses for both distance and near. His refractive error is +3.00 D sph OU. What treatment plan would you most recommend?
 - a. Crystalens OU
 - b. ReZoom OU
 - c. LASIK OU
 - d. Under no circumstances should this patient with glaucoma have refractive surgery.
13. Approximately what percentage of patients undergoing cataract surgery also have glaucoma?
 - a. 1%
 - b. 2%
 - c. 5%
 - d. 10%
14. You determine that your glaucoma patient has developed a clinically significant cataract in both eyes. She is hoping to have the surgery within the next 2 to 3 weeks, but you notice that she has significant lid telangiectasia and inspissated meibomian glands. Which of the following treatments is more likely to improve her condition in time for surgery as well as enhance vision postoperatively?
 - a. NutriDox Kit (Advanced Vision Research, Woburn, Mass.) plus Azasite (azithromycin, Inspire) at bedtime in both eyes
 - b. Patanol twice daily in both eyes
 - c. Stopping all topical glaucoma medications immediately
 - d. Endocyclophotocoagulation
15. The Malyugin ring:
 - a. delivers a pressure lowering drug during surgery.
 - b. can provide capsular stability during phacoemulsification.
 - c. stays in place permanently.
 - d. is a lid speculum that is gentler to the lid margin during surgery.
16. According to the Centers for Medicare and Medicaid Services, NTIOL status means:
 - a. the IOL has not yet been FDA approved and is still investigational.
 - b. the IOL has been FDA approved and has been granted "New Technology" status, allowing for additional reimbursement in ambulatory surgery centers.
 - c. the IOL has been FDA approved, but may not be reimbursed for in ASCs. The surgery must take place in a hospital setting.
 - d. the IOL has been given temporary approval pending long-term data.
17. For the postoperative cataract patient with a history of ocular hypertension, what would be an appropriate time frame to re-establish baseline IOP?
 - a. 1 day postoperatively
 - b. 1 to 2 weeks postoperatively
 - c. 4 to 6 weeks postoperatively
 - d. 3 months postoperatively
18. Approximately what percentage of patients in the general population could be adversely affected by a negatively aspheric IOL?
 - a. 1%
 - b. 5%
 - c. 10%
 - d. 20%
19. Your glaucoma patient recently had cataract surgery with bilateral ReStor multifocal implants and comes in for his 1-month postoperative visit. He is complaining of blurry vision in the left eye, but corrects to 20/20 with the manifest refraction of -3.50 D +1.00 D X 090. You note mild posterior capsular opacification, but the view of the fundus is good. What is your recommendation?
 - a. Schedule the patient for visual field and nerve fiber layer analysis.
 - b. Schedule the patient for a YAG capsulotomy.
 - c. Schedule the patient for repeat biometry and probable lens exchange.
 - d. Begin Restasis twice daily in both eyes and preservative-free Refresh (Allergan) four times daily in both eyes for 1 month.
20. A 52-year-old Caucasian man is referred for a surgical consultation for a posterior subcapsular cataract in one eye. He had laser vision correction 10 years earlier for moderate hyperopia. Your examination reveals elevated IOP in the presence of narrow angles. You decide that cataract surgery is warranted. Which implant is least appropriate in this case?
 - a. Bausch & Lomb LI61 Standard Monofocal IOL
 - b. Tecnis Negative Aspheric IOL
 - c. Sofport AO Neutral Aspheric IOL
 - d. Crystalens HD

PCON May 2009
Meet, exceed patient expectations with proper IOL selection

by Richard B. Mangan, OD
COPE Course ID: 24919-PO
This course is jointly sponsored by PCON, the State University of New York State College of Optometry and Vindico Medical Education. It is COPE-approved for 2 continuing education credits.

Mail or fax your quiz answer sheet to
Vindico Medical Education, PO Box 36, Thorofare, NJ 08086
fax: (856) 384-6680

Those who submit a quiz scoring at least 70% along with their \$30 payment will be sent CE certificates within 8 weeks. This test is valid until April 30, 2010.

Answers

- | | |
|-------------|-------------|
| 1. a b c d | 11. a b c d |
| 2. a b c d | 12. a b c d |
| 3. a b c d | 13. a b c d |
| 4. a b c d | 14. a b c d |
| 5. a b c d | 15. a b c d |
| 6. a b c d | 16. a b c d |
| 7. a b c d | 17. a b c d |
| 8. a b c d | 18. a b c d |
| 9. a b c d | 19. a b c d |
| 10. a b c d | 20. a b c d |

Please print clearly

First & last name, degree _____
Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
E-mail address _____ Birthdate _____

Payment Information

Enclosed is my check payable to "Vindico Medical Education" paid in U.S. dollars, drawn on a U.S. bank.

Please bill my

Visa MasterCard American Express

Account # _____ Exp. date _____ 3- or 4-digit security code _____

I authorize my credit card to be charged \$30 for this activity.

Signature _____ Name on card _____