



Test your knowledge and understanding

This page is designed to test your understanding of the concepts covered in this issue and to give you an opportunity to reflect on what you have learnt. The multiple true/false questions were produced in collaboration with the International Council of Ophthalmology (ICO). Please visit www.cehjournal.org to complete these questions online.

1. Think about the barriers to cataract services		True	False
a	Cataract surgical coverage is usually higher in men than in women.	<input type="checkbox"/>	<input type="checkbox"/>
b	Most patients who are blind from cataract are willing to come for surgery no matter how much it costs.	<input type="checkbox"/>	<input type="checkbox"/>
c	Traditional beliefs, e.g. about going blind when the hair turns white, are no longer important.	<input type="checkbox"/>	<input type="checkbox"/>
d	A person who has had successful cataract surgery can be helpful in persuading others to come for surgery.	<input type="checkbox"/>	<input type="checkbox"/>
2. Think about the costs and quality of cataract services		True	False
a	If a hospital does a small number of operations and has a waiting list it means there is a need to increase patient demand for services.	<input type="checkbox"/>	<input type="checkbox"/>
b	All patients should have presenting visual acuity better than 6/18 one month after cataract surgery.	<input type="checkbox"/>	<input type="checkbox"/>
c	Offering tiered fees for cataract services is one way in which paying patients can subsidise the costs for poor patients.	<input type="checkbox"/>	<input type="checkbox"/>
d	Accurate biometry is important in providing good quality cataract surgery.	<input type="checkbox"/>	<input type="checkbox"/>

ANSWERS

1. a. True. Accurate extra information about post-operative visual acuity is collected routinely. **c. True.** This model involves charging extra for non-clinical services like a private room and to use the profit to subsidise the cost for poor patients. **d. True.** Accurate biometry means there is no – or less – refractive error after surgery and so the visual acuity results are usually better.

2. a. False. If there is a waiting list this needs to be dealt with before creating further demand. **b. False.** This is not possible because some patients will have ocular co-morbidities such as glaucoma or retinal disease and some will suffer from complications during surgery. However, the aim should be that as many patients as possible achieve this vision post-operatively, and every effort should be made to make this happen. The causes of poor visual outcome will only be known if information about post-operative visual acuity is collected routinely. **c. True.** Offering tiered fees for cataract services is one way in which paying patients can subsidise the costs for poor patients. **d. True.** For many people, meeting someone who has undergone surgery and who has had a good outcome will boost their confidence and motivate them to come for surgery.

3. a. True. Women tend to face more barriers to accessing cataract services than men. **b. False.** The cost of surgery is an important barrier for poor people. **c. False.** Traditional beliefs remain an important reason why people do not come for surgery. **d. True.** For many people, meeting someone who has undergone surgery and who has had a good outcome will boost their confidence and motivate them to come for surgery.

Time to reflect

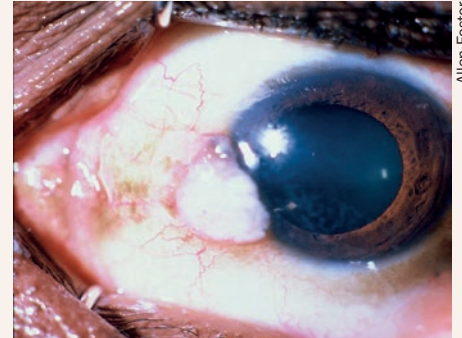
1 How relevant to your day-to-day work was the material covered in this issue of the *Community Eye Health Journal*?
Extremely relevant, relevant, neither relevant nor irrelevant, irrelevant, extremely irrelevant
 (circle as appropriate)

2 How much of what you read in this issue was new to you?
 Please give a percentage:

3 As a result of reading this issue, will you be changing your practice/teaching/leadership/policies/management?
Yes / No (circle as appropriate)

4 If 'Yes', give examples of planned changes in the space provided, or in your own continued professional development (CPD) diary.

Picture quiz



Allen Foster

This 40-year-old patient in Africa presented with a history of a non-painful swelling on the conjunctiva first noticed three months ago. There was no history of injury. The other eye was normal.

1. What is the diagnosis?

- a. Pterygium
- b. Bitot's spots
- c. Episcleritis
- d. Squamous cell carcinoma
- e. Pinguecula

2. Which of the following are known risk factors for the answer to question 1?
 Select all that apply.

- a. Iritis
- b. HIV infection
- c. Ultraviolet radiation
- d. Bowen's disease
- e. Pinguecula

3. Which of the following is the first line recommended treatment for the answer to question 1?

- a. Chemotherapy
- b. Laser treatment
- c. Irradiation
- d. Topical steroids
- e. Wide surgical excision + cryotherapy

ANSWERS

1. Diagnosis: d. Squamous cell carcinoma.
2. Risk factors: b, c and d are all true. HIV positive status, exposure to ultraviolet light radiation, and the pre- (early) cancerous condition, Bowen's disease, may all predispose to squamous cell carcinoma of the conjunctiva.
3. Recommended treatment: Wide (2 mm edges) surgical excision leaving the sclera bare, if possible, cryotherapy should be applied to the bare sclera and conjunctival margins.

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