	Utech
Name:	
Roll No.:	A Alexandria (N. Kamahalar Sani Explana)
Invigilator's Signature :	• • • • • • • • • • • • • • • • • • • •

CS/B.OPTM/SEM-6/BO-604/2010 2010

CONTACT LENS-II

Time Allotted: 3 Hours Full Marks: 70

The figures in the margin indicate full marks.

Candidates are required to give their answers in their own words as far as practicable.

GROUP - A

(Multiple Choice Type Questions)

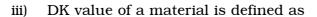
1. Choose the correct alternatives for any ten of the following:

 $10 \times 1 = 10$

- i) Keratoconus shows presence of vertical lines in the Cone Apex known as
 - a) Krukenberg spindle
- b) Sampaolesis's line
- c) Vogt's striae
- d) Munson's sign.
- ii) The reference marks on the soft toric lenses are used to
 - a) assess lens orientation in situ
 - b) cylindrical power
 - c) Cylinder axis
 - d) movement.

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- a) oxygen permeability
- o) oxygen transmissibility
- c) oxygen flux
- d) oxygen probability.
- iv) Which slit lamp technique provides the best view of corneal neovascularisation?
 - a) Specular reflection
- b) Tangential illumination
- c) Retro-illumination
- d) Sclerotic scatter.
- v) Which position of prism is used in the prism ballasted stabilization design?
 - a) Base up
- b) Base down
- c) Base in
- d) Base out.
- vi) HEMA (Hydroxy Ethyl Methacrylate) belongs to the which of the following FDA group classifications ?
 - a) Group I
- b) Group II
- c) Group III
- d) Group IV.
- vii) What is the term for discrete pooling of fluorescein in depressions / pits in corneal epithelium caused by air bubbles trapped underneath a rigid contact tens?
 - a) Central corneal clouding
 - b) Corneal dessication
 - c) Dimple veiling
 - d) Punctate staining.
- viii) A soft lens wearer reports that his vision is fairly good in the primary position. However, it blurs immediately following a blink and then reverts to the previously good quality. What is the MOST likely cause of these fluctuations in vision?
 - a) Total lens diameter is too big
 - b) The lens fit is too flat
 - c) The lens does not move enough with the blink
 - d) The lens fit is too steep.

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- ix) What is the desired amount of post-blink movement that an RGP lens should display?
 - a) 0.00 mm to 0.50 mm b) 0.25 mm to 0.75 mm
 - c) 1.00 mm to 2.00 mm d) 2.25 mm to 3.75 mm.
- x) Which one of the following techniques would be MOST useful in assessing the movement and centration of a rigid lens on the eye?
 - a) Direct illumination with an optic section and medium magnification
 - b) Direct retro-illumination at high magnification
 - c) Diffuse illumination at medium magnification
 - d) Marginal retro-illumination at medium magnification.
- xi) Which one of the following statements regarding the cleaning and rinsing of soft contact lenses is NOT true?
 - a) Daily disposable lenses do not need cleaning and rinsing
 - b) Extended wear lenses should be cleaned each time they are removed from the eye
 - c) Hypertonicity may improve the efficacy of lens cleaners
 - d) When multipurose solutions are used there is no need to rub and rinse the lenses.
- xii) What is the best way for a patient to remove RGP lens lipid deposits?
 - a) Use an enzymatic cleaner weekly
 - b) Polishing the lens surface
 - c) Switch to hydrogen peroxide disinfection
 - d) Using an alcohol-based surfactant cleaner.

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GROUP - B

(Short Answer Type Questions)

Write short notes on any three of the following.

 $3 \times 5 = 15$

- 2. Residual Astigmatism.
- 3. Contact lens fitting in Keratoconus.
- 4. Piggy back contact lens.
- 5. Double slab-off stabilization technique.

GROUP - C

(Long Answer Type Questions)

Answer any *three* of the following. $3 \times 15 = 45$

- 6. a) Write about the complications of soft contact lenses.
 - b) What are the advantages of disposable contact lenses in minimizing those? 10 + 5
- 7. a) Explain how a spherical RGP lens corrects corneal astigmatism.
 - b) Mention the early & late signs of Keratoconus.
 - c) Write down the differences between fitting contact lens in an adult & a child. 5 + 5 + 5
- 8. How does the cornea receive oxygen during contact lens wear? What are the causes of corneal oedema in contact lens use? How do you manage it?
- 9. How will you diagnose and manage suspected mild dry eye syndrome in a patient desperately wanting to use SCL ? In case, you prescribe an SCL for him, what special precaution will you take ?

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