

ABVO PRACTICAL EXAMINATION

EXTRAOCULAR SURGERY

CANDIDATE INSTRUCTIONS

You have 50 minutes to perform a corneo-conjunctival transposition (CCT) on a cadaver eye (with lids). You will be informed when there are 25 and 10 minutes remaining to the examination.

During the surgery, you must demonstrate to the examiners the following:

- lamellar keratectomy (i.e. removal of a pre-made corneal lesion)
- creation of a corneo-conjunctival transposition graft
- suturing of the CCT into the corneal defect

In the time allowed you may also:

- set up your instrument tray
- adjust the microscope, surgery chair/stool
- reposition the cadaver eye (needles are provided for pinning the eye in position)
- inflate the eye by injecting saline into the anterior chamber or vitreous body

The Practical examination is intended to evaluate surgical technique, tissue handling and the appropriate use of surgical instrumentation and operating microscope. You are **required** to mention any mistakes or unintended actions that you make during the surgery and explain how you would rectify the errors. You may comment on your performance throughout the surgery, but we ask that you do not narrate the surgical procedure, describe (or practice) sterile technique, or discuss the preoperative, perioperative or postoperative management.

Three examiners will grade your surgery. One will serve as your surgical assistant and will sit at the assistant scope; the other two examiners will be in the same room observing surgery on an external monitor. Be prepared to answer questions from the examiners at the conclusion of the procedure.

The passing point for the surgery is 70 (seventy). It is understood that candidates are nervous which may lead to errors during the surgery, and this is taken into consideration when determining the final score. Points will be deducted if an event during surgery would be likely to result in significant complications in a live patient.

Specific aspects of this surgery are evaluated as follows, and points are assigned depending on the complexity of the task. The information detailed below should serve as a guide for exam preparation, it is not meant to be all-inclusive.

ABVO PRACTICAL EXAMINATION

EXTRAOCULAR SURGERY

LAMELLAR KERATECTOMY

- handling corneal tissue - 0.12mm forceps
- surgeon hand position
- corneal incisions
 - blade pushed or pulled in line with point of fixation
 - size and depth of incision appropriate for lesion
- corneal dissection
 - blade/corneal dissector kept in same lamellar plane
 - performed with minimal tissue trauma

CCT GRAFT PREPARATION

As for lamellar keratectomy plus:

- harvesting graft - from 12 or 6 o'clock
- corneal incisions diverging and appropriate depth
- conjunctival tissue
 - handled with 0.3 to 0.5mm forceps
 - adequate dissection of Tenon's from conjunctiva
 - appropriately severed from limbus
- leading edge of graft trimmed

SUTURING CCT

- appropriate suture size; spatula needle
- suture grasped 5-10 mm from needle whilst dangled from appropriate instrument
 - position of needle holder on needle shaft
- appropriate forceps for fixation or counterpressure as needle passed
- placement of up to 5 sutures
 - location of first two sutures - leading edge of cornea
 - correct suture depth and spacing
 - atraumatic handling of suture
- knot tying
 - surgeons, plus three or four throws
 - correct tension
 - suture ends cut close to knot (< 0.25mm) with dedicated scissors
- wound apposition

GENERAL TISSUE / INSTRUMENT HANDLING

- necessary instruments available
- appropriate choice of instruments for each step of the surgery e.g.
 - use of lid speculum
 - appropriate blade
 - tenotomy scissors for dissecting/incising conjunctiva
- globe stabilization - placement of stay sutures/instruments
- handling of tissues - precise and gentle; sufficient corneal irrigation