

- 1) Complications of a capsulorhexis that is too small include which of the following:
 - a) Myopic shift
 - b) Intraocular lens de-centration
 - c) Posterior capsular opacification
 - d) Glaucoma

- 2) Forceps v Needle: Advantages of forceps over bent needle to control the capsulorhexis include which of the following:
 - a) More precise directional control
 - b) Less maintenance
 - c) Lower risk of chamber collapse
 - d) Cost

- 3) Assuming all other variables are similar, "creeping anterior chamber collapse" is most likely in which of the following clinical scenarios:
 - a) Needle capsulorhexis in a young patient
 - b) Needle capsulorhexis in an elderly patient
 - c) Forceps capsulorhexis in a young patient
 - d) Forceps capsulorhexis in an elderly patient

- 4) Capsular Staining: Which of the following dyes is used to stain the anterior capsule for visualization during capsulorhexis?
 - a) Trypan blue dye
 - b) Fluorescein dye
 - c) Lissamine green dye
 - d) Rose Bengal dye

- 5) The most essential feature of a hydrodissection cannula is the use of which of the following:
 - a) A 25-gauge cannula
 - b) A Luer-lock syringe
 - c) A 1-cc syringe
 - d) A 45-degree cannula

- 6) The most common reason for unsuccessful hydrodissection is:
 - a) Failure to place the cannula between the epinucleus and nucleus
 - b) Failure to inject fluid into the lens equator
 - c) Use of balanced salt solution
 - d) Use of a 25-gauge cannula

- 7) The definitive sign that hydrodissection is complete is which of the following:
 - a) A fluid wave is noticed to pass through the sub incisional cortex
 - b) A "golden ring" is observed
 - c) The lens rotates easily within the bag
 - d) A characteristic "snap" of the pupil is observed

- 8) "Capsular block" during hydrodissection is characterized by:

- a) Pupillary snap and shallowing of the anterior chamber
 - b) Collection of fluid between the anterior capsule and the nucleus
 - c) Capsulorhexis at least 5.0 mm in diameter
 - d) Potential for posterior capsular rupture
- 9) The risk of “capsular block” during hydrodissection can be reduced by which of the following maneuvers:
- a) Keeping the capsulorhexis to a diameter of less than 4 mm
 - b) Maintaining a firm anterior chamber with cohesive viscoelastic
 - c) Performing hydrodelineation before hydrodissection
 - d) Applying downward pressure with the cannula during hydrodissection
- 10) Which of the following steps is essential in all types of phacoemulsification procedures?
- a) Free rotation of the lens within the capsular bag
 - b) Use of a cohesive viscoelastic
 - c) Continuous irrigation
 - d) Use of a second instrument
- 11) Hydrodelineation is best recognized by:
- a) “Golden ring” sign
 - b) Free rotation of lens in the capsular bag
 - c) Pupil “snap” and deep anterior chamber
 - d) Fluid wave
- 12) The consequences of a capsulorhexis that is too small include all of the following except:
- a) Difficulty in propagating a hydro-dissecting fluid wave.
 - b) Inevitable posterior dislocation of the crystalline lens.
 - c) Development of capsular block
 - d) Difficulty in mobilizing the cortex and nucleus and creating added shear on zonules.
- 13) Select the correct statement. The rupture of the posterior capsule during capsular block may be prevented by:
- a) Balloting posteriorly the lens nucleus after the characteristic pupillary snap.
 - b) Recognizing capsular block as deepening of the anterior chamber with possible iris prolapse and elevation of the intraocular pressure during the hydrodissection.
 - c) Recognizing and enlarging a small capsulorhexis before hydrodissection.
 - d) Recognizing small capsulorhexis before hydrodissection and enlarging the capsulorhexis after hydrodissection.
- 14) Secondary capsular tears occur may result from puncture or tear by the capsulorhexis needle, insertion and removal of the second instrument, more superficial and peripheral use of the phaco tip during removal of anterior nuclear material. All of the following, except one, are useful maneuvers in the setting of secondary anterior capsular tears:
- a) When an anterior radial capsular tear extends to the capsular equator, an intraocular lens should be placed in the ciliary sulcus.
 - b) Capsular stain may be beneficial in better delineating the capsular tear.

- c) When an anterior radial capsular tear is present an intraocular lens with open haptics should be placed with the haptics oriented 90 degrees from the capsular tear.
- d) When a small radial nick in the capsulorhexis is encountered, the rhexis should be rounded out at this location.

15) When completing Phaco with a compromised rhexis, the following statement is incorrect:

- a) It is less hazardous to avoid endocapsular phaco in the presence of a capsular tear.
- b) Debulking the central nucleus is to be avoided as it exerts excessive stress on the capsule and propagates the capsular tear.
- c) The nucleus should be removed from the bag either mechanically or using viscoelastic substance.
- d) With adequate dispersive viscoelastic substance to protect the endothelium, the lens nucleus may be removed with phaco in the anterior chamber or removed using the extracapsular technique.