

**MASINDE MULIRO UNIVERSITY OF
SCIENCE AND TECHNOLOGY**

(MMUST)

MAIN CAMPUS

UNIVERSITY MAIN EXAMINATIONS

2021/2022 ACADEMIC YEAR

THIRD YEAR, SECOND SEMESTER EXAMINATIONS

FOR THE DEGREE OF

BACHELOR OF OPTOMETRY AND VISION SCIENCES

COURSE CODE: BOV 321

COURSE TITLE: CONTACT LENS II

DATE: 27/04/2022

TIME: 8-10PM

INSTRUCTIONS TO CANDIDATES

Answer all Questions

Section A: short Answer Questions (SAQ) (40 marks)

Section B: Long Answer Questions (LAQ) (30 marks)

TOTAL 70 MARKS

TIME: 2 Hours

MMUST observes ZERO tolerance to examination cheating

This Paper Consists of FIVE Printed Pages. Please Turn Over

SECTION A: SHORT ANSWER QUESTIONS (40 marks)

1. Briefly explain function of a surfactant in a contact lens solution (4 marks).
2. Give **FIVE** reasons why **SIX** month old baby might be fitted with contact lenses (5 marks)
3. list the **FIVE** effects of contact lens deposits on the eyes (5 marks)
4. Giving examples explain **FIVE** causes of contact lens complications (10 marks)
5. Discuss **TWO** contact lens options for the management of myopia progression (6 marks).
6. Discuss monovision as a technique in contact lenses practice (10 marks)

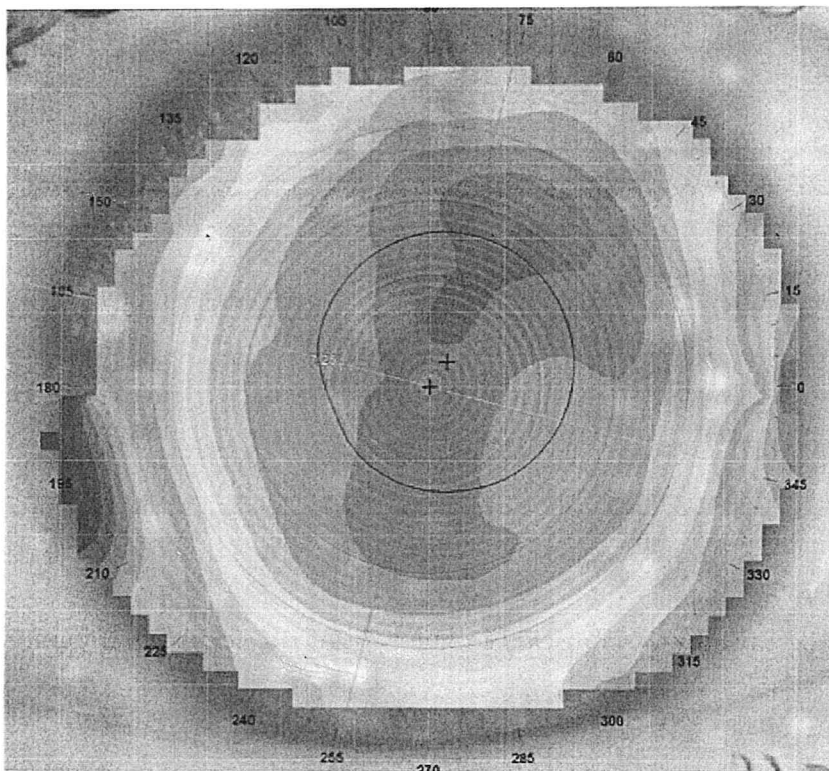
SECTION B: LONG ANSWER QUESTIONS (30 marks)

1. Discuss the 5 steps fitting approach in scleral contact lens (15 marks)

2. Orthokeratology

- a) Why are good baseline topography plots important in ortho-k fitting? (2 mark)
- b) What kind of topography plot is used for evaluating? (3 marks)
 - i. treatment effect?
 - ii. centration?
 - iii. treatment zone?
- c) answer True or false for the following statements. (4 Marks)
 - i. 1DC against-the-rule rest astigmatism after ortho-k is easily tolerated by most patients
 - ii. Orthokeratology reduces corneal astigmatism with about 30%.
 - iii. Orthokeratology will fully reversible within 8 weeks after discontinuation.
 - iv. Placido-based topographers are less sensitive to tear film stability than Scheimpflug based topographers.

- d). Should we be careful correcting more than -6D with ortho-k? Why/why not? (1mark)
- e). How large pupil diameter should a patient have if you are considering them for myopia control treatment with orthokeratology? (1mark)
- f). How often should ortho-k patients be reminded about hygiene and lens handling? (1mark)
- g). The following are topographical findings of patient X. Giving reasons why, determine if the patient is suitable for orthokeratology fitting. (3 marks)



Rx: -3,00

Corneal radius:

7,25@166 / 7,12@76

$\Delta K = 0,12$ mm

e2: 0,36@172 / 0,17@82