

Plastics Oral Exam Questions

Ptosis

Question #1: What questions on history are important in the evaluation of ptosis?

Onset, duration, severity, variability, old photos.
Previous surgery.

Question #2: Key ocular signs to help differentiate causes of ptosis?

Ipsilateral miosis: Horner's
Ipsilateral mydriasis: III
Skin crease: involutional
Dermatochalasis, entropion, hypotropia, contralateral retraction: pseudoptosis

Question #3: Key check list prior to surgery?

Schirmer's test
Preop photos
VF
Bell's
Hering's law
Levator function
Refraction in kids (WTRAstig)
Caution: dry eyes, poor Bell's, big pupil

Question #4: What is the differential diagnosis of ptosis.

A) neurogenic
1) Horner's
2) IIIrd nerve palsy
3) 3rd nerve misdirection
4) Marcus-Gunn

B) aponeurotic
1) involutional
2) post-op
3) blepharochalasis

C) Mechanical
I) scarring
II) excess weight
1) dermatochalasis
2) tumors
3) edema

D) myogenic

- I) congenital
 - a) simple
 - b) blepharophimosis syndrome

- II) myogenic
 - 1) muscular dystrophy
 - 2) oculopharyngeal dystrophy
 - 3) CPEO
 - 4) post botox

Neuromyopathic
1) myasthenia

Congenital

Myopathic (hypo common, 30% bilat)
Blepharophimosis syndrome (AD, triad)
Marcus Gunn Jaw winking (III-V miscommunication) Mild: LR, Severe: L diss & FS
III

Tx

Max Lev resec or FS
Staged

Acquired

III	FS
Horner's	?Fasanella
MG	LR
CPEO	FS
Aponeurotic	LR
Mechanical	

Question #5: Grade LF and which procedure would you do based on results?

LF function	Amt.	Surg
Poor	<4	FS
Mod	4-7	Supramax LR
Good	8-15	LR

Question #6: Describe levator resection.

F) Ptosis

i) Fascinella-Servat

- excision of upper tarsus, lower Muller's and overlying conjunctiva

ii) levator resection/reinsertion

- local anesthetic (except kids and anxious adults)
- examine up and down
- #15 BP blade through skin
- divide orbicularis
- now see septum and you divide you see and retract fat pads
- disinsert aponeurosis
- separate Muellers
- 6-0 polysester to suture apo to tarsus check conj side
- close 7-0 vicryl to attach orbic to aponeurosis

- skin with 6-0 plain
- lid crease incision
- cut through septum
- identify levator aponeurosis
- 5-0 Vicryl to suture levator to tarsus
- 6-0 plain to close skin

iii) frontalis suspension

- pentagon
- autologous fascia lata
- banked fascia lata or silicone

Question #7: What are the complications?

Undercorrection

Overcorrection: lower lid exposure a problem

Crease problems

Lagophthalmos and keratitis

Question #8: You are on call, you are called about Dr. Arthurs pt who had a bleph earlier now complaining of pain and decreased vision...what do you do?

- See pt immediately. Lateral canthotomy>Explore and decompress wound>orbital decompression

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