



DR GEOFFREY CHAN

Wave 2026
D1-S1
MCQS

The following 5 MCQS are from the presentation on Day 1 – Session 1 @ WAVE 2026.

Q.1) Which statement BEST describes the relationship between cataract and glaucoma?

- a) Glaucoma does not affect cataract formation, and cataract surgery does not alter IOP
- b) Cataract surgery always eliminates the need for glaucoma medication
- c) Chronic glaucoma therapy (e.g. steroids, miotics) may accelerate cataract formation, and phacoemulsification can produce a sustained reduction in IOP
- d) Cataract surgery typically worsens long-term IOP control in glaucoma patients.
- e) Filtration surgery prevents cataract development

Q.2) Which of the following is a recognised preoperative risk factor that may increase the complexity of cataract surgery in patients with glaucoma?

- a) Pseudoexfoliation with zonular weakness
- b) Mild nuclear sclerosis without comorbidity
- c) Well-controlled IOP on monotherapy without ocular surface disease
- d) Deep anterior chamber with good dilation
- e) Absence of prior ocular surgery

Q.3) A meta-analysis of seven studies (669 eyes) comparing cataract surgery with and without MIGS in OAG patients showed which of the following outcomes?

- a) No significant change in IOP or medication use
- b) Significant IOP reduction only, with no change in medication burden
- c) Reduced medication use only, with no significant IOP change
- d) Increased complication rates without IOP benefit
- e) Modest but significant IOP reduction and reduced postoperative medication use compared with cataract surgery alone

Q.4) What are the TWO main mechanisms by which cataract surgery lowers IOP in glaucoma patients?

- a) Decreased aqueous production and cyclodestruction
- b) Deepening of the anterior chamber angle and improved trabecular outflow facility
- c) Increased uveoscleral outflow and ciliary body shutdown
- d) Permanent damage to the trabecular meshwork
- e) Vitreous decompression reducing posterior pressure

Q.5) What is the PRIMARY concern when considering multifocal intraocular lenses in patients with glaucoma?

- a) Increased postoperative IOP spikes
- b) Higher risk of posterior capsular rupture
- c) Accelerated glaucoma progression
- d) Reduced contrast sensitivity, which may worsen functional vision in glaucoma



**ASS. PROF. CHANDRA
BALARATNASINGAM**

Wave 2026 D1-S2 MCQS

The following 5 MCQS are from the presentation on Day 1 – Session 2 @ WAVE 2026.

- Q.1) How many incisions are made on the sclera for a conventional vitrectomy operation?**
- a) 1
 - b) 2
 - c) 3
 - d) 4
 - e) 5
- Q.2) What is the most common posture requested of patients immediately after a vitrectomy for a retinal detachment?**
- a) No posturing
 - b) Face down
 - c) Face up
 - d) Right cheek on pillow
 - e) Left cheek on pillow
- Q.3) What is the approximate anatomic success rate for retinal detachments treated with vitrectomy surgery?**
- a) 50%
 - b) 60%
 - c) 70%
 - d) 80%
 - e) 90%
- Q.4) What is the most important indication for considering vitrectomy surgery in a patient with vitreomacular tractions (VMTS) syndrome?**
- a) Configuration of vitreous attachment to macula
 - b) Central macular thickness
 - c) Reduction in visual acuity or significant metamorphopsia
 - d) Pseudophakia
 - e) Increasing patient age
- Q.5) What is the most feared complication when gas is present in the vitreous cavity during airlight?**
- a) Retina detachment
 - b) Cataract
 - c) Acute IOP elevation
 - d) Endophthalmitis
 - e) Proptosis



DR TOM CUNNEEN

Wave 2026
D1-S3
MCOS

The following 5 MCQS are from the presentation on Day 1 - Session 3 @ WAVE 2026.

Q.1) When differentiating a benign from malignant eyelid lesion, which of the following is the most useful clinical sign or symptom? (This question has been reworded.)

- a) Madarosis
- b) Telangiectasia
- c) Pain
- d) None of the above

Q.2) What is the biggest risk factor for ocular surface squamous neoplasia?

- a) UV exposure
- b) Petro chemical exposure
- c) Trauma
- d) None of the above

Q.3) Chalazia can be treated most effectively by...

- a) Steroid injections
- b) Warm compresses
- c) Antibiotic drops
- d) Oral antibiotics

Q.4) What clinical sign helps to differentiate conjunctival naevi from melanoma?

- a) Pigmentation
- b) Cysts
- c) Tethering
- d) All of the above

Q.5) Sebaceous cell carcinoma can arise from...

- a) Lacrimal gland
- b) Glands of Zeis
- c) Glands of Moll
- d) All of the above



DR TOM CUNNEEN

Wave 2026

D1-S4

MCOS

The following 10 MCQS are from the presentation on Day 1 - Session 4 @ WAVE 2026.

Q.1) Which of the following has good evidence to support its use in adenoviral conjunctivitis?

- a) Cool compresses
- b) Betadine washes
- c) Artificial tears
- d) Manual removal of pseudomembranes

Q.2) Conjunctival follicles can be caused by

- a) Pseudomonal conjunctivitis
- b) Allergic conjunctivitis
- c) Chlamydia conjunctivitis
- d) Eye drop toxicity

Q.3) Cicatricial conjunctivitis can be caused by

- a) Ocular surface squamous neoplasia
- b) Mucous membrane pemphigoid
- c) Stevens Johnson Syndrome
- d) All of the above

Q.4) Signs of optic nerve compression include

- a) Anisocoria
- b) Decreased colour vision
- c) High intraocular pressure
- d) Corkscrew blood vessels on the conjunctiva

Q.5) Acanthamoeba

- a) Can be diagnosed with a PCR test
- b) Is common amongst contact lens wearers
- c) Has little pain despite the eye being inflamed
- d) Can be easily differentiated from herpes simplex keratitis clinically



DR TOM CUNNEEN

Wave 2026
D1-S4
MCOS

Q.6) The most effective treatment for canaliculitis is

- a) Surgery
- b) Topical ofloxacin drops
- c) Topical chloramphenicol drops
- d) Warm compresses

Q.7) The “T” in the acronym SOCRATES used for taking a history of presenting complaint stands for...

- a) Temperature
- b) Timing
- c) Tension
- d) Tonsils

Q.8) Herpes simplex keratitis is a differential diagnosis for...

- a) Marginal keratitis
- b) Ocular surface neoplasia
- c) Acanthamoeba keratitis
- d) All of the above

Q.9) Tacrolimus ointment is an effective treatment for...

- a) Ocular surface squamous neoplasia
- b) Vernal keratoconjunctivitis
- c) Bacterial conjunctivitis
- d) Rubeotic glaucoma

Q.10) Bilateral red eye can be caused by all of the following except:

- a) Carotid cavernous fistula
- b) Superior ophthalmic vein thrombosis
- c) Thyroid eye disease
- d) Cavernous sinus thrombosis



CHRISTINA NEARCHOU

Wave 2026

D1-S5

MCOS

The following 10 MCQS are from the presentation on Day 1 – Session 5 @ WAVE 2026.

Assessment Pearls and Childhood Development Milestones in Young Children for Optometrists

Q.1) When examining a young child, the clinician should primarily remember that:

- a) The parent should not be present during testing
- b) The child is the only patient in the room
- c) There are two patients: the child and the caregiver
- d) Clinical efficiency is more important than family engagement

Q.2) A 3-year-old begins to lose focus halfway through visual acuity testing. The MOST appropriate response is to:

- a) Insist they complete the task before moving on
- b) Raise your voice to regain attention
- c) Switch tasks and return later if needed
- d) End the examination immediately

Q.3) Young children may give inaccurate responses during testing primarily because they:

- a) Have a strong desire to please the examiner
- b) Have poor visual memory
- c) Want to finish quickly
- d) Cannot understand instructions

Q.4) Which of the following is LEAST consistent with effective paediatric assessment principles?

- a) Observing body language and non-verbal cues
- b) Demonstrating visible frustration when responses are incorrect
- c) Using humour and play to engage the child
- d) Testing in short, flexible bursts

Q.5) Why is managing parent communication during a child's eye examination important?

- a) Parents may unintentionally influence responses
- b) Parental anxiety can affect child cooperation
- c) Parents provide essential developmental history
- d) All of the above



CHRISTINA NEARCHOU

Wave 2026

D1-S5

MCOS

Children's Vision & Learning - Understanding Visual Processing Skills for Academic Success

Q.6) Normal visual acuity in a child with learning concerns means:

- a) Visual function is adequate for classroom learning
- b) Visual processing skills are intact
- c) Further visual investigation is unnecessary
- d) Visual cognition may still be impaired

Q.7) In a 7-year-old presenting with concerns of reading difficulties, what is the correct clinical priority order?

- a) Visual processing testing → Refraction → History
- b) History → Visual integrity → Visual efficiency → Visual processing (if indicated)
- c) Refer to psychology first
- d) Start vision therapy immediately

Q.8) Which of the following best differentiates visual efficiency deficits from visual processing deficits?

- a) Efficiency deficits affect interpretation; processing deficits affect clarity
- b) Efficiency deficits involve alignment/focus/motility; processing deficits involve interpretation of visual input
- c) Both are measured by visual acuity
- d) Processing deficits are always motor-based

Q.9) Research by Teri Lawton (2016) demonstrated that motion direction discrimination training improved:

- a) Only phonological processing
- b) Reading fluency, attention, and working memory
- c) Distance visual acuity
- d) Accommodation facility

Q.10) Which classroom behaviour may indicate an underlying visual processing difficulty rather than behavioural disorder?

- a) 6/6 visual acuity
- b) Strong verbal reasoning
- c) Difficulty copying from the board and poor spatial organisation
- d) Normal stereopsis



GRAHAM LAKKIS



DR GEOFFREY CHAN



MCQS – Advance Access Only for WAVE. Please submit answers **online before 11.59pm AWST 23rd March OR if you want a 7 Day Extension to complete ALL MCQS – opt in online for the extra time. The following 10 MCQS are from the presentation on Day 1 – Session 6 @ WAVE 2026.**

Advancing our Understanding of Glaucoma Progression

Q.1) Which glaucoma test is best at detecting progression?

- a) Stereo Disc Photography
- b) Threshold Visual Fields
- c) OCT-RNFL
- d) Increased Intraocular Pressure

Q.2) Disc haemorrhages are a definite sign of glaucoma progression in...?

- a) Primary Open Angle Glaucoma
- b) Normal Tension Glaucoma
- c) Pseudoexfoliation Glaucoma
- d) Primary Angle Closure Glaucoma

Q.3) Which is NOT a reason for failure to achieve target IOP?

- a) Drug tachyphylaxis
- b) Poor compliance
- c) Worsening glaucoma
- d) Drug shortages

Q.4) OCT-RNFL values hit a floor at...?

- a) 40-50 microns
- b) 50-60 microns
- c) 60-70 microns
- d) 70-80 microns

Q.5) How many threshold visual field tests in the first 2 years are required to best detect glaucoma progression?

- a) Two
- b) Three
- c) Four
- d) Six



GRAHAM LAKKIS



Interventional Glaucoma - A Paradigm Shift?

Q.6) What is the definition of Primary Angle Closure Suspect (PACS)?

- a) No trabecular meshwork seen in >2 quadrants without indentation
- b) No trabecular meshwork seen in >2 quadrants with indentation
- c) No trabecular meshwork seen in all quadrants
- d) No trabecular meshwork seen in >2 quadrants with structural/functional losses

Q.7) Which is an example of a trabecular bypass stent?

- a) iStent
- b) Xen
- c) Bimatoprost implant
- d) CyPass

Q.8) Which is NOT a known side effect of SLT?

- a) Peripheral anterior synechia
- b) Corneal edema
- c) Microbial keratitis
- d) Intraocular pressure spike

Q.9) Which is NOT a likely mechanism for SLT treatment?

- a) Creating holes in Schlemm's Canal
- b) Tightening trabecular beams
- c) Clearing extra-cellular matrix
- d) Clearing debris by stimulating phagocytosis

Q.10) In the real world, SLT...?

- a) Is most effective in NTG
- b) Cannot be repeated
- c) Does not cause IOP spikes
- d) Lowers IOP by 3-4 mmHg for 2-3 years



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Wave 2026

D1-S6

MCQS

Q.11) In the Treatment Outcomes in the Tube Versus Trabeculectomy (TVT) Study After Five Years of Follow-up, what was the cumulative probability of failure in the tube group at 5 years?

- a) 29.8%
- b) 46.9%
- c) 2.15%
- d) 14.3%
- e) 5.0%

Q.12) Which of the following may occur as a manifestation of bleb dysesthesia?

- a) Flat anterior chamber
- b) Choroidal effusion
- c) Bubble formation and exuberant bleb
- d) Retinal tear
- e) Vitreous haemorrhage

Q.13) Which of the following is NOT a recognised late complication of glaucoma surgery?

- a) Endothelial cell loss
- b) Hypotony
- c) Cystic leaking bleb
- d) Progression of cataract
- e) Toxic anterior segment syndrome

Q.14) Which postoperative feature increases the risk of bleb infection?

- a) Formed anterior chamber
- b) Controlled IOP
- c) Bleb leak
- d) Peripheral iridectomy
- e) Deep anterior chamber

Q.15) Which of the following is NOT a typical complication of trans-trabecular MIGS?

- a) Transient IOP spike
- b) Hyphaema
- c) Device malposition
- d) Peripheral anterior synechiae
- e) Cystic bleb leak

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