

**Content Areas**

**1. Pre-Operative Preparation of the Patient – 5%**

- a. Consent
- b. Intraoperative monitoring

**2. Instruments – 25%**

- a. Identification
- b. Selection/setup
- c. Maintenance
- d. Sterilization
- e. Sutures/supplies
- f. Function

**3. Aseptic Technique – 20%**

- a. Scrubbing/gowning/gloving/prepping
- b. Circulating
- c. General Knowledge
- d. Assisting

**4. Ophthalmic Anesthesia – 5%**

- a. General anesthesia
- b. Local anesthesia
- c. Topical anesthesia

**5. Surgical Procedures – 27%**

- a. Cataract surgery
- b. Corneal surgery
- c. Glaucoma surgery
- d. Strabismus surgery
- e. Oculo-plastics surgery
- f. Orbital surgery
- g. Lacrimal surgery
- h. Refractive surgery
- i. Retinal surgery
- j. Laser surgery
- k. Other

**6. Surgical Complications – 3%**

**7. Ophthalmic Surgical Pharmacology – 10%**

- a. Miotics
- b. Viscoelastics
- c. Enzymes
- d. Mydriatics
- e. Osmotic 9
- f. Narcotics
- g. Other

**8. Minor Surgery – 5%**

- a. Assisting the surgeon
- b. Instructing the patient

**Case Requirements for Ophthalmic Surgical Assisting Recertification**

The case requirement is divided into two groups: Categories A and B. Certificants may choose to earn 100 percent of their case requirement from Category A or may choose to earn at least 90 percent of the case log from Category A and the remaining cases from Category B.

|                                                         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category A<br/>(at least 90%<br/>or 27 cases)</b>    | <b>Retina</b>         | <ul style="list-style-type: none"> <li>♦ Scleral Buckle</li> <li>♦ Vitrectomy</li> <li>♦ Membrane removal</li> <li>♦ Endo laser</li> </ul>                                                                                                                                                                                                                                                                                   |
|                                                         | <b>Lens</b>           | <ul style="list-style-type: none"> <li>♦ Cataract extraction +/- IOL</li> <li>♦ Secondary IOL</li> <li>♦ IOL exchange</li> <li>♦ Implantable Contact Lens (ICL)</li> </ul>                                                                                                                                                                                                                                                   |
|                                                         | <b>Strabismus</b>     | <ul style="list-style-type: none"> <li>♦ Muscle procedure</li> </ul>                                                                                                                                                                                                                                                                                                                                                         |
|                                                         | <b>Cornea</b>         | <ul style="list-style-type: none"> <li>♦ Penetrating Keratoplasty (PKP)</li> <li>♦ Lamellar/patch graft</li> <li>♦ Pterygium with or without conjunctival transplant</li> <li>♦ Conjunctival autograft</li> <li>♦ DSAEK (Endothelial Keratoplasty)</li> </ul>                                                                                                                                                                |
|                                                         | <b>Oculo-Plastics</b> | <ul style="list-style-type: none"> <li>♦ Dacryocystorhinostomy (DCR)</li> <li>♦ Levator procedures</li> <li>♦ Ptosis repair</li> <li>♦ Orbital decompression</li> <li>♦ Ectropion &amp; Entropion repair</li> <li>♦ Lid laceration</li> <li>♦ Full thickness or partial thickness lid tumor</li> <li>♦ Endoscopic brow lift</li> <li>♦ Blepharoplasty</li> <li>♦ Conjunctivoplasty</li> <li>♦ Conjunctival tumors</li> </ul> |
|                                                         | <b>Glaucoma</b>       | <ul style="list-style-type: none"> <li>♦ Trabeculectomy</li> <li>♦ Seton procedures</li> </ul>                                                                                                                                                                                                                                                                                                                               |
|                                                         | <b>Other</b>          | <ul style="list-style-type: none"> <li>♦ Scleral patch</li> </ul>                                                                                                                                                                                                                                                                                                                                                            |
| <b>Category B<br/>(no more than<br/>10% or 3 cases)</b> | <b>Lens</b>           | <ul style="list-style-type: none"> <li>♦ Resposition IOL</li> </ul>                                                                                                                                                                                                                                                                                                                                                          |
|                                                         | <b>Strabismus</b>     | <ul style="list-style-type: none"> <li>♦ Botulinum toxin injection</li> </ul>                                                                                                                                                                                                                                                                                                                                                |
|                                                         | <b>Cornea</b>         | <ul style="list-style-type: none"> <li>♦ Radial Keratotomy (RK)</li> <li>♦ Automated lamellar keratoplasty (ALK)</li> <li>♦ Lasik</li> <li>♦ AK</li> <li>♦ Excimer laser surgeries (e.g., PRK, PTK)</li> <li>♦ Conductive Keratoplasty</li> </ul>                                                                                                                                                                            |
|                                                         | <b>Oculo-Plastics</b> | <ul style="list-style-type: none"> <li>♦ Tarsorrhaphy</li> <li>♦ Canthal plication</li> <li>♦ Chalazion</li> <li>♦ Trichiasis</li> <li>♦ Temporal artery biopsy</li> <li>♦ Nasolacrimal duct (NLD) probing</li> </ul>                                                                                                                                                                                                        |
|                                                         | <b>Retina</b>         | <ul style="list-style-type: none"> <li>♦ Intravitreal injections</li> </ul>                                                                                                                                                                                                                                                                                                                                                  |

**Initial Application for Examination – SA3 Eligibility**

|                                                                                                                                                                      |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Name: _____                                                                                                                                                          | JCAHPO ID# _____        |
| Sponsor's Endorsement: "I attest that _____ has performed the following case studies in a satisfactory manner. He/she has met all quality and standard expectations. |                         |
| State or Province _____                                                                                                                                              | My License Number _____ |
| Physician's Signature _____                                                                                                                                          | Date _____              |

Please list your descriptions of 15 Category A ophthalmic surgical assisting cases below. Eligible cases are listed in Appendix C in the Criteria for Certification & Recertification handbook.

|     | Description of Procedure | Date | Physician's Signature |
|-----|--------------------------|------|-----------------------|
| 1.  |                          |      |                       |
| 2.  |                          |      |                       |
| 3.  |                          |      |                       |
| 4.  |                          |      |                       |
| 5.  |                          |      |                       |
| 6.  |                          |      |                       |
| 7.  |                          |      |                       |
| 8.  |                          |      |                       |
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| 10. |                          |      |                       |
| 11. |                          |      |                       |
| 12. |                          |      |                       |
| 13. |                          |      |                       |
| 14. |                          |      |                       |
| 15. |                          |      |                       |