1. Review the stated learning objectives on the first page of the CME article and determine if these objectives match your individual learning needs.

2. Read the article carefully. Do not neglect the tables and other illustrative materials, as they have been selected to enhance your knowledge and understanding.

3. The following quiz questions have been designed to provide a useful link between the CME article in the issue and your everyday practice. Read each question, choose the correct answer, and record your answer on the CME REGISTRATION FORM at the end of the quiz.

4. Type or print your full name and address and your date of birth in the space provided on the CME REGISTRATION FORM.

5. Complete the Evaluation portion of the CME Registration Form. Forms and quizzes cannot be processed if the Evaluation portion is incomplete. The Evaluation portion of the CME Registration Form will be separated from the quiz upon receipt at JOURNAL OF PEDIATRIC OPHTHALMOLOGY & STRABISMUS. Your evaluation of this activity will in no way affect the scoring of your quiz. NO PAYMENT REQUIRED. You may be contacted at a future date with a follow-up survey to this activity.

6. Send the completed form to: JOURNAL OF PEDIATRIC OPHTHALMOLOGY & STRABISMUS CME Quiz, PO Box 36, Thorofare, NJ 08086.

7. Your answers will be graded, and you will be advised whether you have passed or failed. Unanswered questions will be considered incorrect. A score of at least 80% is required to pass.

8. Be sure to mail the CME Registration Form on or before the deadline listed. After that date, the quiz will close. CME Registration Forms received after the date listed will not be processed.

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This CME activity is primarily targeted to pediatric ophthalmologists and ophthalmic surgeons. There are no specific background requirements for participants taking this activity.

Management of the Anterior and Posterior Lens Capsules and Vitreous in Pediatric Cataract Surgery

1. One of the most important characteristics of the anterior lens capsule in children is the fact that it is:
   A. Highly elastic.
   B. Too thin.
   C. The same as that in adults.
   D. Too soft.

2. The most radial tear-resistant type of lens capsular opening is:
   A. Can opener.
   B. Radiofrequency diathermy capsulotomy.
   C. Continuous curvilinear capsulorhexis.
   D. Vitrectorhexis.

3. Which of the following approaches will enhance the visualization of the lens capsule in a white or mature cataract:
   A. Viscoelastics.
   B. Injection of balanced salt solution into the anterior chamber.
   C. Injection of antibiotics into the cataract.
   D. Application of capsular bio-staining (eg, indocyanine green).

4. The incidence of posterior capsule opacification after cataract surgery in young children is:
   A. Low.
   B. High.
   C. The same as that in adults.
   D. Lower than that in adults.

5. What is the major complication if the posterior lens capsule is left intact during cataract surgery in young children:
   A. Macular edema.
   B. Posterior capsule opacification.
   C. Glaucoma.
   D. Endophthalmitis.

6. In young children, posterior capsule opacification may cause:
   A. Amblyopia.
   B. Glaucoma.
   C. Retinal detachment.
   D. Intraocular hemorrhage.
7. What is the cellular source of posterior capsule opacification:
   A. Anterior vitreous.
   B. Lens nucleus.
   C. Lens cortex.
   D. Lens epithelial cells.

8. Primary posterior capsulorhexis and anterior vitrectomy performed during cataract surgery in young children is to:
   A. Reduce the risk of glaucoma.
   B. Prevent corneal edema.
   C. Delay or prevent posterior capsule opacification.
   D. Eliminate retinal detachment.

9. The optic capture approach is to:
   A. Luxate the cataract in the anterior chamber.
   B. Place the intraocular lens in the sulcus.
   C. Place the optic of the intraocular lens behind the posterior capsular opening and haptics in the lens capsular bag.
   D. Place the entire intraocular lens into the anterior vitreous.

10. Which of the following methods is not recommended to minimize the difficulty of anterior capsulorhexis in pediatric cataract surgery:
    A. More liberal use of viscoelastics.
    B. Pulling the capsule flap toward the center of the pupil.
    C. Starting the capsular tear 1 to 2 mm smaller than the target size.
    D. Using low magnification of the surgical microscope.