

Table 9-1
Effect and Recovery of Dilation Drops

<i>Diagnostic Drug</i>	<i>Time of Maximum Dilation</i>	<i>Time to Recovery</i>
Phenylephrine	15 to 60 minutes	3 to 6 hours
Tropicamide/ hydroxyamphetamine	15 to 60 minutes	2 to 4 hours
Atropine	30 to 45 minutes	7 to 10 days
Homatropine	40 to 60 minutes	1 to 3 days
Scopolomine	20 to 30 minutes	3 to 7 days
Cyclopentalate	30 to 60 minutes	24 hours
Tropicamide	20 to 40 minutes	3 to 6 hours
<i>Diagnostic Drug</i>	<i>Time of Maximum Cycloplegia</i>	<i>Time to Recovery</i>
Atropine	30 to 50 minutes	5 to 12 days
Homatropine	30 to 70 minutes	1 to 3 days
Scopolomine	30 to 60 minutes	3 to 5 days
Cyclopentolate	30 to 45 minutes	24 hours
Tropicamide	60 to 180 minutes	6 hours

Reprinted with permission from Ledford JK, Pineda R. *The Little Eye Book: A Pupil's Guide to Understanding Ophthalmology*. Thorofare, NJ: SLACK Incorporated; 2002.

21. c) Diabetes, in the absence of other problems, is not a contraindication for mydriasis.
22. c) Cycloplegic agents paralyze both the ciliary muscle (thus inactivating accommodation) and the sphincter muscle of the iris (thus dilating the pupil).
23. c) Cycloplegics are used to facilitate retinoscopy and refractometry because of their accommodation deactivating ability. The fact that they dilate is almost secondary.
24. b) Cycloplegics are used in the treatment of iritis in order to halt painful accommodative spasms and to lessen the development of iris adhesions to the lens (posterior synechia).
25. See Table 9-1 for more details:

A. The strongest drug	a
B. Most rapid onset	e
C. Wears off in 10 to 14 days	a
D. Wears off in 1 to 3 days	b
E. Wears off in 1 hour	e
F. Used three times daily for 3 days before exam	a
G. Wears off in 3 to 6 hours	d
H. Weak; used more for dilation	e
I. Duration falls between atropine and homatropine	c
J. Onset 30 minutes	d
26. a) Systemic absorption of a cycloplegic may be accompanied by the symptoms of increased pulse, flushing, fever, and dry mouth (xerostomia).
27. b) Dark colored irises seem to be more resistant to cycloplegia, and thus may require more doses or stronger concentrations of the drug. (Use of a topical anesthetic prior to cycloplegic agents is a courtesy to any patient.)