



A O N A VISION

The national newsletter of the Australian Ophthalmic Nurses' Association

ASIA PACIFIC ACADEMY OF OPHTHALMOLOGY CONGRESS

SYDNEY 20 - 24 MARCH, 2011



In March next year the Asia-Pacific Academy of Ophthalmology (APAO) will hold its annual Congress in Sydney, Australia. The conference organisers have included in the program a nurses meeting, which will be held over two and a half of the four Congress days.

This provides a wonderful opportunity for ophthalmic nurses from around Australia, the Asia-Pacific region and from further afield to meet and share ideas and information.

The convener of the nursing program is Janet Marsden, from the United Kingdom. Other members of the organising committee are Sue Raynel, from New Zealand, and Joanna McCulloch, from New South Wales.

The organisers have put together what they believe to be an exciting programme for the inaugural Ophthalmic Nurses Conference at APAO.

The key note speaker is Professor Mary Chiarella from the School of Nursing, University of Sydney. Professor Chiarella's research interests focus on legal, policy and ethical issues in nursing and health care delivery and she has provided her professional expertise to many health services, organisations and governments over the years.

Professor Janet Marsden, Manchester Metropolitan University, Manchester, UK is also speaking at the conference.

The response from nurses throughout the region wishing to

Calendar of Events

January, 2011

February, 2011

- 19 AONAQ Clinical Meeting
- 25 National Sunnies for Sight Day

March, 2011

- TBA AONAWA Clinical Meeting
- 6-12 World Glaucoma Week
- 20-24 Asia Pacific Academy of Ophthalmology Meeting Sydney Convention & Exhibition Centre

April, 2011

May, 2011

- 28 AONAQ Clinical Meeting

June, 2011

- 18 AONANSW Clinical Meeting Central Coast Day Hospital

August, 2011

- 15-20 National Glaucoma Week
- 20 AONAQ Annual Conference

September, 2011

October, 2011

- 13 World Sight Day
- 22-25 American Academy of Ophthalmology, Florida

November, 2011

- 17-19 AUSCRS, Canberra
- 19-22 RANZCO, Canberra

December, 2011

provide nursing colleagues with an insight into their practice arenas has been fantastic, resulting in a very full nursing programme of 10 sessions. The programme contains many interesting presentations on a wide variety of topics including: developing nursing roles, education, research in and on practice, practice past, present and future, ophthalmic nurses in different communities and developing nations. Speakers come from throughout the Asia Pacific region - Indonesia, Hong Kong, Singapore, Australia, Fiji, Vanuatu, New Zealand, United States and the United Kingdom.

Put the APAO in your diary now as opportunities to attend such a high quality meeting on your own doorstep come very rarely. We look forward to seeing you in Sydney!

For further information on the APAO go to their website, <http://www.apaosydney2011.com/>

AONA(WA) LIFE MEMBERS HONOURED

The final contribution for 2010 for Western Australia honors two members who have been awarded life membership.

At the AONA (WA) AGM held in July I was honored along with Loretta Faneco to receive life membership of AONA in Western Australia.

Since its inception in 1999 the Western Australian branch of the Ophthalmic Nurses Association has been fortunate to have a group of dedicated people, who have persisted against the odds, maintaining the WA branch and continuing to organize education programs.

AONA(WA) commenced with nine members, increasing to 25 and in more recent times up to 67 members. One of the highlights over the years for me were the country seminars held in Busselton, Mandurah, and Dunsborough. These continue today with one seminar each year dedicated to country members.

Who could forget Dunsborough 2005; this was when RANZCO (WA) invited the Ophthalmic Nurses (WA) to hold their first joint conference. Dr Ross Littlewood RANZCO (WA) President and myself AONA (WA) President walked down the aisle in the chapel and so a marriage was formed. The chapel was where the AONA conference was held, as the resort was fully booked. All who attended had a great time.

AONA(WA) has sponsored many nurses over the years, such as Sue English who spent her long service leave working with the John Fawcett Foundation in Bali for three months, and many other nurses have been sponsored to attend conferences and ophthalmic courses.

On a National level, the International Ophthalmic Conference held at Darling Harbor in 2002 had a large contingent of AONA (WA) nurses attend. Julie Robson from the Lion's Eye Institute presented a paper and Yvonne Fletcher gave an update on AONA (WA).

In November 2007 we held our first National Ophthalmic Nurses Conference at the Burswood Convention Centre a rewarding experience for us all. The conference focus was the National Competency Standards, and a move toward competency-based practice to enhance patient care and personal development for nurses.

The association continues to grow, there is now a National Newsletter with four editions, the first edition was in 2008.

On a personal note I have now retired, (although doing a bit of casual work at the Eye Surgery Foundation). In my 35 years as a theatre nurse I never thought I would finish my career as an ophthalmic nurse (when doing my theatre course I disliked being in the eye theatre), however the last 19 years have been very satisfying and rewarding. In the New Year, I will become a volunteer at the blind institute of which I am looking forward to give some of my experience and knowledge back to the community.

Finally, I wish to thank AONA(WA) and the National committee members who all have extremely busy lives and yet still find time for AONA.

Betty Cork

AONA VIC BIENNIAL CONFERENCE REVIEW

On the 4th September I attended the AONA Victoria Biennial Conference, with assistance from AONA Qld education grant. I have previously only been to AONA Qld conferences, so it was great to attend something different, hear some great speakers, see how others do conferences and meet some other eye nurses.

I was interested particularly in the retinal topic, retinal surgery and posturing presented by Dr Wilson Heriot. We heard that there is no international standard for post-operative posturing. Many patients go on-line and read that they may have to posture for up to 3 weeks. This scares many patients who believe they couldn't possibly go on to have retinal surgery.

It's important to understand why a patient needs to posture face-down after having retinal surgery. The bubble inserted into the vitreous space supports the retina. By positioning face down, the bubble exerts pressure on the macula particularly and avoids the post-op complication of wrinkling of the retina, from fluid getting under the retina. The edges of a tear will reattach in 24 hours, therefore there is a need to position in the immediate post-op period. It is harder to know how long it takes to become reliably attached, hence the wide variations in recommendations on how long patients are required to posture.

To try to understand how the bubble is working, a great visual explanation of the bubble was given likening it to the space in a wine glass, with a small quantity of wine in it. The space left above the fluid is not round, but flat on the bottom. If you imagine this flat line, think about where it is when a patient is upright, it still sits below the macula, therefore the bubble is still exerting pressure. Next time you are enjoying a glass of wine, try drawing a spot on your glass to represent the macula and move it around and you'll

see that there are plenty of places where the 'bubble' is still over your spot. If retinal surgery is to fix a tear rather than a macula hole then the patient would need to lie in a position opposite to the tear. Having a visual explanation made this very



The 'pen friend' in action.

easy to understand.

I was also impressed by the enthusiasm of Penny Stevenson, an Orientation and Mobility Specialist at Vision Australia, showing the latest in visual aids. When I spoke to her at the trade demonstration, she was especially excited about the PenFriend. I have since had a patient in our clinic who uses one and finds it exceptionally easy and beneficial. Have a look at Youtube, PenFriend Demonstration, it shows how it works much better than I could describe.

Fiona Turner

Fiona attended the AONA Victoria conference with the aid of an education grant from AONA (Qld). Grants are available to members of all AONA groups. Take a look at your respective Association website for terms and conditions and to download an application form.



Australian Ophthalmic Nurses Association of New South Wales

NSW President Report

December 2010

I was very lucky to be able to join the Myanmar Eye Project in September for 2 weeks with 11 team members from Oz and 1 from the UK. It was of course a marvelous experience and a glimpse of the challenges many people have to get access to health care. We are so privileged in Australia to have such a good health system available. I was overwhelmed by the ability of the locals to take on all manner of responsibility to enable the best possible outcome for their patients.

At a local level the clinical meeting Care and Cleaning of Ophthalmic Instruments was held on Saturday 13th November. This included information on Toxic Anterior Segment Syndrome with 25 year reflection in Day surgery experience, a wonderful update on CJD and much discussion and sharing of information. I apologize to members about the short notice on change of venue and date for this

clinical. We hope to repeat this day some time next year.

We will look forward to the Asia Pacific Ophthalmology Congress 20 - 24 March at the Convention and Exhibition Centre Darling Harbour and hope to see you at this event.

A reminder for NSW members there will be no conference in June however there will be a clinical meeting June 18th at the recently opened Central Coast Day Hospital.

The draft competencies will be trialed in NSW at Westmead Hospital and at The NSW Eye Centre Ashfield. This information will then be collated from the other states and hopefully ready for all in the new year.

We wish you all a happy and healthy holiday season and the best for 2011

Jenny Keller

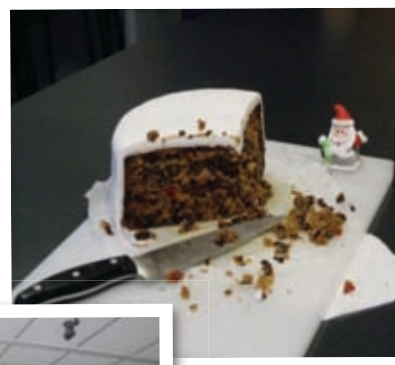


Australian Ophthalmic Nurses Association of Queensland

Qld Presidents Report December 2010

Greetings from not so sunny Queensland. As we approach the New Year we have finalised our AONAQ calendar for the year with our Christmas meeting. This year's meeting was held at the Queensland Eye Hospital. Q.E.H. has been great supporters of AONAQ for many years.

Thanks to the hard work and dedication from Fiona O'Sullivan another great Clinical Meeting was held. Firstly Helen Scott gave a talk about Temporal Arteritis - many of us have dealt with the often devastating consequences of this disease. With early diagnosis and treatment the visual outcomes for those who have it can be vastly different. I believe Helen was a little nervous about speaking, but she is to be congratulated for a very interesting and informative talk, hopefully this will encourage more



nurses to speak at future meetings. Something our members are often requesting.

Finally Fiona O'Sullivan presented an interactive and entertaining look at a very serious subject - Creutzfeldt-Jakob disease. One of the first patients I nursed as a newly registered RN was an old theatre nurse who had contracted CJD during her time in theatres. It is shocking to witness the terrible effect of this disease first hand, and once out of the headlines it is too easy to forget it exists. It was good to have a timely reminder.

Following the educational part of the day we gathered for morning tea and Christmas cake. It was good to welcome both new and old faces at the meeting. Thanks to all those who attended on such a rainy morning, and especially those who travelled from some distance to attend.

Wishing you a very Merry Christmas and a Happy New Year and looking forward to catching up with some of you at APAO in Sydney in 2011.

Jane Miles



Australian Ophthalmic Nurses Association of Victoria

AONA Vic Presidents Report December 2010

Hi Everyone, Well the silly season is upon us and that means for many a well earned break. It has been a very interesting and informative year for AONA Vic members. The committee has worked hard to bring conferences to Melbourne and helped ophthalmic nurse members in South Australia hold their first ever clinical meeting in conjunction with RANZCO.

Membership continues to grow as nurses find the interesting speciality of ophthalmics and become hooked. It covers such diverse settings so people can find many areas to work which suit them from theatre to outpatients and community. It is always changing along with technical advances. It may not look as obvious as the cardiac advances but sure enough ophthalmology is right up there.

Our bi annual conference in Melbourne was well received and as popular as ever. Comments such as "best ever" and "so relevant" and "great networking" were all indicative of the positive feedback.

So too was our foray into the bustling city of Adelaide. Many ophthalmologists took the opportunity to fund nurses for the nurses meeting. Nurses from both interstate and overseas enjoyed a diverse and interesting program, albeit with a little technical difficulty at times.....but that is computers!!

So well done to the mighty efforts of Sharon Dennis and Margaret Phillipott. For some it was the first professional development they had had the opportunity to partake in on their specialty area of ophthalmics.

Next year we are looking forward to the Asia Pacific Academy of Ophthalmology congress nurses program in Sydney. A diverse program has been put together for all ophthalmic nurses and promises to be a great networking experience. The committee will also be working on our "hot topics" from the last conference to incorporate them in our clinical meetings for 2011.

We continue to work on national projects such the National Ophthalmic Competency Framework, affiliation with RANZCO, the National newsletter and developing an overseas database. We shall keep you posted in the next newsletter.

I would also like to take this opportunity to thank Helen Taylor for her work on the committee as the Tasmanian rep. Helen has decided to take a promotion and move sideways in theatre. We wish her well. Should she ever decide to come back to ophthalmics, there is always a committee position available

It is thanks to Helen that we have the volunteer data base and getting clinical meeting in Tassie off the ground. She has provided great inspiration and we welcome the new reps in the New Year.

Lastly but not least it is with big thanks to the committee for without them we could not do the endeavours for our members that we do. I am forever in their debt.

So Merry Christmas and enjoy the break and look forward to seeing you all safe and well in the New Year.

Pam Armstrong



Australian Ophthalmic Nurses Association of Western Australia

AONAWA Presidents Report December 2010

To finish off the year AONA WA had a quiz night at the Eye Surgery Foundation on Friday the 3rd of December. It provided the members with the opportunity to catch up before the year closes and to relax over a glass of wine and a bite to eat.

Prior to the Quiz night the WA committee held the last meeting for 2010. The focus of which was rewriting the constitution, the treasurers report and the pending AONA WA website which will be up and running early 2011.

The web site will allow members to contact committee members directly, pay membership fees online and to keep in touch with future educational opportunities and jobs in ophthalmology. It will also provide links to ophthalmic sites.

Cheryl Doran

Blind Faith. Jessica Gallagher Blind Skier.

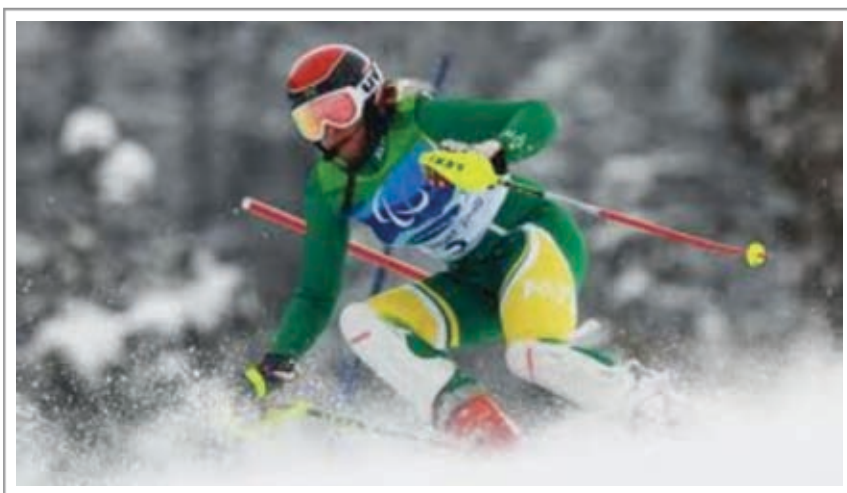
Ever think about how scary it would be to be blind? How much more frightening if you are blind and skiing at top speed? Jessica Gallagher, the first Aussie woman to win a medal at the Winter Paralympic Games has cone dystrophy resulting in only 8% of her central vision. This interview with journalist, Daniel Lewis is taken from the Sydney Morning Herald of 23rd December 2010.

Blind Faith: how to hurtle down a mountain with a guide and no fear.

Every downhill run, slalom and super-G run is a high-speed journey into the unknown, which requires a huge conquest of fear, and investment of faith in her sighted guide who accompanies her down the mountain, telling her what she is about to experience. Making a mistake while hurtling down the side of a mountain could cost you your life.

“It’s a huge mind game for vision-impaired athletes when you can’t see and you are skiing at upwards of 100 km/h,” she said. “If you’re not confident and don’t have that ability to just let your skis run then it’s plain and simple, you are going to crash.”

“When I ski I can’t see the ground, I can’t see the trees on either side and I can’t see pitch changes, and that’s why my guide is so crucial. He tells me about all these different things. It was definitely a challenge learning to trust what someone is telling you is right and learning not to be afraid of the fact that you are about to have this huge pitch change or are about to hit this big ice patch. Trusting the guide makes you go so much faster because you are confident in the knowledge that what they are telling you is right. If you are going to win you have to go at 100 per cent. You can’t have second thoughts.”



Jessica Gallagher in action

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THE ROLE OF THE OPHTHALMIC NURSE AS EDUCATOR

This report discusses and examines the role of the specialist ophthalmic nurse. Pressures on the health care service in terms of the number of people requiring treatment and the increasing cost of these treatments mean alternative ways of care are being sought. In the case of surgery, the improvements in surgical techniques, improved anaesthetics and analgesia mean the length of stay in hospital following surgery can be reduced.

New models of care place new pressures on hospitals, already coping with bed and staff shortages. Advances in day surgery have been welcomed, this is particularly true of cataract extraction surgery which comprises the largest caseload in ophthalmic units (Minassin et al 2000). Advances in cataract surgery have seen operation time drop (Oetting 2001), and change for the majority of patient's from inpatient status to day case patient. With these advances it is crucial that effective management of these patients is considered.

Pre-assessment of patients is essential due to reduced contact time with the patient. Stuckley (1999) believes shorter hospital time means less time for education, which may create problems such as compliance and may increase anxiety among patients. According to Copper (1996) pre-assessment is essential for planning patient care as it offers the opportunity for screening suitability of patients for surgery and to discuss information regarding the operation, after care and identify problem's which may exist or arise. According to Bramhill (2002) preoperative assessment is essentially a clinical risk assessment where the health of a patient is appraised to ascertain that the person is fit to undergo the surgery. Thus effective pre-operative assessment is a vital step in an organisational risk management.

The importance and need for specialist ophthalmic nurses, therefore, is evident. The nurse not only requires knowledge such as anatomy and physiology, but also requires technical skills as patients undergoing cataract extraction require investigations, such as biometry to determine the power of the intraocular lens required. It is now commonplace for the aforementioned interventions to be performed by nurses as an extended role. The developing role of the nurse not only extends knowledge and skills, but

also accountability for action. It is the personal responsibility of the nurse to ensure that they do not accept additional duties unless they have been adequately prepared to undertake them (Wadood & Dhillon 2002). The importance of specialist training therefore is evident for the nurse to have the ability and knowledge to complete these skills.

The specialist ophthalmic nurse's role as educator, communicator, resource person/manager and counsellor are activities to promote self care of the patient. A nursing framework provides structure to nursing care. Stanford (1998) believes that a nursing framework is an important tool for assessing, planning, implementation and evaluation patients needs. Stanford states it should be indicated in pre-assessment and should incorporate the plan of care for the day of surgery and the discharge home. The desired outcome is that self-care should be continued by the individual or with the assistance from relatives.

The onus of early post-operative management is being transferred from hospitals and health care professionals to patient and their families, as individuals and families are increasingly being asked to take charge of their own health and learn to manage their needs in their homes and community (DOHC, 2001). This could be a daunting task if the patient is inadequately prepared and lead to increased anxiety levels. It is therefore vital the nurse ensures the patient receives all appropriate care, though promoting self-care and educating the patient to reduce anxiety.

It has been well established for many years that admission to hospital for surgical intervention can cause considerable apprehension and anxiety. Recent studies have highlighted the anxiety experienced by patients admitted for day case surgery and the subsequent lack of adequate psychological support (Morrell (2001, Mitchell 1997, Allen et al 1992). Anxieties according to Hind and Wicker (2000), will vary from patient to patient but, in general, most arise from fear of pain, fear of anaesthetics, worries about family, dependants and coping with the mechanism needed to facilitate hospital admission.

Patient's and medical staff's perceptions of anxiety and causative factors may vary. Moon and Soon

(2001) have identified in their study that hospital personnel usually consider day case surgery to be minor procedure, but surgery is always a major experience for the patient.

Patients undergoing cataract surgery under local anaesthesia or non-sedative can experience high levels of anxiety, in addition to this stress the patient remains awake during the procedure and must help the surgeon by lying motionless. Therefore if patient's anxiety levels are not addressed the patient may not be able to concentrate and maintain proper position, which could result in surgical complications. Therefore, psychological comfort in the preoperative phase and compliance during the operation are very important for post-operative prognosis.

The effectiveness of preoperative education on reduction of anxiety levels has been well documented in hospital settings (Morrell 2001, Allen et al 1992, Beddows 1997). Numerous studies and reviews have highlighted the fact that a major source of patient dissatisfaction with health care arises from their belief they are given insufficient information and consequently resulting in raised anxiety levels (Mitchell 1997, Swindale 1989). This has led many researchers to explore the hypothesis that by giving patients more information, one can reduce their levels of anxiety or distress and promote both physical and psychological recovery. The preoperative nurse is in a unique position to fulfill this need and has responsibility to assess and intervene to help patient cope and face impending surgery.

Therefore patient education is an inherent part of any assessment, preoperative or postoperative process. Education as we know deals with the increasing awareness and knowledge. Stanford (1998) gives a good example of health promotion in the ophthalmic care setting, of teaching a patient the importance of hand washing before eye drop instillation, which contributes to the prevention of infection and therefore promotes the health of the person's eye.

The day unit environment is a new experience for the patient and time constraints can have a negative psychological effect on them. In this rushed and hurried environment, where little opportunity exists to develop relationship with the medical team, the locus of control seems to be handed over to the nurse in charge of that patient's care. By using a well

structured education programme in a nurse led pre-assessment process, some of this control can be handed back to the patient.

Cataract surgery is an exciting area of medicine that has made great strides in recent history. The greater the quality and choice of information, the greater the benefits especially to day case surgical patients. While nurses believe that preoperative education of patients make a difference in their post-operative convalescence and that teaching is an important tool nurses can use to change patients behaviour, there is always a need to substantiate these beliefs with research (Timmons and Bower 1993). Nurses as a profession need to be confident in their skills and abilities and should welcome recommendations for improvement and assist with these recommendations through research based practice, knowledge and reflection.

Amanda Wylie

This article was written in 2003 as part of a Masters program. While many of the references are dated the issues remain important in today's health care environment. As ophthalmic nurses, take some time to reflect on how you are meeting the education needs of patients in your own care setting. What do you do well? What could you do better? How could you improve? (recording your reflections in your Portfolio could even earn you some points!)

Elements of a well written resource

When developing written education resources for patients, consider the following:

- ★ Use plain language
- ★ Diagrams aid understanding
- ★ Make content interesting and applicable to the reader
- ★ Font size, style and colour
- ★ Consider contrast
- ★ Use white space
- ★ Break information into sections
- ★ Use subtitles
- ★ Bulleted and numbered lists are helpful when a number of steps are required