



O r B i t s

“The Victorian Branch of the Australian Ophthalmic Nurses Association aims to provide and communicate current information from a variety of clinical aspects including nursing, medical and allied health professionals”

AONA Vic in the South West

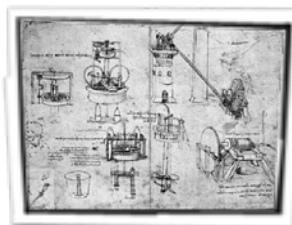
AONA Victoria and Warrnambool

educator, Paula Touzeau combined forces to present an education opportunity for South West district nurses to learn what's new in Retinal surgery and emergency ophthalmology. Over 50 nurses took the opportunity to hear local nurse Mandy Nielsen talk on the history of cataract surgery, Jenni Webb RN and Cornell Papov from Alcon discuss 23 gauge vitrectomy, Dr William Campbell, senior Retinal Surgeon, presented an overview of the Vitreo-retinal developments including - To posture or not after retinal surgery?, The use of Avastin for treatment Amelanotic Melanomas, Treatments of Macula Holes and “Whether Leonardo da Vinci pioneered Retinal Surgery” back in the 16th century. After a delicious lunch Gerard Walsh, RN from Eye and Ear Hospital ED discussed ophthalmic



emergencies followed by a short workshop demonstrating eye irrigations, visual acuities and how to use the slit lamp. Paula then conducted a tour of the theatre facilities at the hospital.

We would like to thank all those who made the trip to Warrnambool, the local members and staff for their support - particularly catering, who ensured the success of the day. Also thanks to Alcon for their continuing sponsorship of AONA Victoria's activities.



to be held at the Melbourne Convention Centre, just prior to RANZCO. We are currently busy organizing the program & will let you know the details soon.

Don't forget to earmark Saturday the **22nd of November** for our biennial conference,



Presidents Letter

Hi AONA members not only in Victoria but Nationwide. Our national newsletter is getting established. So welcome to all.

Well it's winter again and temperatures down south are hitting the low end of the scale. I guess the whales have heard and are still on their way to Warrnambool. Even though we missed the whales in Warrnambool, we didn't miss the interesting speakers and a very enjoyable time was had by all at our regional clinical meeting and workshop held in association with South West Health care. Many thanks to the committee members Robyn, Pat & Tim who spent much time organizing this weekend and to Paula Touzeau, the nurse educator at Warrnambool Base who co-ordinated it and organised such yummy food and perfect weather.....no wind in Warrnambool.

Another significant event that has happened this month is the resignation of Tim Puyk from our committee. Tim was one of the original members of AONA in Victoria and the founding president of Victoria. Under his stewardship AONA has developed from its beginnings of being mainly theatre focused aspect of Ophthalmic nursing to a broader ophthalmic focus and an association that holds well received conferences and is a contributor to the professional forum for Ophthalmic nurse development. cont

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Membership Fees are due 1st of July.

Full membership	\$50 until 31st October	Late fee \$70
Associate membership	\$35 until 31st October	Late fee \$50

THE CORNEA

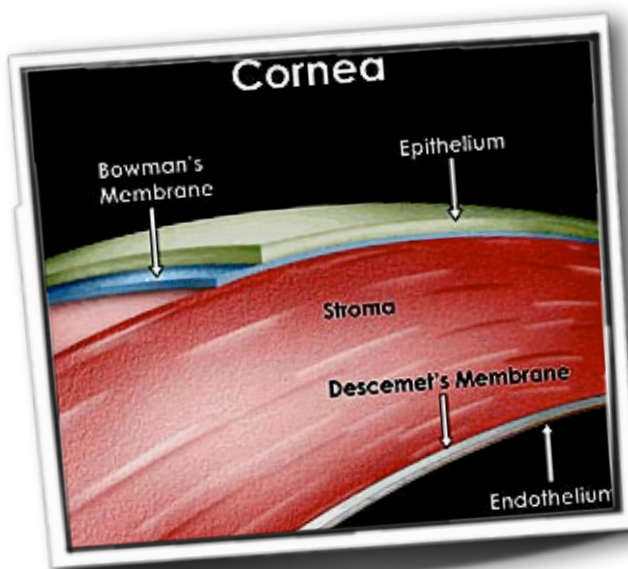
The human cornea has 5 layers:

Corneal epithelium: a thin epithelial multicellular tissue layer (stratified squamous epithelium) of fast-growing and easily-regenerated cells, kept moist with tears. Irregularity or edema of the corneal epithelium disrupts the smoothness of the air-tear film interface, the most significant component of the total refractive power of the eye, thereby reducing visual acuity.

Bowmans Layer: (also erroneously known as the anterior limiting membrane): a tough layer that protects the corneal stroma, consisting of irregularly-arranged collagen fibers.

Corneal stroma: (also substantia propria): a thick, transparent middle layer, consisting of regularly-arranged collagen fibers along with sparsely populated keratocytes. The

corneal stroma consists of approximately 200 layers of type I collagen fibrils.



Descemet's Membrane: (also posterior limiting membrane): a thin acellular layer that serves as the modified basement membrane of the corneal endothelium.

Corneal endothelium: a simple squamous or low cuboidal monolayer of mitochondria-rich cells responsible for regulating fluid and solute transport between the aqueous and corneal stromal compartments. (It is bathed by aqueous humour, not blood or lymph, and has a very different origin, function, and appearance from vascular endothelia.)

DIGITAL CONTACT LENS CLEANING - RUB-RINSE-DISINFECT

Recent studies into contact lens cleaning have reinforced the importance of technique when cleaning contact lenses. Ineffective cleaning can cause severe corneal infections. Other contributing factors included:

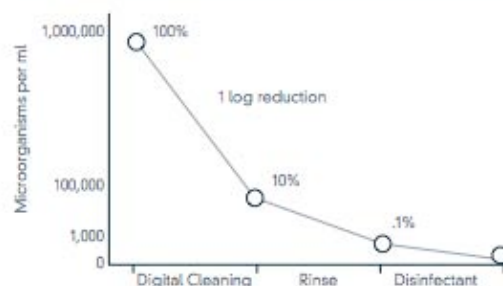
- not using fresh cleaning solutions every day,
- over-wearing of lenses,
- not rubbing lenses after removal,
- not adhering to recommended replacement schedules,

Cleaning contact lenses has traditionally included:

- digital rubbing of the lenses
- rinsing to remove debris and cleaning solution
- disinfecting to kill microbes.

Recent innovations aimed at making the process easier - one step, Multipurpose Solutions (MPS), "... not to rub or rinse...", have been shown to be a less effective cleaning technique, removing less debris and microbes. Compliance with effective cleaning techniques also impacts adversely, eg. (when using MPS, lenses should be rinsed for a minimum of 20 seconds).

Multiple studies have demonstrated that the "rub and rinse" technique dislodges microbes and contaminants and is vital prior to disinfection for optimal results. Studies have shown that "...the omission of the rubbing step or....even worse rubbing and rinsing steps, have increased the risks of an eye infection in contact lens wearers..." The conclusions recommend a combination of all three steps to provide the most effective process for cleaning contact lenses along with thorough patient education to ensure they understand and comply with the process. http://www.mivision.com.au/uploads/26837/ufiles/mivision_may.pdf



Solution containing 1,000,000 microbes per ml used to contaminate contact lenses.

Orbis FEH

Use your talents to participate in ORBIS's mission to reduce blindness in developing countries worldwide.

The ORBIS Flying Eye Hospital (FEH) is a unique mobile teaching and operating facility on board a DC-10 jet aircraft that travels to developing countries worldwide to share the gift of sight. Our Flying Eye Hospital staff travel up to 45 weeks per year and anywhere from a few weeks to 3 months at a time. For more information about ORBIS and this employment opportunity, please visit our website:

"www.orbis.org To apply, email your cover letter to HR@orbis.org

One Donor Cornea for 3 Recipients

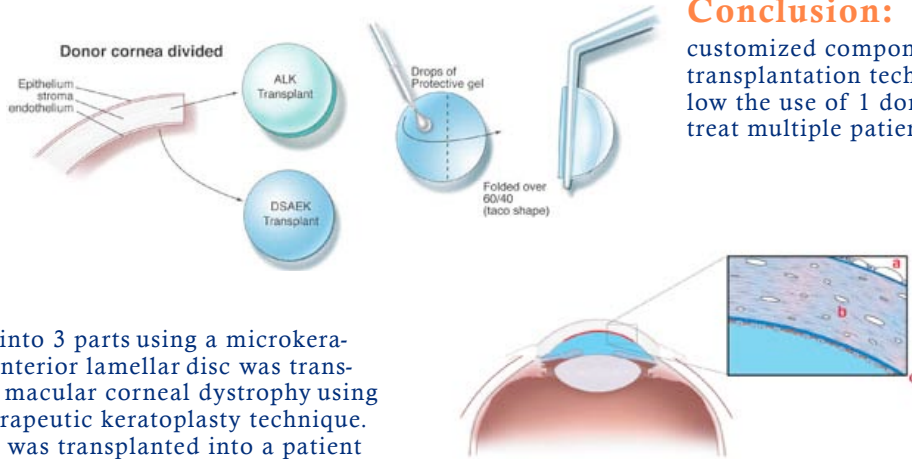
A New Concept for Corneal Transplantation Surgery

Rasik B. Vajpayee, MS, FRCS(Edin), FRANZCO;
 Namrata Sharma, MD; Vishal Jhanji, MD; Jeewan S.
 Titiyal, MD; Radhika Tandon, MD Arch
Ophthalmol. 2007;125(4):552-554.

ABSTRACT

Objective: To describe the use of a single donor corneal tissue in 3 patients with corneal pathologic conditions.

Methods: A donor corneal tissue was divided into 3 parts using a microkeratome and a trephine. The anterior lamellar disc was transplanted into a patient with macular corneal dystrophy using the automated lamellar therapeutic keratoplasty technique. The posterior lamellar disc was transplanted into a patient with pseudophakic bullous keratopathy using the Descemet



stripping automated endothelial keratoplasty technique. The peripheral corneoscleral rim was used for limbal stem cell transplantation in a child with limbal stem cell deficiency.

Results: All surgical procedures were performed successfully. At 3 months, the best-corrected visual acuities achieved following automated lamellar therapeutic keratoplasty, Descemet stripping automated endothelial keratoplasty, and limbal stem cell transplantation were 20/60, 20/40, and 20/200, respectively.

Conclusion: The advent of customized component corneal transplantation techniques may allow the use of 1 donor cornea to treat multiple patients.

ALK v PKP

Comparison of Techniques for Removing the Recipient Stroma in Anterior Lamellar Keratoplasty

Vincent M. Borderie, MD, PhD; Andrée-Luce Werthel, MD; Olivier Touzeau, MD, PhD; Cécile Allouch, MD, PhD; Sandrine Boutboul, MD; Laurent Laroche, MD Arch
Ophthalmol. 2008;126(1):31-37.

Objective: To compare 3 techniques used for removing the recipient stroma during anterior lamellar keratoplasty (ALK): the "big-bubble" technique, manual dissection using a crescent blade and slit-lamp operating microscope, and microkeratome lamellar cut.

Design: Retrospective comparative cohort study of 69 consecutive ALKs and 69 consecutive penetrating keratoplasties (PKs). Manifest refraction, slit-lamp examination, Goldmann tonometry, ultrasound pachymetry, specular microscopy, and confocal microscopy findings were recorded.

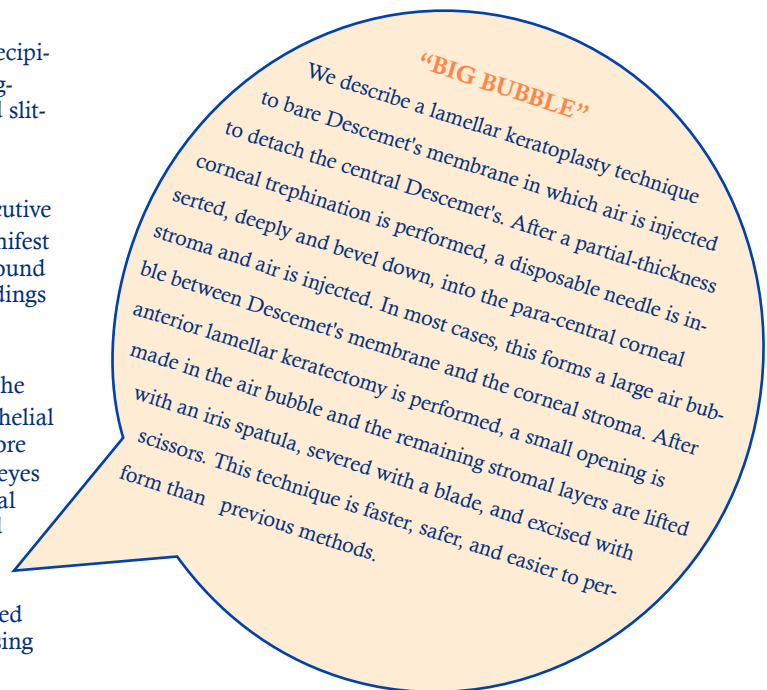
Results: The 12-month graft survival estimate was 98.5% in the ALK group and 94.1% in the PK group ($P = .19$). Higher endothelial cell density was found after ALK ($P < .001$). At 12 months (before suture removal), 53% of eyes that underwent ALK and 44% of eyes that underwent PK had 20/40 or better spectacle-corrected visual acuity ($P = .24$). In keratoconic eyes, these values were 83% and 69%, respectively ($P = .18$). Significant differences in visual acuity, corneal central thickness, and keratocyte density among ALK subgroups were found, with the best results obtained using the big-bubble technique and the worst results obtained using

the microkeratome. In eyes that underwent ALK, visual acuity increased with keratocyte density.

Conclusions Better results were obtained after ALK vs PK, and the big-bubble technique seemed to provide the best results.

<http://archophth.highwire.org/cgi/content/abstract/126/1/31>

<http://www.ncbi.nlm.nih.gov/pubmed/11973083>





Calendar

**21st June 2008**AONA NSW -
Conferencewww.aonansw.org.au**20th August 2008**

AONA Queensland Conference

www.aona.org.au**8th October 2008**

World Sight Day

22nd November 2008AONA Victoria Conference
Melbourne Convention Centrewww.aonavic.com.au**22nd November 2008**

RANZCO

Committee Meetings

Teleconference - 10th June

8th July - RVEEH Boardroom

Teleconference - 5th August

I would like to take this opportunity to thank Tim for his enormous effort and foresight to begin the association in Victoria. It is not an easy task to start something like this, enthuse those around them to voluntarily give up time for the committee and then to recruit members across Victoria and then give results that members appreciate. I am sure all the members would say "Well done Tim."

I will also take this opportunity to raise awareness of the impact that voluntary work has on families. The family also contributes a huge effort. Many thanks must go to Tims' family also. Kathy has been so patient and understanding allowing Tim to give freely of his time. I do recall her managing 3 young children on one of our regional jaunts.... Not the ideal weekend away being held up in a hotel room while your partner is organizing a clinical. On behalf of the committee again many thanks to Kathy for her contribution to Ophthalmic nurses.

Tim began the association in 1988 with 10 members and it grew to 66 members under his presidency, holding 4 clinical meetings one year and a bi-annual conference by the time he resigned as President in 2002 to take up another position in Ophthalmic industry and to spend some time with his young family. Whilst heading back into the day surgery arena he has remained on the committee and has participated in the progress to the current membership today of 102 members. He should be proud of his achievement.....We are.

The AONA (Vic) committee voted unanimously to give Tim lifelong membership to the Victorian group he started.

Thanks again and we look forward to seeing him at our conference in November.

President Pam Armstrong,

AONA Victoria present "Sight Seeing Victoria"

The Essence of Ophthalmic Nursing
Saturday 22nd November 2008

Melbourne Convention Centre
Flinders St, Melbourne.

Contact: Pat Usher - 9929 8333
pat.usher@eyeandear.org.au

Pam Armstrong - 9929 8186
pam.armstrong@eyeandear.org.au

Contact address:

President@aonavic.com.au

www.aonavic.com.au



With thanks to RVEEH
for their sponsorship

Registered Nurses Wanted!!!

**Emergency Department – Royal Victorian Eye
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No Night Shift Required!... Friendly supportive environment

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To succeed in this role you will need flexibility, excellent organisational and communication skills, as well as the ability to work independently. Previous experience in Ophthalmic Nursing, ENT or Emergency nursing is desirable.

The Royal Victorian Eye & Ear Hospital is a world leader in the provision of eye, ear, nose and throat services, education, and research and health promotion for the community. Our mission is to provide highly specialised care by setting international standards of quality, innovation and efficiency.

When you join our team you will be welcomed into an environment that cares for its employees and prides itself on its integrity and teamwork. We are centrally located, close to public transport and a short walk to the CBD. We offer considerable employee benefits, including salary packaging, educational support and subsidised car parking.

If you are interested in applying or would like to discuss the positions available. Please contact :

Leanne McGinn

Manager – Emergency Department

Royal Victorian Eye and Ear Hospital

**32 Gisborne Street,
East Melbourne.3002**

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