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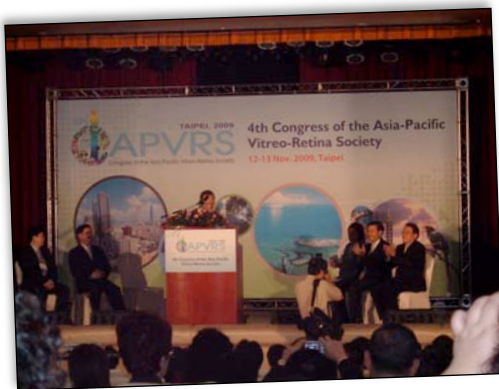
T APVRS - TAIWAN

Taiwan is a diverse and energetic city with its unique fusion of

Taiwanese-Chinese culture, lifestyles, cuisine and shopping. The fourth APVRS took place in Taipei, Taiwan on the 12th-13th November 2009. The Asia - Pacific Vitreo-Retina Society has become one of the most significant and prestigious ophthalmology meetings in the Asia - Pacific region over the past years. The President of the APVRS congress is Professor Ian Constable from Western Australia. I was very lucky and honored to have a chance to attend such a wonderful event!

With the participation and support of more than 400 delegates from 18 countries and many internationally renowned experts presenting at this congress, it was an excellent platform for exchanging and sharing ideas, knowledge of the latest development in clinical practice and scientific research in the vitreo-retina related fields. Topics discussed included macular disease, diabetic retinopathy, retinal detachment, retinopathy of prematurity, uveitis, new instruments and novel treatments.

Prof Ohno from Japan discussed the different clinical features between the infectious Intraocular Inflammation (II) such as Tuberculosis and Human T-cell Leukaemia Virus associated Uveitis with the noninfectious II such as Sarcoidosis, Vogt-Koyanagi-Harada Disease and Behcet diseases. In his study, the use of Infliximab intravenous infusion was effective in decreasing the recurrent II in Behcet disease. *(Infliximab infusions will soon be added to the RVEEH pharmacy for a variety of inflammatory diseases, including Behcets)*



Prof Yoon from Korea, reported on their clinical trial using Intravitreal Dexamethasone Posterior Segment Drug Delivery System (DEX PS DDS) in patients with visual loss due to macular oedema associated with retinal vein occlusion (BRVO or

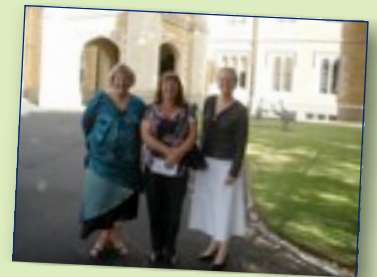
CRVO). The study was multi centered involving Korea, USA, Brazil, Israel, Italy as well as Australia. It was found that the implant not only reduced the risk of visual loss but also improved vision. The DEX PS DDS was well tolerated as there was no significant occurrence of cataract or increase of IOP between the studied and the controlled groups.

Nowadays, computer games are very popular among kids and young adults. Prof Kishi from Japan reported 2 interesting cases where 2 young ladies presented with central visual loss after spending long hours playing computer games. There were no abnormalities detected in ophthalmoscope examination, MRI and other investigations, until the use of the Spectral Domain OCT (SD-OCT) discovered small granules at the retina fovea. *con't P3*

P residents Report

W elcome all to 2010. An exciting year is already underway for AONA Victoria. Thanks to Drs Nitin Verma & Cathy Green for the opportunity to participate in their program for the combined Tasmania and Victoria Scientific Meeting in Hobart.

We started the year with a hive of activity preparing for the clinical meeting held in conjunction with RANZCO and our Tassie colleagues. It was a great opportunity to again work together to provide a beneficial professional,



Helen Taylor, Fi Svarmur & Pam Armstrong - AONA Vic President @ Government House Hobart, Tasmania, prior to clinical meeting.

educational & networking event.

Ophthalmic nursing

along with Ophthalmology were the topics spoken on by The Governor of Tasmania,

Mr Peter Underwood, at the cocktail party held at Government House, as well as his opening speech at RANZCO. *con't 2*

This Issue:

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Presidents Report *cont*

This event could not have occurred without the huge efforts of committee member Helen Taylor and new AONA Vic member Fiona Svamu on the local Tasmanian front and the committee members behind scenes, the massive effort of Pat Usher in addition to speakers Robyn Johnston and Gerard Walsh and our loyal sponsors Alcon, Zeiss, Designs for Vision, Device Technologies, Calvary Hospital, Hobart Day Surgery Centre and Hesta.

Thanks too for the Australian Day Surgery Association information booth on the day

The meeting was a great success and feedback showed enthusiasm for the provision of more ophthalmic nursing specialty seminars in Tasmania and inspired interest in further studies in the speciality of ophthalmic nursing by some delegates.

AONA Vic was also invited to contribute to "The World Association of Eye Hospitals" meeting being held at the Royal Victorian Eye and Ear Hospital on the 27th & 28th of February 2010. AONA Vic also contributed to the Ophthalmic Nursing program presentation held on 28th September 2009.

The committee are now moving on to the organisation of the biennial conference being held on 4th September in Melbourne at Mantra on Russell.

AONA Vic continue liaising with Nursing Board Victoria in the development of nurse prescribing formularies for ophthalmic nurse practitioners, we are currently awaiting approval for the submission grant tabled.

We also continue to work with RANZCO on developing further opportunities to work together and we will provide further updates in the next newsletter for your consideration.

In our endeavours to provide a network for ophthalmic nurses we are also exploring ways in which to provide up to date use of technology. There have been suggestions for a "chat" area for networking. So if you have any ideas/skills in IT we would love to hear from you

I think that's it for now but hope everyone is having a great start to the New Year and look forward to seeing you over the months.

Cheers Pam

australian nursing federation
continuing professional education online

Eye Health and Vision Care Tutorial

Developed by the Vision Initiative
in collaboration with the ANF
Federal Education Officer

Vision Initiative
A partnership promoting eye health and vision care

<http://www.onwebfast.com/anf/vision-care-preview.htm>

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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**

ARTICLES OF INTEREST

Are you pioneering new procedures, new equipment, pharmaceuticals, treated interesting cases? Let us know what's happening out there - articles for OrBits are most welcome.

Please contact Pat Usher - Pat.Usher@eyeandear.org.au

APVRS con't

Their vision recovered spontaneously. It was suspected the constant gaze of the computer games could overload and damaged the photoreceptors at the fovea. Further tests on monkeys were being carried out.

Another interesting topic was reported by Dr Priel from Israel on the clinical applications of using the new Spectralis HRA+OCT, a combined confocal scanning laser ophthalmoscope and SD-OCT to investigate patients with vitreo-retinal problems. This machine allows simultaneous high-resolution FA, AF and ICG angiogram. The findings were pinpointed and highlighted by the 3-D angiography images. We were offered red/green disposable glasses to watch his presentation; it was just like watching a 3-D movie at the IMAX!

Many speakers discussed the increased occurrence of retinal detachments in aphakic eyes. Dr Polkinghorne from New Zealand identified age as a risk factor for the development of pseudophakic retinal detachment. The rate of PVD was 50.8% in those eyes undergone cataract surgery in their sixties, whereas the rate was 20.8 % in their other phakic eyes. Eyes with an axial length more than 25 mm were more likely to have a PVD as compared to those less than 25mm. Dr Sheu from Taiwan also reported that high myopia might be at increased risk for late pseudophakic retinal detachment 4 years after cataract extraction and IOL. This was more significant in young males and history of RD in the other eye.

Dr Natarajin from India reported the study of using heavy silicone oil (Densiron) in patients with recurrent rhegmatogenous retinal detachments and inferior breaks in the region from 4 to 8 o'clock. It was found that Densiron has excellent attachment rates. Complications related to the use of HSO included Cataract and secondary rise of IOP. Recently RVEEH has started using Densiron.

There was no speaker from Australia; however, Dr Tan from Singapore who was a VRU fellow at the RVEEH reported her study on the use of Perfluorocarbon liquid as postoperative endo-tamponade in proliferative vitreo-retinopathy and ocular trauma with posterior segment complications. The study was conducted at the RVEEH together with our VRU consultants -Dr Heriot, Dr Campbell, Dr Allen, Dr Chiu, Dr Buttery, Dr McCombe and Dr Clark.



Anti-VEGF therapy has been widely used in various retinal diseases for years as an effective and safe treatment. However, Dr Chen from Taipei reported the latent systemic side effect of anti-VEGF therapy. In his study, it was found that high level of anti-VEGF was detected in the aqueous and vitreous of the other eyes even one week after the injection was given to the treated eyes. The take home message is to watch out for patients with history of hypertension, stroke, cardiovascular disease, emphysema, and premature infants, as anti-VEGF therapy has systemic risks even given intravitreally.

At the pediatric retinal session, Dr Vinekar discussed the role of tele-ophthalmology in Retinopathy of Prematurity (ROP) in remote rural India.

Approximately 8.4% of the 27 million live births are below 2000 grams at birth, yet the numbers of ROP trained ophthalmologists is very limited. A team of trained technicians traveled to the rural and semi-urban neonatal intensive care centers with a mobile RETCAM. These non-physician workers were trained to process and analyze images of the aggressive posterior retinopathy of prematurity. They sent retinal images of the high risk babies to the cell phones of the ophthalmologists, who would diagnose, triage and follow up the cases. This is an important device in countries with inadequate and inequitable distribution of screening services; maybe RVEEH can offer similar service to the people living in the remote country areas.

Dr Tsai from Taipei studied the association of pterygium with age-related maculopathy in rural Chinese population. He discovered apart from gender M > F, smoking and cataract, that age 50+ and pterygium were significantly associated with ARM. The findings were similar to our Blue Mountain Studies.

The technique, advantages and problems encountered with 23G and 25G sutureless retinal surgeries were discussed by many speakers. The use of the new Alcon Constellation vision system was mentioned by many as a giant leap for vitreous surgery. Prof Zhao from China believed using traditional instruments could also perform micro-incision procedures through improved sclera-conjunctival technique. He spent 2 years practice paying special attention to the details of manipulation and found that operations could be done without sutures using the 20G. This special improved technique allows surgeons with limited resources to operate both intra-ocular and extra ocular procedures with the least trauma and discomfort to patients.

Next year, 2010, will be another year full of exciting ophthalmic conferences; the most noticeable ones are the World Ophthalmic Congress (WOC) to be held in Berlin in June and the Asia-Pacific Academy of Ophthalmology in conjunction with the American Academy of Ophthalmology (APAO/AAO) in Beijing in September. Definitely they will be jam packed with the latest information, so mark your calendar and make sure you don't miss out these golden learning opportunities.

Christina So RN

JOB OPPORTUNITIES AT MACQUARIE UNIVERSITY HOSPITAL



Macquarie University Hospital (MUH) will open its doors in mid-2010 as the first university campus-based private hospital in Australia.

Set in the expansive grounds of Macquarie University, amid one of the fastest growing areas of Sydney and conveniently placed within walking distance of the new Macquarie University underground train station, this 183-bed hospital combines state-of-the-art facilities with world's best clinical practice.

MUH will offer its patients the highest level of medical care through pioneering onsite medical imaging, fully integrated digital operating theatres, an innovative research base and medical teams of professionals drawn from around the globe.

We offer fabulous Employee Benefits including:

Flexible working conditions • Competitive remuneration packages • Salary packaging • Comfortable and sophisticated working conditions • Extensive campus-based Sports & Fitness facilities • Child Care facilities.

Macquarie University Hospital is an Equal Opportunity Employer with a commitment to diversity and social inclusion. We encourage applications from Indigenous Australians; people with a disability; those from culturally and linguistically diverse backgrounds; and women (particularly for senior and non-traditional vacancies).

Macquarie University Hospital is seeking a dynamic and experienced professional for the positions of:

Nurse Unit Manager (NUM) Level 1 Ophthalmic (Operating Suite) (Ref. No: 1065)

The Ophthalmic NUM will liaise closely with the clinical manager operating suite ensuring that quality, evidence based practice and a cost effective service are delivered within a safe patient and team environment.

As the successful candidate you will possess:

- State Registered Nurse with the New South Wales Nurses Registration Board
- Tertiary qualifications in Peri-operative Nursing
- At least 3 years operating room experience in Ophthalmic nursing
- Demonstrated leadership and management skills

Registered Ophthalmic Nurses in the Operating Suite (Ref. No: 1031)

To be part of a dynamic Ophthalmology team, demonstrating evidence based practice with diverse career opportunities.

As the successful candidate you will possess:

- State Registered Nurse with the New South Wales Nurses Registration Board
- Relevant experience in the operating suite.

©ICGS Provider Code 00020

Applications will only be accepted via the Hospital's online system. To view these positions in detail please visit 'Job Opportunities' at www.muh.org.au.

Should you have any further enquiries, please contact Macquarie University Hospital on (02) 9850 4046



AONAVic Events for 2010

AONA Victoria are already planning for 2010.

- Our biennial conference will take place on Saturday the **4th of September**.
- We are assisting our Tasmanian members to run a clinical day on Saturday the **13th of February** in Hobart (*running concurrently with the Hobart RANZCO scientific meeting*)
- A wetlab on the 17th April to replace the postponed December meeting.
- And we will be finishing our year off in Adelaide in November @ RANZCO, assisting our South Australian members with their clinical meeting.

Have you completed the Survey for a Quarterly Nursing and Orthoptists Journal?

AONA Victoria were contacted by Janet Marsden, an ophthalmic nurse practitioner from Manchester University, requesting assistance with the distribution of the survey throughout Australia and New Zealand. A hard copy has been included with your newsletter and it will be made available on the website for you to email the survey if you prefer. If you are interested in the development of a journal please participate in the survey. (*Included with December newsletter.*)

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Topiramate & AACG

Whilst we do have some semblance of "routine" in ED, the unusual occurs regularly and adds interest to "routine" shifts. On this particular shift recently a 44 year old male presented to ED stating that he had Glaucoma (AACG) caused by his migraine medication. He was taking Topamax. He had commenced Topamax two weeks previously for migraine prophylaxis. His symptoms included headache, peri-orbital and temporal pain, haloes, blurring of his distance vision and "magnified" near vision. Past History was migraine and Steven Johnsons Syndrome. On examination his pressures were 50 in both eyes, the angles were slightly closed inferiorly and medially in the right eye and totally closed superiorly, inferiorly and medially and slightly closed laterally in the left eye, discs were normal. He was immediately ordered Atropine 1%, Tropicamide 0.5%, Combigan, Xalatan and diamox 500 mg orally. Two hours later his pressures had not changed so Mannitol 20% 1mg/kg was ordered. Three hours later his pressures were still 48 and 53 so another dose of Mannitol was ordered. His pressures did not return to normal until 20.00 the next day. The above drops were also continued during this time.

Topamax is primarily an anti-epileptic but is also ..effective for

migraine prophylaxis, trigeminal neuralgia, bipolar disorders, depression and eating disorders...It is a sulfamate-substituted monosaccharide,...acts predominantly by inactivating the sodium gate channels, hyper-polarising K currents and activating GABA post-synaptic receptors... also has some anti carbonic anhydrase activity... *Adverse ocular side effects...* identified one hundred and fifteen cases of ocular side effects which include acute-onset angle closure glaucoma, acute myopia, suprachoroidal effusions, peri-orbital oedema, scleritis, blepharo-spasm, oculo-gyric crisis, nystagmus and diplopia.



Acute Angle Closure Glaucoma

"...age of occurrence... a range between 3 years and 70

years...predominantly been reported in females (80%)...occurs within 2 weeks of initiation of treatment (range 1- 49 days) with doses ranging between 50mgs to more than 100mgs. Patients present with blurred vision, headaches or nausea and vomiting with findings characteristic of an AACG. *Mechanism of AACG.* Ciliary body

oedema or cilio-choroidal detachments cause a forward rotation of the ciliary body which

displaces the iris forward to close the anterior chamber angle... Swelling of the lens may also contribute to the shallow anterior chamber...this was demonstrated by high frequency or standard ultrasound. A few patients were also on SSRI's... which are known to precipitate AACG in patients with pre-existing narrow angles. Though the configuration of the anterior chamber has not been mentioned it is possible that they may have contributed to the precipitation of an attack of AACG.

Treatment: ...discontinue Topiramate...cycloplegia, in an attempt to displace the iris- lens plane posteriorly, topical and systemic ocular hypotensives and topical steroids. Caution has been suggested with the use of acetazolamide, a sulfamated drug, concurrently with the continued use of topiramate for fear of inducing renal calculi and further ciliary body oedema. Laser peripheral iridotomy used in 23% of reported cases has not been uniformly effective in relieving the secondary angle closure and should be reserved for cases where the above treatment fails.

<http://www.rcophth.ac.uk/docs/publications/ReviewOfTheOcularSideEffectsOfTopiramate.pdf>

Tasmanian/AONAVic Clinical Meeting

After numerous tele-conferences and a face to face meeting, in between Aus Open tennis matches, the logistics of organising an interstate, inter-group clinical meeting came to fruition with a resounding success on Saturday (lucky) 13th in Hobart. Tassie and AONAVic committees met up on Friday to complete the preparations and a celebratory dinner. Around 60 delegates from all corners of Tasmania plus a small contingent from Victoria came for a multi-topic program and an opportunity to network with colleagues.



Speakers included :- Dr Paul McCartney discussing iMeds - Ophthalmic Medications, Dr Guy Bylsma updating us on Macular Degeneration, Liz Champtaloup, Alcon Sales Manager Tasmania, presented an extremely informative talk on

"IOLs - how does the doctor choose?", followed by Juanita Kidd - Product Specialist, Zeiss on "Zeiss IOLs", Catherine Enriken from the Nursing Board of Tasmania talked about "Nursing Regulation".

Tasmania Clinical Meeting *con't*

For the afternoon sessions three presenters from the Royal Victorian Eye and Ear Hospital spoke. David Wakefield, Clinical Educator OPD, gave us an insight into his experience with his extended role on the Glaucoma Clinic and FATCAT - fast track cataracts, Gerard Walsh CNS Emergency Department, presented a complex case study of a Tasmanian patient with a Retinal Detachment treated at RVEEH and finally Robyn Johnston ANUM Emergency Department, discussed emergency care of Intra-ocular Foreign Bodies.

Delegates enjoyed the variety of topics and their feedback was very positive, many expressed an interest in further seminars and possibly undertaking ophthalmic studies.



Gerard Walsh demonstrating gas bubble mechanics

We would again like to thank our Tassie members, especially Helen Taylor & Fi Svamvur, and all other participants for their hard work, enthusiasm and support.

AONA Victoria are extremely pleased with the outcome and are looking forward to presenting two more clinical meetings, including visiting Adelaide during RANZCO in November, plus their biennial conference on the 4th of September 2010.



Speaker Robyn Johnston & President Pam Armstrong

Planning on attending an Ophthalmic related conference?

AONA Vic will have it's Education Fund Policy and application forms rolled out early in the new year to assist our members with some of the costs of attending various meetings and conferences, around Australia and the world. keep an eye out.....

We will also be applying to the RCN for CNE points for our conference in 2010.



David Wakefield with Helen Taylor - convener



Registration Hobart

Australasian Mobility Conference 2010

The 4th Australasian Orientation and Mobility Conference will take place between 24-26 November 2010, and will be hosted by Guide Dogs NSW/ACT at The Women's College within the University of Sydney. This is a conference for the professional development of Orientation & Mobility and Guide Dog specialists.