



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 Members traverse the globe

AONA members Edna Lee & Christina So attended the World Ophthalmic Congress in Hong Kong whilst committee members have been to Brisbane and Sydney conferences.

Hong Kong

Hot and sticky with occasional torrential downpours was the weather forecast in Hong Kong for the World Ophthalmic Congress. AONA Vic's Edna Lee and Christina So we're pleased to take shelter in the air conditioned comfort of the WOC. They joined the more than 10,000 delegates from over 100 countries making the difficult decision of which of the 300 scientific sessions to attend - plus the 400 sponsor stands and the 2,000 posters. Over 1,000 international speakers, including our own Professors Taylor, Wong and Crowston, and Doctors Kowal and Cheng spoke at the five day congress. The highlight for Christina was meeting Professor Josef Flammer, a renowned Glaucoma specialist, she attended two of his



sessions on Normal Tension Glaucoma and Hypoxia in Glaucoma. “The five days of WOC were very successful. It was an *eye opening* experience for me as I have gathered plenty of useful ideas and knowledge that are relevant to work. The next WOC is in Berlin, Germany, June 2010, I recommend every ophthalmic nurse attend such a wonderful event.”

Edna was closely involved with Visudyne treatments for AMD from the outset and was very interested in AMD research using Visudyne, anti-VEGF or Triamcinolone for Asian patients, who have a different genetic makeup requiring a different approach for diagnosis and

treatment...“visudyne is not dead yet..” says Edna. Edna was sponsored by AONA Vic...“I would love to thank AONA, Vic especially our president, Ms. Pam Armstrong's support. She was happy to assist me with conference fee so I can now share my experience with you all.” reports P2 AONA Vic President Pam Armstrong has been traversing the country to the state conferences and NCOC meetings see P2

Presidents Report

Hi to all,

It seems such a short time since the last newsletter. Good to see a National newsletter, thanks go to all the state editors who worked on it, particularly Janet Long and her son who kindly spent many hours putting it all together. It is still having some fine tuning to ensure all

Be there...
chance to win an ipod nano
AONA VIC Conference
Sight Seeing Victoria
“The Essence of Ophthalmic Nursing”
22nd November - 10 weeks to go
Melbourne Convention Centre
(see back page for details)

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the states get their news out. As with all newsletters it depends on input from members to make it relevant and interesting to readers. It is one of the voices for our specialty so we hope that members write about their experiences and practice that may we have that is of interest to others which all helps to promote and help others understand what it is to be an ophthalmic nurse and part of the ophthalmic care team.

Conference Report

NSW AONA : Sydney June 2008

The NSW AONA one day conference was again a success and well attended by delegates from across the state.

The topics covered were varied, squint surgery, nurse practitioners, accreditation standards in DSF's , oculo-plastics, paediatric eye injuries, diagnostic testing, kerataconus, nursing education opportunities, paediatric visual impairments –"Viskids" from Scotland as well as industry updates.

I think all would come away having learnt something for their practice.

It was great to hear of the contribution ophthalmic nurses made to a collaborative project on a health department initiative, The Eye Emergency Manual, that was launched across the state of NSW last year. To hear that it has been a great success, and of the great work ophthalmic nurses, ophthalmologists, GP's and emergency centres are now doing to roll out. The education program across the state is a great achievement. I did make comment that RVEEH emergency staff, too, have found it be a great resource.

Luckily the conference occurred on my days off so I was able to combine work with pleasure and catch up with Sydney friends, both ophthalmic and others and enjoy the Sydney Film festival and lunch at the Tea Room in the Queen Victoria building. Very enjoyable.

Pam Armstrong President

The committee is still very busy working on the conference program and registration should be out verysoon. There has been much interest already, and we shall have the chance to catch up with a variety of New Zealand nurses coming over as well as interstate members. We are also working on updating the constitution and shall have a new one ready for members at the conference.

We want to make sure that we. As a committee are fulfilling the association aims, meeting members expectations within a structure that meets legal and professional requirements. For example we need to show we are providing educational events that are within the auspice of professional nursing as well as pertaining to our speciality. We need to show the committee decisions are appropriate and that we are using funds appropriately. We have recently been to a chartered accountant for advice on the way we are managing our financial affairs.

We are also listening to our members and have worked together with RANZCO to run our conference at the same venue and at the beginning of their conference to enable nurses to attend sessions of interest to them as well as keep up to date on ophthalmic nursing issues. We are running it independently and the trade are again providing us with their invaluable support. Thanks to John Deeth of RANZCO for this great opportunity to collaborate with them.

Look out for AONA(Vic) member reports on the World Ophthalmology congress and AUSCRS conference in Qld –AONA(Vic) helped sponsor members to attend.

Since the last newsletter I have attended as the state committee representative the NSW & Qld state AONA conferences (see reports) and learnt that there are some issues that are universal in Ophthalmic nursing , whichever state you are in so it was good to have the chance to discuss, debate and share practice methods to come up with underlying principles to forge ahead. The issue of patient care on discharge & nurse responsibility seems to be a hot topic.

Our website seems to be attracting interest too from overseas we have had half a dozen enquiries about ophthalmic nursing opportunities in Australia and have provided information on appropriate avenues for them to take to work in Australia. IT reminds us that we are part of an international speciality and that professional adventures await ophthalmic nurses far and wide.....

So from one of the busy bees on the very hard working & sociable committee.

Looking forward to seeing you at our conference in November

President *Pam Armstrong*



Save \$20

Membership Fees are due

by 31st of October.

for regular rate

Full membership \$50

after 31st October Late fee \$70

Associate membership \$35

after 31st October Late fee \$50

World Ophthalmic Conference**28th June-2nd July 2008,****Hong Kong** con't**Edna's Highlights:** - AMD

Loading injections - one per month for 3 months with a review of visual acuity and OCT, showed promising results,

Drusen are less common in Asians due to genetic factors, and only 20% develop polypoidal choroidal Vascularisations (PCV) that are visualised with Indocyanine green (ICG) angiography to make a diagnosis. Therefore Asians require different treatments such as Visudyne, anti-VEGF or Triamcinalone. It showed that Visudyne is not dead yet!

... 'where' should intra-vitreous injections be performed... in a sterile theatre setting or in a clinic setting?

Should anti-biotic drops be used prior to and also after the injections? It did not seem to affect the outcome. *"All agreed that injection technique was crucial"*, they *"all used povadine iodine for disinfection"* & preparation should take at least five minutes. Future treatments for AMD could include retinal epithelium implant, gene therapy, stem cells, and computer chips implant. Who knows!

Glaucoma
Diagnosis and treatment of Glaucoma was a big topic... Attention was drawn to 'compliance and persistence' problems. 50% of patients were reluctant to admit that they missed drops, and 50% were environmental due to increased cost, traveling and guilt. Childhood glaucoma was hard to diagnose due to lack of awareness. There is a desperate need to introduce 'support groups' to raise awareness, to encourage comprehensive examination, to increase patients' knowledge about glaucoma, to decrease social isolation and to decrease morbidity.

Allied Personnel Education:
...there are ~153,000,000 cases of uncorrected refractive problems world wide - all they need is a pair of glasses. A survey concluded overall that 'poverty' is the main factor. We also need to link resources & equipment to location. There was a also a debate; "Should Doctors be the only

profession trained to perform 'cataract surgery?' ... conclusion, it depends on the countries registration, legislation, the magnitude of the problem, quality, presence and number of cadres, acceptability of the professions to the community, training accessibility follow-ups and most of all - team work.

Diet and supplements are now being recognized as having an emerging role in preventing eye disease... both mind and body should be treated.

Five cups of Green tea were recommended, antioxidant supplements - Vitamin A, E, and C can reduce AMD by 35%. Antioxidants and Zinc - reduce AMD by 44%... all the above protect the photoreceptive cells.

Most importantly, Resveratrol, found largely in red wine, is an anti-inflammatory, *essential* for eye and vascular health.

cheers Edna Lee

Christina's Highlights

There were many sessions that I wanted to attend but due to the clash of times, I could only select topics most relevant to my work and those on the latest development that interested me. I also managed to attend most of the sessions that were presented by RVEEH ophthalmologists.

In Professor Josef Flammer's sessions on Normal-Tension Glaucoma and Hypoxia in Glaucoma, the most striking take home message was how the decreased ocular blood flow (OBF) could damage the optic disc nerve fibers. The causes of decreased OBF include increased IOP, blood pressure dips, and vascular dysregulation. Patients suffering from Obstructive Sleep Apnoea (OSA) and patients with blood pressure drop at early hours of the night, have increased risk of glaucoma. Another relevant point is patients posturing face down registered higher IOP readings, this is something that we have to bear in mind when nursing VRU post-operative patients. He also suggested 24 hour monitoring of IOP, as the readings measured at the clinic during office hours may not reflected the true pressure. On the last day, I picked up a very valuable topic on Chemical eye injury. As I work in the emergency department occasionally, I understand chemical eye injury is one of

the Category 2 ophthalmic emergencies. Diphoterine has been used by many European doctors and has shown promising results in treating both alkaline and acid burns of the eyes. All studies show no or minimal corneal damage and the pain subsided within 10 to 15 minutes of irrigation. Diphoterine (comes in form of either spray or eye bath) has an osmotic effect on the corneal surface to prevent swelling of the cells and keep the surface intact, thus avoiding the osmosis shock which can cause further damage to the cornea. The chair speaker, Dr. Schrage from Germany, detailed how the procedure was carried out in his emergency room. Diphoterine 1000 mls was connected to an infusion pump set at 66 ml/min and the eye was irrigated for 15 minutes. The immediate reduction of pain greatly aided the examination of the injury as the patient was able to open their eyes. There was no need to use local anaesthetic drops, thus reducing the chance of further epithelial damage. According to the speaker, this drug has not yet been approved by FDA in the USA, but has been approved in many European countries as well as in Australia. The availability of Diphoterine at work sites will greatly reduce the workload in the emergency departments and avoid visual damage in chemical eye injuries.

Since Diabetic Retinopathy is commonly seen in Australia, I attended the sessions on Diabetic Retinopathy in Asia by Professor Tien Wong, and also Diabetic Retinopathy and cardiovascular diseases by Dr Danny Cheng, both ophthalmologists from RVEEH. The other sessions that I attended including HIV and CMV, scleritis, red eyes, squint in adults and acanthameoba keratitis, all reported similar management as RVEEH. At the Asia-Pacific Academy Ophthalmology Symposium (APAO), Professor Hugh Taylor, spoke about the history of trachoma and the prevention by improving facial hygiene. The World Ophthalmology Congress is now on a two yearly schedule. However, if you don't want to wait for two years, the 5th International meeting on Advanced Cataract and Refractive Surgery will be held in Seoul, Korea on the 25th - 27th September, 2009.

see you there, Christina So

TO POSTURE OR NOT TO POSTURE AFTER MACULAR HOLE SURGERY.

Retina. 28(1):60-65, January 2008.

DHAWAHIR-SCALA, FELIPE EDUARDO MRCSEd; MAINO, ANNA MRCOphth; SAHA, KONAL MRCOphth; MOKASHI, AASHISH A. MRCOphth; MCLAUCHLAN, RITA MA, BSC(Hons), DipN, RGN; CHARLES, STEVEN MD, FRCOphth

Abstract:

Objective: To evaluate the anatomic and functional success of phacovitrectomy and intra-ocular gas tamponade for macular hole surgery with only first night face down posturing.

Methods: This was a nonrandomized observational prospective trial over 9 months, with data collection on 28 eyes of 26 consecutive patients who underwent phacovitrectomy, internal limiting membrane peel, and intraocular gas tamponade (C2F6) for stage 2, 3, and 4 macular holes. Data included sex, age, hole latency and Gass stage, preoperative and postoperative visual acuity and ocular coherence tomography, refractive outcome, ocular comorbidity, first postoperative day gas fill, and intraocular pressure. Postoperatively, all patients were postured face down overnight. Thereafter, patients with more than 70% gas fill (beyond the inferior retinal vascular arcade) were asked to stop posturing, although they were advised not to lie flat on their backs at night for 10 days.

Results: The sample was divided into patients who did and did not need to posture postoperatively, depending on first day gas fill. Twenty patients did not need posturing and 8 patients needed

postoperative posturing for 10 days. The mean macular hole duration was 10.5 months. A total of 87.5% compared to 100% achieved hole closure in the posture and non-posture group, respectively. The mean postoperative visual acuity was 0.5 +/- 0.25 LogMAR. Statistical analysis revealed no significant difference in age, hole duration, preoperative and postoperative visual acuities, intraocular pressure measured 24 hours postoperatively, or refractive error between the two samples.

Conclusion: Phaco-vitrectomy for macular hole surgery without postoperative face down posture is a reasonable approach, as long as the eye has more than 70% gas fill (beyond the inferior retinal vascular arcade) on the first postoperative day. This study showed no statistically significant difference between patients who postured and those who did not posture. The combination of phaco-emulsification, pars plana vitrectomy, internal limiting membrane, and gas tamponade in macular hole surgery reduces the difficulty of posturing in elderly patients. This technique saves the patient from exposure to a second intraocular intervention to remove a cataract which will commonly develop after vitrectomy and gas tamponade alone.

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(CI) <http://www.retinajournal.com/pt/re/retina/abstract.00006982-2-00801000-00007.htm;jsessionid=L3ZR1kwz1XfTYHT1yVQnl2cyGG2Q9THnzGLG5Cq9XbHKJtY4sX5C!1270838445!181195628!8091!-1>



OCULAR SURFACE FLUID CONTAMINATION OF SUTURELESS 25-GAUGE VITRECTOMY INCISIONS.

Retina. 28(4):553-557, April 2008.

SINGH, AJAY MBBS, MS; CHEN, JULIE A. MD; STEWART, JAY M. MD

Abstract:

Purpose: To determine whether 25-gauge transconjunctival sutureless vitrectomy incisions are more likely to allow the inflow of ocular surface fluid than sutured vitrectomy incisions.

Methods: Four groups of cadaver eyes underwent three-port vitrectomy in a laboratory setup. Groups A and B had 25-gauge vitrec-

tomy, with and without conjunctival displacement, respectively, and were left unsutured. Group C had 25-gauge vitrectomy with suturing of the sclerotomies. Group D had 20-gauge sutured vitrectomy. In all groups, India ink was applied to the ocular surface after the procedure, and the intraocular pressure (IOP) was varied to simulate postoperative IOP changes. Histology of the incisions was performed.

Results: Ink particles were identified in the wound in over two-thirds of eyes that underwent 25-gauge sutureless vitrectomy. Conjunctival displacement had no effect on ink ingress. Sutured 25- and 20-gauge incisions did not demonstrate ink particles in the wound.

Conclusions: Twenty-five-gauge transconjunctival sutureless vitrectomy incisions, with or without conjunctival displacement, allowed the entry of ocular surface fluid into the eye in this laboratory model. Based on the limited number of eyes examined in this study, sutureless vitrectomy techniques may carry an increased risk of bacterial contamination that could predispose to endophthalmitis. Suturing may protect against ocular surface fluid ingress.

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(CI) <http://www.retinajournal.com/pt/re/retina/abstract.00006982-200804000-00004.htm;jsessionid=L3ZR1kwz1XfTYHT1yVQnl2cyGG2Q9THnzGLG5Cq9XbHKJtY4sX5C!1270838445!181195628!8091!-1>

FEASIBILITY STUDY OF INTRA-OCULAR ROBOTIC SURGERY WITH THE da VINCI SURGICAL SYSTEM.

Retina. 28(1):154-158, January 2008.

BOURLA, DAN H. MD *; HUBSCHMAN, JEAN PIERRE MD *; CULJAT, MARTIN PhD +; TSIRBAS, ANGELO MD *; GUPTA, ANURAG MD *; SCHWARTZ, STEVEN D. MD *

Abstract: Purpose: To assess the feasibility of performing intra-ocular robotic surgery with the da Vinci Surgical System (Intuitive Surgical, Sunnyvale, CA). **Methods:** Using modified robotic instruments, 25-gauge pars

plana vitrectomy, intra-ocular foreign body removal, and anterior capsulorhexis were performed with the da Vinci system on porcine eyes. We assessed the surgical system's ability to provide the control, dexterity, maneuverability, and visualization necessary for intra-ocular surgery. **Results:** Control of the robotic wrist like instruments allowed for full range of movement. The dexterity of the robotic arms was excellent, with steady instrument motion. Controlling the robotic arms was not as intuitive as moving the wrist. A high stable point of rotation induced motion-related stress at the site of instrument insertion. Visualization of the external operative field during intra-ocular procedures required camera realignment, and absent retro-illumination made anterior segment surgery hard to perform. **Conclusions:** The da Vinci Surgical System provided adequate dexterity for performing delicate intra-ocular manipulations. In the current design, the kinematics of the robotic arms was found to be insufficient for standard intra-ocular surgery. The system's endoscope did not yield the same detail acquired by an ophthalmic microscope. The Ophthalmic Communications Society,

Inc. <http://www.retinajournal.com/pt/re/retina/abstract.00006982-200801000-00022.htm;jsessionid=L3ZR1kwz1XfTYHT1yVQnl2cyGG2Q9THnzGLG5Cq9XbHKJtY4sX5C!1270838445!181195628!8091!-1>

QLD AONA Brisbane

August 2008

It was a two hour flight to AONA Queensland's 20th birthday conference at the Royal on the Park, albeit a bit late.

As I missed out on the first few speakers, colleagues informed me that they had had an interesting morning hearing about strabismus, ptosis, "what on earth is that for?" to which every one kept me guessing.

The rest of the day covered eye emergencies, "20 years of ophthalmic nursing, case studies by nurses from Queensland University of Technology, and Veterinary ophthalmology - many principles are the same but there are many differences- learning what to do for my cat with bilateral retinal detachments was good and I now know how to help friends horses with eye problems!!! Many nurses



wanted to apply the same techniques for intensive drops to their patients so they went away with many inquiring questions. In actual fact my expertise was called upon a couple of years ago when a friend's dog was diagnosed with impending blindness. I used the same principles of a human suffering a gradual vision loss... without the verbal explanation of course!!!! as well as supporting his carer in coming to terms with his blindness. Archie has a very active and happy life. You never know what ophthalmic nurses may be asked.

I missed out on the dinner due to injury after a slip in the mud (I won't show you the photos) but I did enjoy catching up with a nursing friend who I haven't seen for 20 years or more, it's hard to believe it's that long since we walked & fundraised for cancer. You never know who you are going to meet at AONA.....

Pam Armstrong President

Calendar



September - Retina week

8th October 2008

World Sight Day

22nd November 2008

AONA Victoria Conference Melbourne Convention Centre

www.aonavic.com.au

22nd - 26th Nov 2008

RANZCO www.ranzcomel.com\

Committee Meetings

2nd September - Teleconference

30th September @ RVEEH - 6.30 pm

28th October 6.30 pm

Orbis FEH

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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

AONA Victoria present Sight Seeing Victoria

"The Essence of Ophthalmic Nursing" Saturday 22nd November 2008 featuring

Professor Robyn Guymer, Professor Jill Keeffe Dr Vishal Jhanji, Leo Hartley Optometrist, Janice Stielow RN

discussing Aspects of AMD, Developments in Corneal Surgery, Quality of Life - Vision, Nurse Practitioner Role, Nurse Led Clinic, Community Liaison Project

Viv Latimer RN, David Wakefield RN, Sandra Clews RN, @ the Melbourne Convention & Exhibition Centre

Cnr Flinders & Spencer Sts, Melbourne, 3000 http://www.mccc.com.au/index.html

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With thanks to RVEEH for their sponsorship of OrBits

