AONA VISION

The national newsletter of the Australian Ophthalmic Nurses' Association

National Committee Drafts New Terms of Reference

At the last National Committee (NC) meeting in May, representatives from each Association (NSW, QLD, VIC and WA) agreed to take new steps towards formalising national activities and agendas. A draft Terms of Reference (ToR) is currently under consideration.

The National Committee commenced over 10 years ago to formally develop the concept of a nationally cooperative alliance. This allowed for interstate communication, support and collaboration on key nationally relevant items - such as the national newsletter.

The National Committee has now taken the opportunity to chart the next phase of national activities, by proposing an agreement between the stakeholders - via the ToR.

The intent of the ToR is not to remove State/jurisdictional Associations – as local Associations are pivotal and the backbone to local nursing needs. Instead, the ToR focuses on where and how Associations can work together on items of national relevance (i.e. standards development) to strategically strengthen existing services and prepare the profession for the next 10 years of practice and beyond. This is a significant milestone, and one that requires consideration and input from general members of all backgrounds.

Members wishing to find out more, or participate in the ToR draft development, are encouraged to contact their own Association's Representatives.

The ToR draft period is expected to be completed by August 2016.

Heather Machin

Calendar of Events

June

25th AONA NSW Annual Conference

July

30th AONA NSW Eye Tele Conference 'Vision and Driving'

August

27th AONA Qld Annual Conference Brisbane Convention and Exhibition Centre

October

13th World Sight Day

November

18th AONA Vic & Australian College of Nurse Practitioners - Vic branch Advanced Ophthamic Nursing Workshop (Guest speakers Janet Marsden & Mary Shaw)

19th AONA Vic Biennial Conference

19th RANZCO Annual ScientificCongress, Melbourne

26th AONA Qld Clinical Meeting Lady Cliento Hospital

AONA VIC Vice President Report

Well its winter time – nearly - as I look out through the mist I often think of patients with cataracts & the "foggy windows." As they hope for renewal after surgery those of us who are not affected hope for Spring.

So as seasons change for 2016 and after winter comes Spring……So too will our Biennial conference - From General to Specialty Beyond. Planning is well underway and the program is looking varied and should hopefully interest many. The flyer will be on website shortly. Thanks to all who have responded to our call for abstracts. Registration will open soon. We are lucky to have secured international speakers again for our program so that we can keep abreast of not only local activities but also our international colleagues ventures. Over my forty years of nursing, Ophthalmic Nursing has been and continues to be a global experience in my view.

We continue to endeavour to foster collaboration in different ways. Later in the year we have organised a joint venture with another Victorian association, the Victorian Chapter of the College of Nurse Practitioners. Nurse Practitioners in Victoria and South Australia have been veritable sponges when learning about ophthalmology. It's always a pleasure to be able to share our specialty knowledge. This program is aimed at Nurse Practitioners & Ophthalmic Nurses working in advanced practice roles, research, education or academia. We hope it is the beginning of a great partnership. Details and registration will be available on our website soon.

This year we are going to try something new – we are organising a combined Vic, SA & Tasmania teleconferenced AGM to enable all of our members to contribute to the forum. Heather is currently leading the work on this. We will have speaker presentations prior to the AGM and the date is now confirmed as the 3rd of September. Our members will receive notification directly soon and we urge members to participate so that we can get a true reflection of our members' views.

Our involvement in the National Co-ordination committee continues as follows:

- AONA has been involved, along with RANZCO, in the working party review of the ACHS Ophthalmology clinical indicators. A new version should be out soon.
- We have reviewed the process of the National newsletter. Co-ordination of the newsletter is now rotating between the states for each edition rather than yearly. Please let us know what you think. Owing to some hiccups there have been some delays getting you your newsletter and that is why Pat has put together alternative version to get information out to you.
- We are currently updating our terms of reference to ensure activities & processes are representative of all state members of the committee.

AONA Vic is now a few months into its new website and changes to our event registration, payments and membership processes. Please let us know of any issues - it helps everyone.

I would also like to take this opportunity to say many thanks to Shelley Bustos for her work in Tasmania over the last few years. Shelley has now moved to Victoria and has resigned from the committee. We wish her well in her new work and busy family life. If any Tasmanian members are interested in helping us out with their local expertise please contact us, it is really beneficial to have a local perspective to ensure your needs are met. We appreciate each state has its own idiosyncrasies.

So I look forward to seeing you all at our conference in sunny Melbourne on Saturday November 19th.

Pam Armstrong

AONA NSW President Report June 2016

NSW's first clinical day for 2016, was held on 16th April **"Right Lens, Right Patient, Right Conversation".** Sally Turner (Orthoptist) gave us an overview/refresher of commonly used refractive terms and the variety of IOLs types currently available for use.

- Patient *expectations* today are driven by the aim to reduce or eliminate the use of glasses. Easy access to information via internet searches generates a more contentious discussion from the patients about IOL choice. At times patient expectations can be a little unrealistic.
- Attendees had the opportunity to take their new found knowledge and put it into practice. This was a great way to reflect on the complex nature of IOL choice to match the patients' physiology and their desired visual outcomes. Part of the morning education plan saw small groups *debating case studies* and the possible IOL choice for that patient, this lead to some lively discussion. Who said learning can't be fun.
- The session ended with the *attendees' brain storming questions that could assist patients/carers* when they see the ophthalmologist, questions that would ensure that their expectations are openly conversed. An information/question sheet was compiled after the session and distributed to the AONA committee/attendees for feedback. For those interested the question sheet is located in the Member download of the website. Feel free to adapt it for your patients. Only yesterday one of the committee member from the public system fed back that she was called by a gentlemen who was seeing a private ophthalmologist in a few days and he didn't know what to ask. Using the sheet as a guide she provided that gentleman a list of questions to discuss with his doctor, he was more than grateful for the help.

It was disappointing that we had to cancel the **May Eye Tele C** due to low registration numbers. It is extremely important to register your interest to join the teleconference early, and also include all the names if you are joining as a group. Use the Contact Us option on the website, as well as texting to ensure we know your interest. Upon registering you will be given the contact codes to dial in on the day. There are always plenty of opportunities to ask questions, whether by texting on the day, emailing/texting beforehand or asking at the discussion end of the teleconference. The more questions; the more interesting the topic.

The committee has been busy getting ready for the **34th Annual Conference - Vision for Life** on 25th June 2016, at the Sofitel Hotel, Phillip St Sydney CBD. The program is diverse and stimulating, and we hope that you find the chosen topics of interest for your practice. Don't forget the networking opportunity at the end of the day over a glass of wine or mineral water.

We look forward to seeing you at the conference and at future educational events in 2016.

Jenny Keller

Sydney/Sydney Eye Hospital 2016
Ophthalmic Continuing Education Calendar

Eye Emergency Management, October 3

Eye emergency Management provides an interactive and practice based learning opportunity for nurses working in acute primary care or emergency departments to develop their understanding and skills in triage and management of ocular trauma.

Vitreo-Retinal Seminar July 18

This seminar is designed for Nurses keen to improve their knowledge and understanding of retinal disease and disorders.

The seminar will have a strong emphasis on current evidence based practice and clinical reasoning in treatment planning.

Cost of Courses: 1 Day $150, 3 Days $360 (GST Included)

Contact: Joanna McCulloch Nurse Educator, Ophthalmology

AONA Qld President Report June 2016

Wow, it's hard to believe we are halfway through 2016!

Another great clinical meeting was held in May at the Gold Coast University Hospital. It has proven to be a popular meet, with over 50 nurses attending and an orthoptist. Dr Stephen Godfrey, Dr Matthew Green and Dr Nathan Walker presented both educational and passionate talks on topics from their particular specialties. These being cataract/ocular plastics, cornea and vitreoretinal respectively. All VMO's whom I have the utmost pleasure working with in the Eye Clinic at GCUH.

Carmen (our Conference Convenor) and executive committee are working hard to bring together another great conference in August for our members. The Diabetic Eye, Oculoplastics, Trachoma screening, Cataract surgery decisions, just to name a few of the presentations for the day. The Brisbane Convention Centre has proven to be a great venue to hold our Annual Conferences. However the committee has been discussing the possibility of holding this Annual Conference on the Gold Coast again one year.

We are currently working on updating our AONAQ Website, which is very exciting! If you have any ideas please let me know.

To our members old and new, the current financial year is coming to an end, which means our annual membership fees are due. Paying your fees on time will enable you to gain early bird rates for the upcoming conference.

I look forward to seeing many of you at the conference in August.

Pene Gill
(AONAQ President)

Review of Keratoconus (part 2)

Amanda Wylie

Introduction

This article continues on from the last issue of Vision. It is a brief discussion of the ocular disease Keratoconus. So far it has sought to define the disease, including a clarification of terms relating to the anatomy and physiology of the cornea and refractive error. The epidemiology of keratoconus throughout the world and within Australia, and pathophysiological development of the disease, including a discussion of associated conditions, has also taken place.

In this issue the clinical manifestations, signs and symptoms, diagnostic methods employed and differential diagnosis for keratoconus will be discussed. In the next issue the management of the disease, including surgical treatment will be outlined and expected outcomes and possible complications explored.

Clinical Manifestations

When external and slit lamp findings are present diagnosis of keratoconus is easy, however early diagnosis is not easy. Patients begin life with a normal cornea, progress through an asymptomatic sub-clinical stage and then, between puberty and 30 years of age, present with visual complaints or subtle signs consistent with diagnosis. Keratoconus should be suspected in any adolescent or young adult with progressive myopic astigmatism. The most effective detection of early keratoconus is through computer-based corneal topographic analysis. (Kaufman et al: 2000, p 499).

The earliest manifestation of keratoconus is the frequent need to change the prescription for glasses, even before there is slit lamp evidence of the disease. (Tasman & Jaeger: 1996, p 51) This is caused by progressive astigmatism and myopia and the patient may also report decreased tolerance to contact lens wear. (Kanski: 1999, p 136) Due to the asymmetrical

nature of the condition, the fellow eye usually has normal vision with negligible astigmatism initially. As the condition progresses, the amount of astigmatism in the fellow eye also increases. (Kanski: 1999, 136)

Early signs, which are easy to miss, can be detected by the following methods of examination:

- Ophthalmoscopy shows an "oil droplet" reflex
- Retinoscopy shows distortion in the reflex or an irregular "scissor" reflex
- Keratometry initially shows irregular astigmatism where the principal meridians are no longer 90 degrees apart and the mires can no longer be superimposed
- Photokeratoscopy or Placido disc show irregularity of the reflected ring contours
- Inferior keratometry or computerized corneal topography usually reveals inferior corneal steepening

(Tasman & Jaeger: 1996, p 52)

Clinical signs seen as the disease develops include:

- Vogt's striae, which are fine vertical folds in the deep stroma and Descemet's membrane that disappear in response to slight pressure,(Kanski: 1999, p 136)
- A Fleischer's ring may be visible all around the cone or at the base of the cone. This is an iron line that is deposited because of corneal surface irregularity. As the disease advances fine fibrillary lines may be seen along the internal edge of the Fleischer ring

(Tasman & Jaeger: 1996, p 52)

- Localized conical protrusion of the cornea associated with an area of corneal stromal thinning. The stromal thinning is most apparent at the apex of the cone. The cone may be small or large, round or oval and is located near the visual axis or inferior to it.
- Fine anterior stromal scars, caused by the repair of idiopathic breaks in Bowman's layer are common

(Kaufman et al: 2000, p 503)

Clinically less important findings include:

- Enlarged and more visible corneal nerves
- Increased intensity of the corneal endothelial reflex
- Clear spaces in the anterior stroma
- Fine subepithelial fibrillary lines
- Scarring may develop at the apex of the cone when corrective contact lenses chronically abrade the corneal surface
- Occasionally a hyperplastic subepithelial layer (corneal nebula) develops as a reaction to contact lens wear. These opacities can cause severe glare as well as decreased vision.

Two external findings assoc with keratoconus are Munson's and Rizzuti' signs:

- Munson's sign is a V-shaped conformation of the lower eyelid produced by the ectatic cornea in down gaze.
- Rizzuti's sign is a sharply focused beam of light near the nasal limbus produced by lateral illumination of the cornea. The beam is central to the limbus in moderate cases and moves peripherally as the cone progresses.

(Kaufman et al: 2000, p 503 - 504)

Late signs seen in the development of keratoconus include:

- Progressive corneal thinning of as much as one third of the corneal thickness. Leading to poor visual acuity resulting from marked irregular astigmatism with steep keratometry (K) readings.
- Corneal scarring in severe cases
- Acute hydrops results from ruptures in Descemet's membrane and acute leakage of fluid into the corneal stroma and epithelium. This causes a sudden drop in visual acuity associated with discomfort and watering. The break usually heals within 6 – 10 weeks and the corneal oedema clears but a variable amount of stromal scarring may develop. Acute episodes are initially treated with hypertonic saline and patching or a soft bandage contract lens but keratoplasty should never be attempted during the oedematous phase. Healing may result in much improved visual acuity as a result of scarring and tightening of the cornea. Surgery, if appropriate, becomes safer once the oedema has resolved. (Kanski: 1999, p 137).

The following are the three types of changes seen in the cornea of keratoconic patients:

1. **Nipple cones:** characterized by their small size (5mm) and steep curvature. The apical center is often either central or paracentral and displaced inferonasally.
2. **Oval cones:** which are larger (5 – 6mm), ellipsoid and commonly displaced inferotemporally.
3. **Globus cones:** which are the largest (>6mm) and may involve over 75% of the cornea.

(Kanski: 1999, p 136)

Differential Diagnosis

- **Naturally occurring astigmatism**
- **Contact lens induced corneal warpage**
- **Posterior Keratoconus:** keratoconic changes on the posterior surface of the cornea, occurs rarely. More commonly presents as unilateral, non-progressive disease, present at birth.
- **Pellucid Marginal Degeneration:** non-inflammatory inferior corneal thinning and ectasia. Some feel this is a variant of keratoconus. (Arffa: 1997, p 456)
- **Keratoglobus:** the entire cornea is involved in the ectatic process (Liebowitz & Waring: 1998, p 362)

Diagnostic Methods

- **Corneal topography** is useful in detecting early cases and following progression.
- **Keratography** in up gaze and looking for inferior steepening may detect subclinical disease.
- **Ophthalmoscopy** shows oil droplet reflex
- **Retinoscopy** shows distortion in the reflex
- **Keratometry** shows irregular astigmatism
- **Photokeratoscopy or Placido disc** shows irregularly reflected rings
- **Slit lamp examination** to identify the lesion and evaluate the adjacent corneal integrity and thickness.

Continued next issue….

Australian Ophthalmic
Nurses' Association

Western Australia Branch

AONA WA Newsletter

Edition 3 June 2016

AONA WA Branch News

Welcome to all our new and old members for 2016. Our membership now stands at 75. We started 2016 with an amazing seminar about Diabetic Retinopathy. Ophthalmologist Dr Jane Khan, Ophthalmologist Dr Vigenseh Raja, Ophthalmic Registrar Dr Tiki Ewing and Diabetic Education Nurse Claire Betta provided very educational presentations involving the medical, surgical and disease process involved in Diabetic Retinopathy.

Our committee has worked diligently to bring to our members a record breaking start to 2016. The Diabetic Retinopathy seminar hosted 73 delegates. That is the largest number of delegates we have had attending our seminars. We usually average about 60 delegates. Perth is relatively small when compared to other states, so percentage wise our member attendance is very good. We are driven by the enthusiasm of our members and your appetite to learn more in the field of ophthalmology.

Your feedback from the evaluation forms provides valuable information into what makes a successful seminar for our members. A regular issue which arises is that the Wallaston Conference Centre venue is not close to public transport. Our venue ticks so many boxes. Unfortunately it is not close to public transport but car pooling could be the answer to this. No other venue provides such great value for money with excellent facilities, also the free parking and the catering onsite makes organising the seminars so much easier.

Your comments are taken seriously and we are so very grateful for negative and positive feedback. Knowing what is good we can continue and whatever needs change can be changed.

We also welcome any new ideas. We want to keep our seminars interesting and catering to the needs of our members. If there is a specific topic that you wish to know more about please let us know.

The National Safety & Quality Health Standards, (NSQHS) are also integral to providing care for our clients. Our next seminar in June will incorporate standard 2 "Partnering with the Community" by having a special guest speaker who will give us insight into her experience as a mother of three visually impaired children. In previous seminars we have had contributions from the Glaucoma support group, VisAbility and the Macular Degeneration support group. These take us away from the medical aspects and into the day to day life changing experience of our clientele affected with ophthalmic disease processes.

On behalf of the committee we thank our members for your support and hope we can continue to provide dynamic educational seminars for 2016.

Gina Storey,

Treasurer/Membership Secretary

Australian Ophthalmic Nurses Association - WA Branch

9th May 2016

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PAEDIATRIC OPHTHALMOLOGY SEMINAR

Our recent Winter Seminar was held on 18th June at Wollaston Conference Centre and was well attended by 65 members. We welcomed Margaret Osuch who was visiting from Victoria.

Prof. Geoff Lam spoke to us on embryonic development of the eye from the neural plate to complete and successful development in utero and different conditions that could arise from just one small error at this early stage. Prof. Lam also spoke on Retinopathy in preterm babies, Juvenile Cataracts and Retinoblastoma. He discussed an interesting case where flash photographs taken of an infant showed abnormal red reflex in one eye leading to diagnosis of retinoblastoma. His take home message was to leave your camera on red eye and flash when taking pictures of young infants.

As part of the National Safety & Quality Health Standards, (NSQHS) a guest speaker shared her journey and insight into her experiences as a mother of three children with Congenital Cataracts. This was a well received personal insight.

Dr Steve Colley spoke on Paediatric Strabismus and its correction which improves visual function and patient self image and social interaction. Dr Swathi Sinkar the Ophthalmic Fellow from PMH presented an unusual and challenging ophthalmic paediatric case that after thorough investigation showed all results were normal.

OTHER BUSINESS

AONA Victoria has requested a speaker from WA with an interesting topic to present at their 19th November Conference which is being held in conjunction with RANZCO National Congress. Please make any suggestions through the AONA WA website or your WA Committee member.

AONA WA Committee Members:

Cheryl Doran - President
Gina Storey - Treasurer /Membership Secretary
Gillian Deacon - Secretary
Chris Shaw
Heather Thorburn
Kris Jamieson
Lois Marshall
Rosemary Wade
Cathy Ash – AONA WA Newsletter Editor

FUTURE EVENTS

Our next combined Seminar and AGM will be held on 17th September at Wollaston Conference Centre. The end of year Sundowner Seminar will be held in November. The topics are to be confirmed. Follow our AONA WA website for future details.

If any member has an interesting article or topic for inclusion in this newsletter please contact Cathy Ash on ashoz@primus.com.au or a committee member.

LOVV Update - A Nurses Perspective

by Sharon Brown Coordinator/Driver Outback Vision Van

The Lions Outback Vision Van (LOVV) is a large truck carefully designed to fall within height, length and width restrictions allowing it to be driven without escort vehicles and at all hours. A pod and awning is activated to provide a waiting/hallway and access area respectively. An Under Vehicle Wheelchair (UVL) lift is also activated for wheelchairs, Zimmer frames and unsteady legs!

A typical working day includes:

- Setting up an 'outside office' and also placing chairs in a shady site as a 'waiting room'.
- Welcoming the patients, checking the referral, testing visual acuity and intraocular pressure and inputting data into the computer program.
- Administer mydriac /cycloplegic drops.
- Taking patients inside the first room and complete OCT, IOL, Pentacam and vision field testing according to the provisional diagnosis provided by the optometrist, GP or other pathway.
- These images are accessed by the consultant in the next room. Patients are booked in every ten minutes, so it is busy all day!

This is a photograph of our youngest patient and the hat worn by our oldest at 94!

Large distances are covered. The majority of the time between towns I am on my own as doctors fly out on a Friday with replacements flying in on Sunday evenings.

The van has recently returned from Kununurra to Perth, a long 3200km drive. A bonus is that I get to see many beautiful sunrises and sunsets and believe that I am making a difference to rural communities.