

Ophthalmic nursing conference highlights

The European Society of Cataract and Refractive Surgery (ESCRS) conference in Paris last year, included a concurrent meeting of the European Society for Ophthalmic Nurses and Technicians. The enormous and striking Palais des Congress allowed over 5000 delegates to attend sessions from wound construction and infection prevention, to lens technology and femto-second lasers in corneal surgery. The trade display, practical video presentations and discussion with ophthalmologists (beyond any "sales pitch") were very informative. There is a wonderful opportunity for nurses to gain much valuable ophthalmic knowledge at these meetings.

Wound construction/incision

A good sealed wound at the end of surgery prevents collapse of the anterior chamber due to leakage, and reduces infection risk. Is the use of smaller and smaller incisions optimal, given that delivering the lens through small incisions can prove very difficult? Longer wound incisions of 2.90mm were found to be the best at sealing and reducing ingress of fluid back into the AC. As well, topical pre-operative antibiotics and povidine splash on the conjunctiva prior to incision reduce the risk of infection after removal of the phaco tip.

New lens technology

Light adjustable lenses (LALs) can be 'tweaked' once placed inside the patient's eye. These three-piece silicone lenses contain a photosensitive material that reacts to certain wavelengths. Once the LAL is inside the eye, surgeons can use UV light to adjust the shape of the lens and the amount of light it absorbs to improve a patient's vision, adjusting the LAL to within +/- 0.2 diopters of target refraction.

Posterior capsule opacification

During the Harold Ridley Medal Lecture, Dr David Spalton from St Thomas' Hospital in London, pointed out that cataract surgery is the most common procedure performed in the Western World, and PCO (Posterior Capsular Opacification – "secondary cataract" formation) is its most common complication. When IOLs were first introduced, PCO seemed unavoidable but when Alcon brought out the Acrysof™ lens in 1993, a marked reduction in PCO rates was noted. By comparing lenses, years later it was discovered that the square edge design of the lens was what reduced PCO. Dr Spalton discussed several additional PCO reduction techniques, such as the Dodick ARC laser, open bag IOL devices, and physical lenticular epithelial cells (LEC) removal. Much research is being undertaken to prevent PCO because surgeons do all they can to keep the posterior capsule intact during surgery to provide the best outcome for patients. Traditional management of PCO involves

"blasting a hole" in the posterior capsule with a YAG laser to remove the opacity.

Extended roles for ophthalmic nurses

Around 300 pre-registered nurses attended the European Society of Ophthalmic Nurses (ESONT) meeting to hear how four ESONT delegates from Moorefields Hospital in London have been trained to perform Yag Laser capsulotomy on post-operative cataract surgery patients. Preliminary results indicate pleasing patient satisfaction and outcomes, with 13 week wait period reduced to 9 weeks.

**Note: The Eye Surgery Foundation provides members of staff the opportunity to attend national and international ophthalmic conferences in order to expand their knowledge and keep them abreast of recent developments, research and new techniques in ophthalmology. Sandra Peroni RN (lens surgery) and Gina Storey RN (refractive surgery) attended sessions relevant to their nursing sub-specialties. ■*



By Sandra Peroni RN (left) and Gina Storey RN*



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