

# PAC 2020

Online Professional Advancement Conference

## Highlights On Demand

Recorded lecture:

# Anterior eye - investigating common cases

Workbook

# CET information

Authors

Satvinder Soomal and Magda Jamroz

Presenter

Judy Lea

Accreditation

1 non-interactive CET point

Duration

1 hour

Reference

C-76595

Modality



Audience



Competencies



# Summary

This session comprises three cases which explore investigation and management of anterior eye problems and concurrent non-tolerance of varifocal spectacles.

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## Authors

### Satvinder Singh Soomal BSc(Hons) MCOptom FBCLA

After qualifying with a first class Honours degree in optometry from Anglia Ruskin University in 2006 Satvinder has worked in various hospital optometry and community practice roles including part-time specialist contact lens lecturer for No7 Contact Lens Laboratory Ltd and latterly Optometry Manager and Deputy Head of Optometry Birmingham and Midland Eye Centre, City Hospital. He obtained a Fellowship of the BCLA in 2016.

### Magdalena Jamroz BSc MCOptom DipTp(IP) Prof Cert Glauc Prof Cert Med Ret PG Cert Eye Care Governance

Magda is an experienced independent prescribing optometrist. She is an Specialist Optometrist, pre-registration optometrist supervisor and a Wales Optometry Postgraduate Education Centre (WOPEC) general assessor. Magda works in a community setting in Specsavers Melksham, as well as in Bristol Eye Hospital and Newmedica clinics. A strong advocate for postgraduate education, Magda contributes to the development of CET and professional training for Specsavers Professional Advancement department, whilst undertaking a taught Doctorate.

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## Presenter

### Judy Lea BSc(Hons) MCOptom

Judy is Optometry Performance Consultant for Specsavers and Optometrist Director, Longton Specsavers. Former Head of Enhanced Optical Services, Judy has a wealth of experience of presenting CET sessions at local and national events. She is a Stage 1 Assessor and an Examiner for the College of Optometrists, a WOPEC Lead Assessor and CAVA Assessor.

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# Learning objectives

## For optometrists

1.1.3 Optometrists will understand how to elicit all relevant information for a thorough investigation of dry eye symptoms, contact lens discomfort and non-tolerance of spectacles

6.1.4 Optometrists will be able to explain to the patient the objectives and requirements for management of dry eye

6.1.11 Optometrists will have understanding of the appropriate treatments for dry eye conditions.

4.1.7 Optometrists will have an enhanced understanding of multidisciplinary problem-solving in cases of non-tolerance to varifocals

## For contact lens opticians

5.4.2 CLOs will have understanding of the appropriate management of contact lens discomfort and treatment of dry eye conditions including appropriate approaches for contact lens wearers.

1.1.2 CLOs will understand how to elicit all relevant information for a thorough investigation of dry eye symptoms and contact lens discomfort

2.2.5 CLOs will be able to explain to the patient the objectives and requirements for management of dry eye, enabling them to work in a multidisciplinary minor eye conditions service, dealing with anterior eye conditions

## For therapeutic prescriber

1.1.2 IP optometrists will have an enhanced understanding of pharmacological and non-pharmacological approaches to the management of dry eye conditions

2.1.4 IP optometrists will have an enhanced understanding of the differential diagnosis of dry eye conditions.

9.1.1 IP optometrists will work effectively with colleagues to ensure they can act effectively in a supporting role to ensure the patient has effective demonstration, explanation and advice on self-management of dry eye problems

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# References

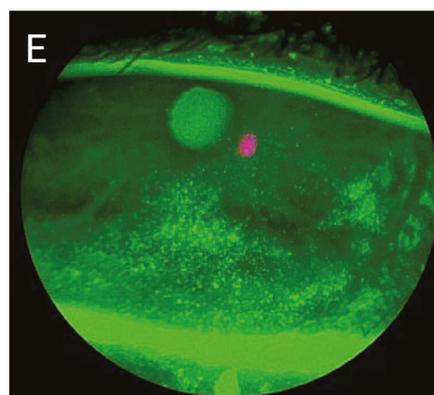
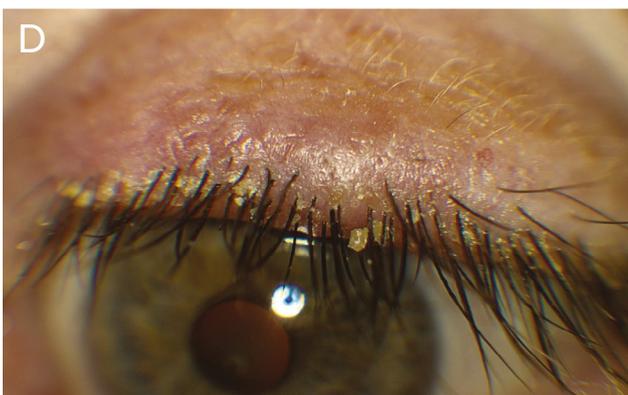
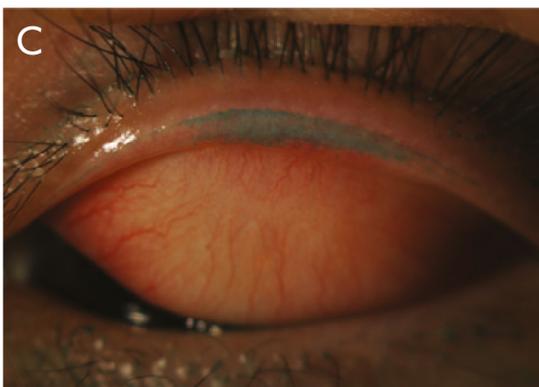
1. James S. Wolffsohn, Shehzad A. Naroo, Caroline Christie, Judith Morris, Robert Conway, Carole Maldonado-Codina, Neil Retalic, Christine Purslow, History and symptom taking in contact lens fitting and aftercare, *Contact Lens and Anterior Eye* 38, 2015, 258-265,
2. James S. Wolffsohn, Shehzad A. Naroo, Caroline Christie, Judith Morris, Robert Conway, Carole Maldonado-Codina, Anterior eye health recording, *Contact Lens and Anterior Eye* 38,266-271,
3. Kishor Sapkota, Sandra Franco, Madalena Lira, Daily versus monthly disposable contact lens: Which is better for ocular surface physiology and comfort?, *Contact Lens and Anterior Eye* 41 2018, 252-257,
4. Welling JD, et al Chronic eyelid dermatitis secondary to cocamidopropyl betaine allergy in a patient using baby shampoo eyelid scrubs. *JAMA Ophthalmol.* 2014;132:357-9.
5. Laura Rico-del-Viejo, Amalia Lorente-Velázquez, José Luis Hernández-Verdejo, Ricardo García-Mata, José Manuel Benítez-del-Castillo, David Madrid-Costa et al, The effect of ageing on the ocular surface parameters, *Contact Lens and Anterior Eye*, 41, 2018, 5-12
6. Key JE. A comparative study of eyelid cleaning regimens in chronic blepharitis. *CLAO J.* 1996;22:209-12.
7. Assis Lima, et al. (2004). Indications, Contraindications, and Selection of Contact Lenses. 7-16.
8. Anna Sulley, Graeme Young, Chris Hunt, Factors in the success of new contact lens wearers, *Contact Lens and Anterior Eye*, 40, 2017,15-24,
9. College of Optometrist Clinical Mgmt Guidelines <https://www.college-optometrists.org/the-college/policy/position-statements/lid-hygiene-in-the-management-of-blepharitis.html>
10. ABDO Guidance on adjustment of prescription for working distance

# Interpretation of clinical images

What anterior eye conditions are shown in each image (A-E)?

## Case scenario 1

A 49-year-old Caucasian male attends your practice complaining of ocular discomfort, foreign-body sensation and occasional burning irritation. He is also mildly photophobic. He reports that these symptoms have been going on for several months and also that driving with the heaters on in the car makes his eyes very uncomfortable. He has no sight-related symptoms. You assess his eyes and you find a similar clinical picture in both eyes.

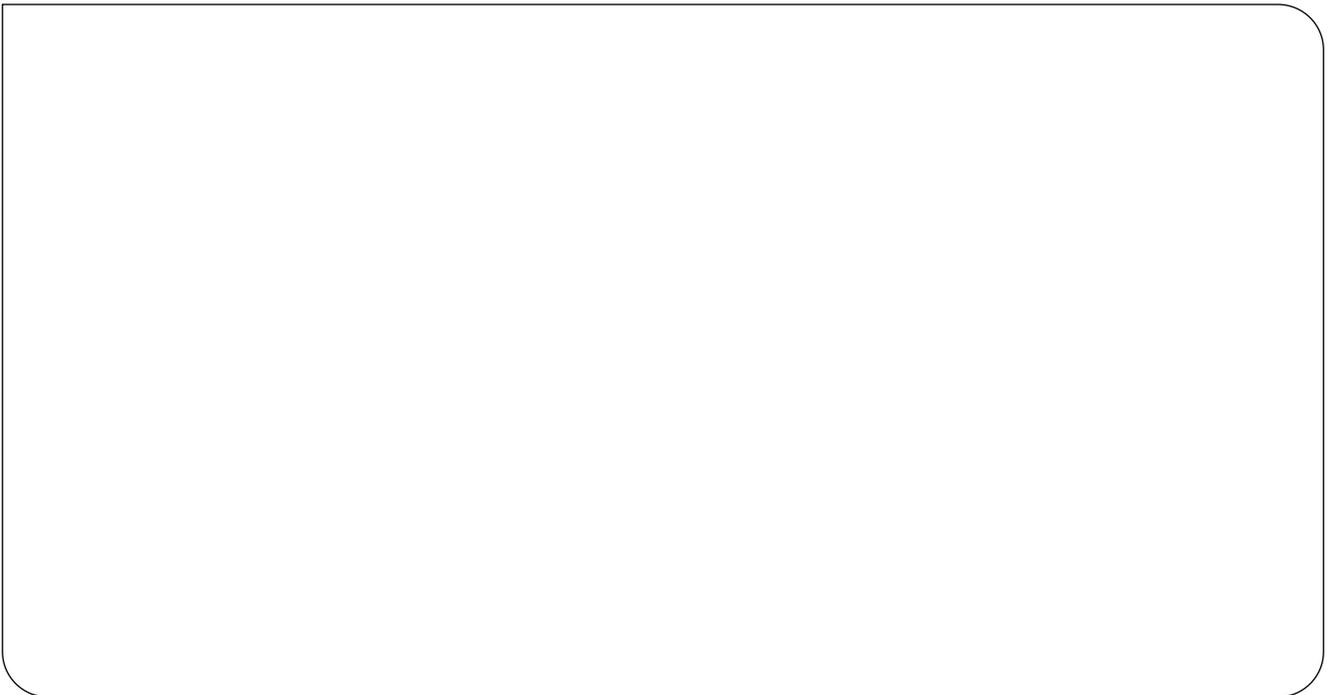


# Questions

1. What other symptoms might you expect this patient, or patients with these types of conditions, to report?



2. What further questions should you ask this patient?



3. What advice would you give the patient for management of conditions A, B, C, D & E?



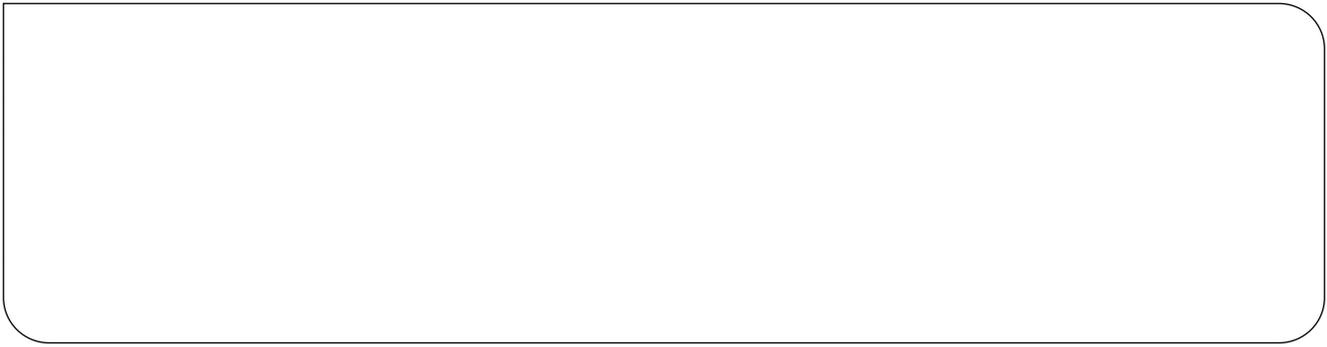
4. Do we discuss management in enough detail with patients? If you feel there is too much information to provide in short amount of time – how could you manage this?

5. What is the College of Optometrists' position on management of blepharitis?

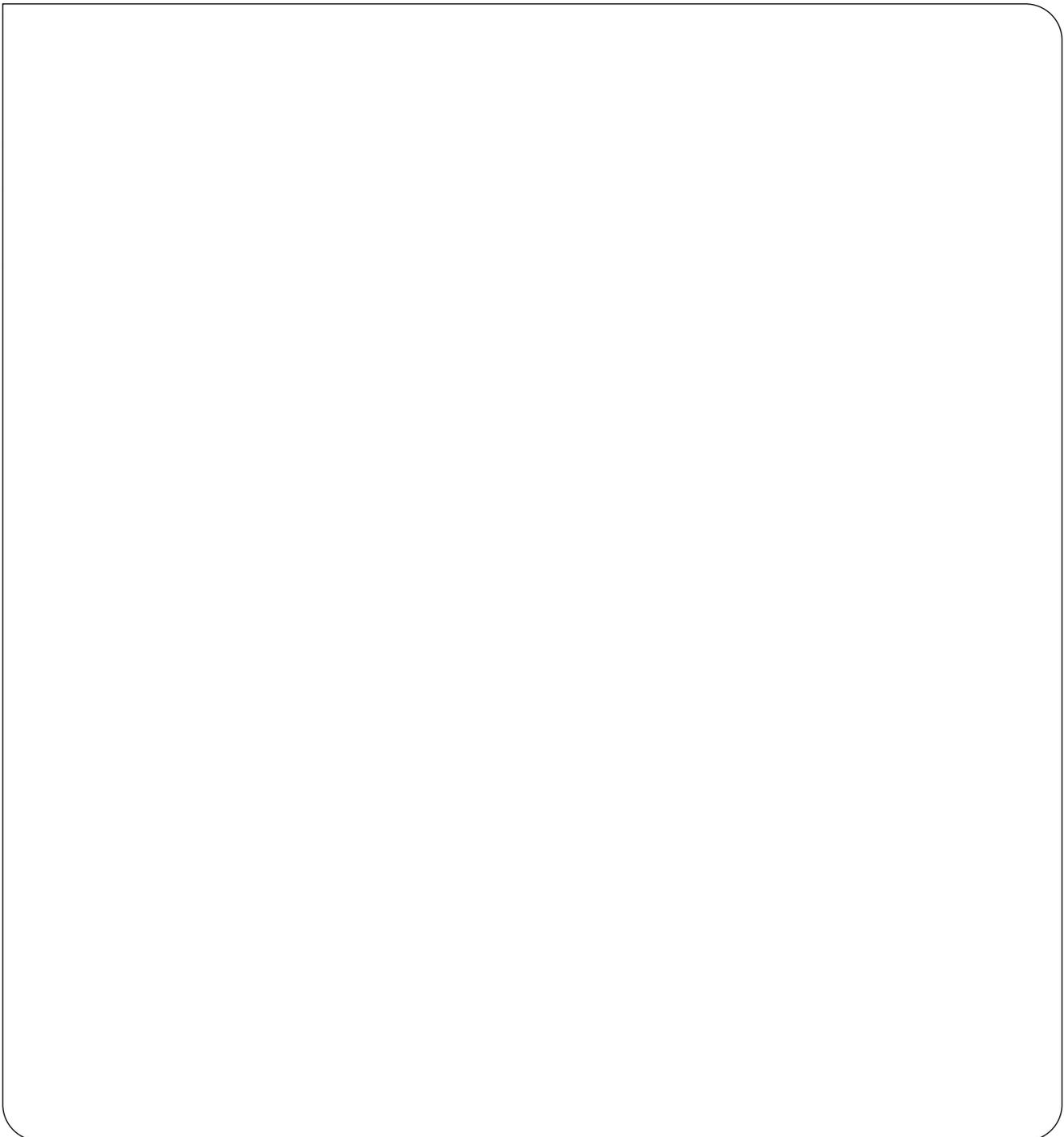
6. Given the College's position what would you inform patients about the objectives of treatment?

7. What does current evidence suggest about the use of products such as baby shampoo for lid hygiene?

8. How common is aqueous tear deficiency vs Meibomian gland dysfunction and how would this influence your management plan?



9. What types of ocular lubricants are you using and why?



[Empty rounded rectangular box for notes]

10. How would you approach Demodex blepharitis?

[Empty rounded rectangular box for notes]

11. Would you manage this patient and other dry eye patients in your practice? What effect would your decision have on NHS secondary care?

[Empty rounded rectangular box for notes]

12. How can teamwork and delegation help to give such patients the time and advice they need?

13. What else could you implement in store to improve the way different forms of dry eye are managed?

14. How do you accommodate eye health appointments into your diary?

# Case 2

A 35-year-old Asian female contact lens wearer attends your practice complaining of discomfort with lenses.

## Questions

1. What symptoms could exist in a patient suffering with contact lens discomfort?

2. What factors can contribute to contact lens discomfort?

3. What strategies do you use during a contact lens health check (aftercare) to measure contact lens comfort, and when do you decide to intervene?

## Case 2 continued...

On further questioning, the patient reports bilateral fatigue, grittiness and dryness which worsen as the day goes on. She works as a solicitor and spends most of her day in front of a computer in an air-conditioned office. She is a known hayfever sufferer; only uses systemic antihistamines as and when required. No other allergies are reported. She is fit and well, but she uses inhalers for asthma. Occasionally she develops intermittent episodes of severe watering and itching eyes with lid swelling and general redness of both eyes.

4. What differential diagnoses would you consider?

5. You find the following clinical signs. What is the most likely diagnosis?



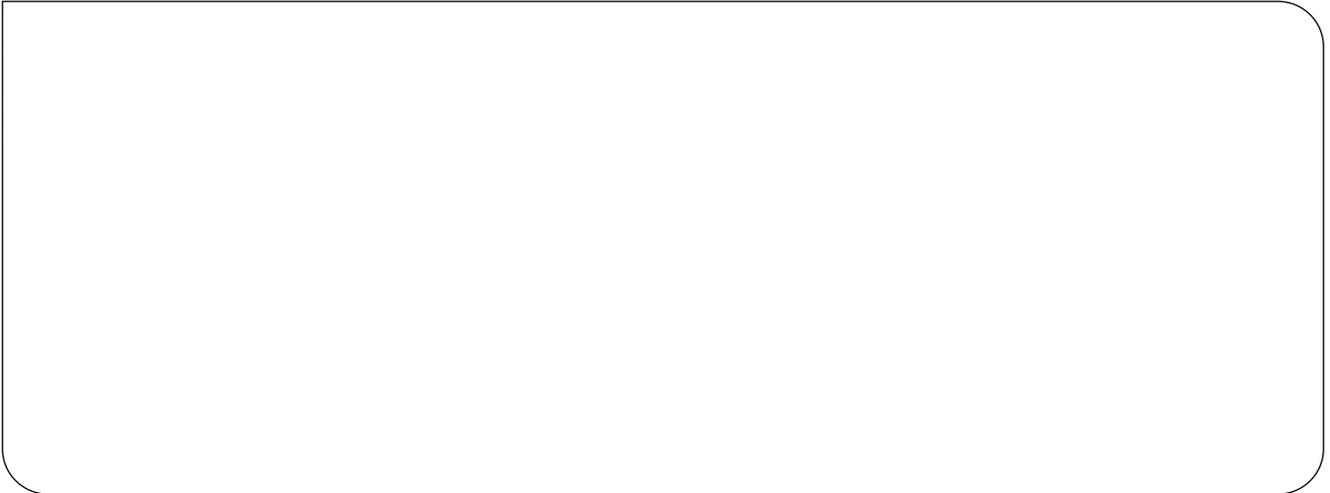
*images taken by Mr. Hamza Mussa - Thank you Hamza.*

6. How would you rule out more sight-threatening conditions such as vernal and atopic keratoconjunctivitis?

7. What clinical signs might you observe in a patient with seasonal allergic conjunctivitis?



8. What is the mechanism behind seasonal allergic conjunctivitis?



# Case 2 continued...

The patient's lens information is as follows:

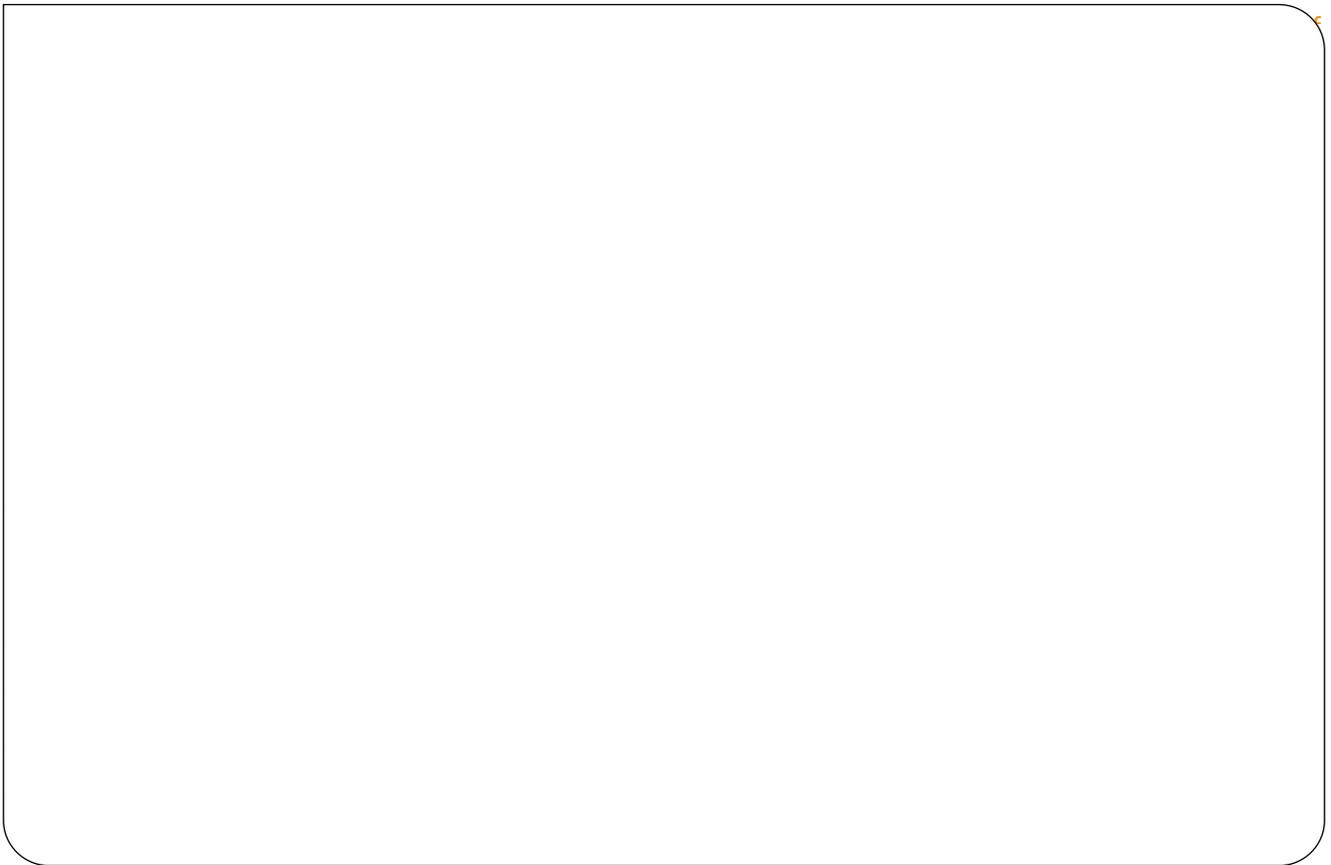
Air Optix Aqua (Irisian)

R: 8.6/14.2/-2.00DS VA 6/6-1

L: 8.6/14.2/-2.25DS VA 6/6-1

Water content 33%

9. Would you re-fit this patient with contact lenses? If so, what lenses would you consider and why?



10. What non-pharmacological treatments would you consider for this patient?



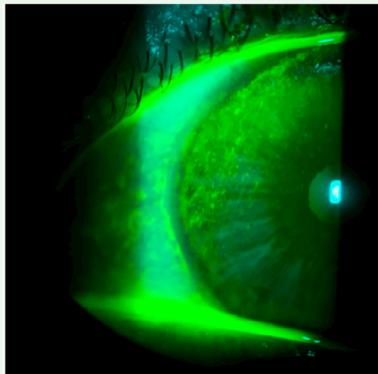
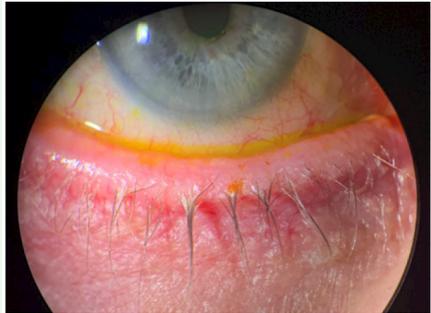
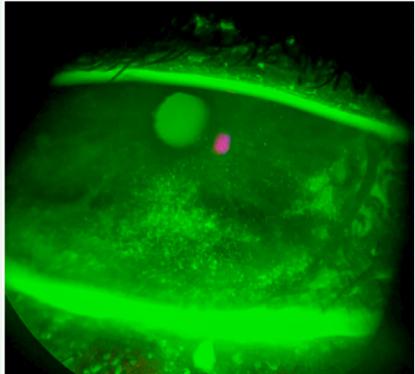
11. Which over-the-counter or Pharmacy-only pharmacological treatments would you consider for this patient?

12. Would you consider referring this patient and why?

13. What other pharmacological treatments are available for management of seasonal allergic conjunctivitis?

# Case 3

A 47-year-old Caucasian woman, Lisa, returned to your practice complaining that her vision out of her new varifocal spectacles for distance vision does not seem very clear. She explains that when she blinks her vision clears momentarily also she feels she is having to hold things closer to see better than she did with her previous pair. Lisa has worn varifocals in the past and not had this problem before. She was dispensed the same varifocal design with an UCSC as previously.

	Right	Left
UA Visions	6/12-1 (PH=6/9+2)	6/12-1 (PH 6/7.5+1)
VA with previous spectacles (2yrs old)	+1.00/-1.75 x 35 (6/6) Add +1.00 N6 @ 45cm	+1.00/-1.50x100 (6/6) Add +1.00 N6 @ 45cm
Refraction at recent sight test	+1.00/-1.75 x 33 (6/5) Add +1.75 N5	+1.00/-1.75 x98 (6/5) Add +1.75 N5
Pupils	PERRL noRAPD	
C/T	Ortho, no BV anomaly	
S/L Lids&Lashes, Conjunctiva, Sclera, Cornea	 	 
TBUT	2-3 secs	2-3 secs
K's (2position)	7.95mm along 30 8.00mm along 120 Clear crisp mires after blink then distorts.	7.97mm along 45 8.05 mm along 150 Clear crisp mires after blink then distorts
Anterior Chamber	d&q clear	d&q clear
Lens	Clear	Clear
Vitreous	Clear	Clear

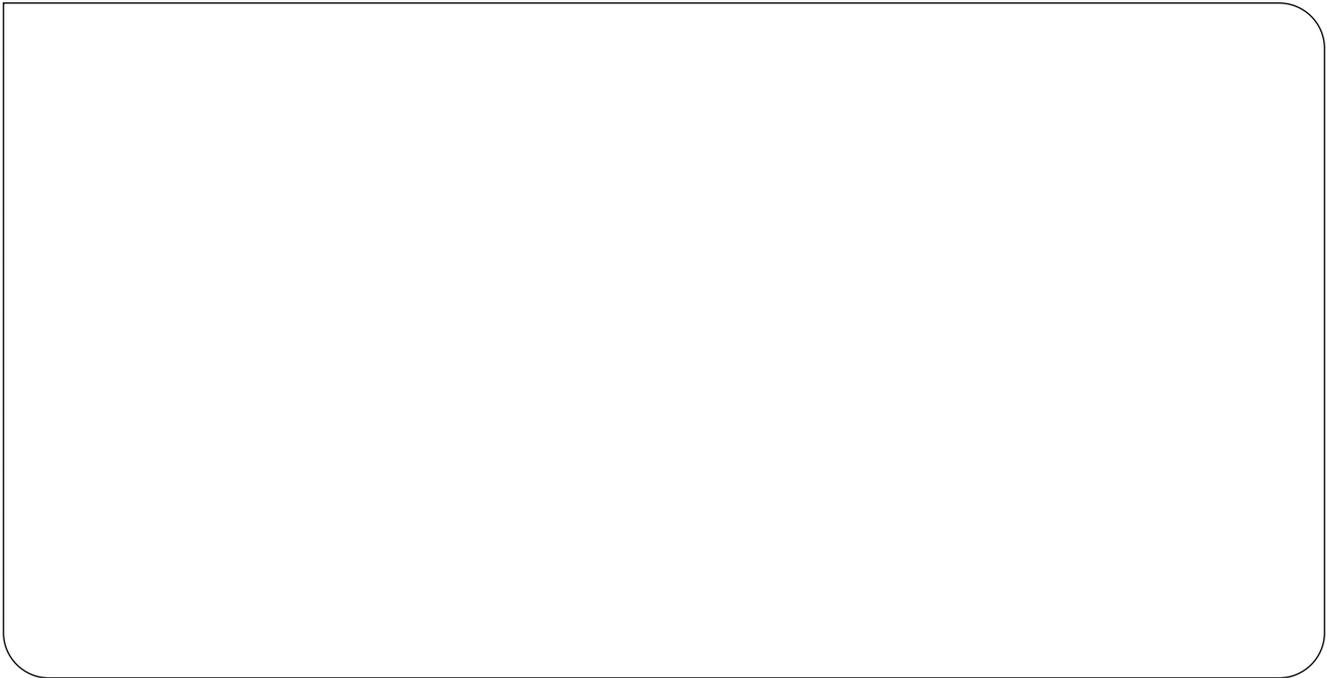
	Right	Left
Optic Disc	0.45. clear, flat and defined margins, NRR healthy	0.45. clear, flat and defined margins, NRR healthy
Vessels	2:3 healthy	2:3 healthy
Macula	Clear, flat and healthy FR seen	Clear, flat and healthy FR seen
OCT Macula & OCT	Macula WNL Disc WNL	Macula WNL Disc WNL
Peripheral retina	All clear, flat and healthy - evenly pigmented - all healthy	All clear, flat and healthy - evenly pigmented - all healthy
IOP (non-contact at 13:00)	11 /12 /12/11	13/14/13/14
Additional Notes	<p>Current specs - scratched and lens coating damaged.</p> <p>VA improved - showed Px with and without - Px felt new specs clearer - issued Rx - New VF with UCSC, 2nd pair Polarised VF.</p> <p>Advised Px to do warm compressions - Lid hygiene - Blephwipes - Artificial tears. Cease c/l wear for 2-3 weeks. Book in for c/l a/c in 1/12. Wear specs FT for now.</p> <p>2yr recall sooner if problem</p>	

## Questions

1. Have you dealt with a similar situation in your practice?

2. From a review of the case notes, what do you think are the main potential issues affecting Lisa's vision in her new spectacles?

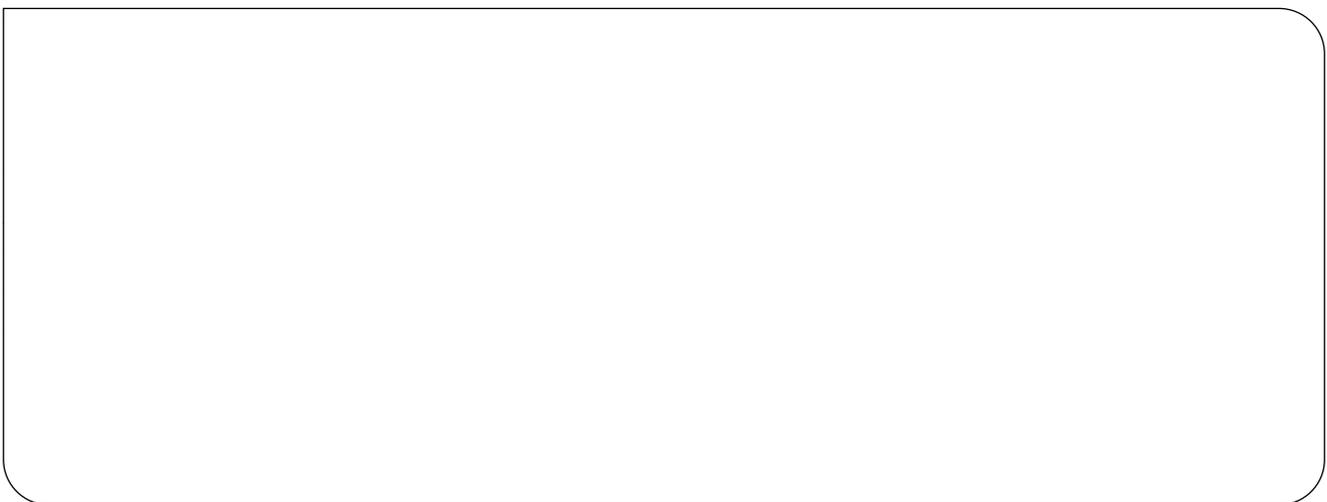
3. How would you manage the situation from a dispensing perspective?



4. How would optometrists manage the situation once dispensing checks have been made?



5. What does ABDO recommend about working distance? What measurements are routinely taken in your store and how are these recorded?



6. How are learnings from remakes in your store used to reduce future remakes/non-tolerances and how can teamwork be used to reduce problems?

7. Consider the signs of dry eyes in this case - what is your management plan and what products might you recommend?

If Lisa were also a CL wearer, what considerations would this introduce in your recommendation of ocular lubricants?

## Case 3 continued...

Consider a situation in which Lisa's prescription has not changed, and she just wanted to update her spectacles, but a few days after collection she was still having the same issues with temporary blurred vision. Following the problem-solving process it is decided that Lisa needs to see an optometrist for an eye health appointment.

8. Would your problem-solving procedures in practice identify the dry eye issue?

9. How do you accommodate eye health appointments in your diary, and are there any areas you would improve?

# Notes

# Reflection questions:

Your answers to these questions and the above learning objectives must be uploaded within one month of this event to the website MyGOC at [www.optical.org](http://www.optical.org) when you claim your points.

## List the main things you learned from this session

Note this should not be the learning objectives, this should be the key points you have taken from the discussion which may help you enhance the way you deal with similar cases in practice.

1.

2.

3.

## Describe how you will apply this learning in your practice

1.

2.

3.

## Has this session identified any areas where further personal learning is needed? If so, briefly describe these

## Time spent in reflection

It will take up to two weeks for the CET points to appear on your CET record at MyGOC.

Please give us feedback on this session. Contact us at [ptd.ilearn@specsavers.com](mailto:ptd.ilearn@specsavers.com)