QUARTERLY BULLETIN OF THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

College NEWS

Summer
2010

Epidemiological Surveillance of Rare Eye Diseases through the British Ophthalmological Surveillance Unit: *What can be achieved?*

Epidemiological surveillance is able to make a valuable contribution towards medical research and over the past 13 years the British Ophthalmological Surveillance Unit (BOSU) has helped with 44 studies focusing specifically on rare eye conditions. Surveillance has its limitations but the ascertainment of new cases of a given condition over a 1- or 2-year time period is very good for answering research questions regarding:

- Incidence (the rate at which new cases of a disease present during a given time period)
- Describing the patient demographic profile
- Current national management approaches
- Short-term outcome.

It may also be possible to use the information collected through a surveillance study to identify risk factors, provided that a suitable comparison group is collected, although this is done independently from the BOSU process.

Surveillance is not suitable for answering questions on:

- Prevalence (the total number of cases of the disease in a population at a given point in time)
- Longitudinal cohort studies to assess the natural history of disease progression or long-term outcome
- Effectiveness of specific treatments or investigations
- Examination of samples.

The studies run through the BOSU achieve success because they focus on the achievable aims of incidence, demography and current management patterns. In addition to informing clinical guidelines, patient consent procedures and service provision levels, surveillance provides the epidemiological data to facilitate further intervention studies and trials. In the recent evaluation survey over half of UK ophthalmologists had accessed a published research paper from a surveillance project and approximately one third had changed clinical practice or used information to help inform patients when obtaining consent, because of the outcome of a surveillance study.

The BOSU provides a unique resource for the study of rare eye conditions and if you think that there is a topic of interest that you would like to study please contact Barny Foot (*barny.foot@rcophth.ac.uk* or 0780 8571659) and he'll be happy to help.

Mr Richard Smith, the Senior Vice President, completed a four-year term as Chairman of the Professional Standards Committee at the May AGM. Here he is opening a GPS system, a gift from the Council, PSC Committee and senior staff, appropriately wrapped in a map of Regents Park

Eyepod

The April issue of EYE carried the first eye-pod, setting out some of the attractions of Congress 2010

Articles and information to be considered for publication should be sent to:
kathy.evans@rcophth.ac.uk
and advertising queries should be directed to:
Robert Sloan
020 8882 7199
rsloan@rsa2.demon.co.uk

Copy deadlines

Autumn	5 August 10
Winter	5 November 10
Spring	5 February 11
Summer	5 May 11

The Royal College of Ophthalmologists - prize for innovation

The recent call by Sir Bruce Keogh for cost saving in the NHS (*www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113806*) has important consequences for clinicians and patients.

The College is keen to ensure the quality of patient care remains high. There will be innovations in care in many eye units saving money and minimising effects of reduced budgets, whilst maintaining or enhancing the quality of patient care.

The College is introducing a prize competition to reward the best of these and allow their dissemination, a first prize of £250 and Certificate to be presented at Congress 2011. Certificates will be awarded to second and third placed entries of sufficient quality. Winners may be asked to make a short presentation at Congress and good entries will be published in *College News*.

We are seeking entries from any member.

- Entries limited to two sides of A4
- Maximum 2 authors
- Any innovation benefiting patients is eligible, but for the first award those involving saving money whilst maintaining or enhancing quality are likely to be favoured
- The idea should have been trialled and demonstrate savings and quality improvement.

Entries to Miss Beth Barnes: *beth.barnes@rcophth.ac.uk*
Closing date: 7 September 2010

The College joins forces with the Medical Research Council.

One 3 year clinical research training fellowship will be awarded jointly by the MRC and the College. It is open to trainee members who want to work towards a doctorial degree.
Closing date: 17 September 2010
Interviews: 2 - 4 March 2011
Post to be taken up by 31 August 2011
More information will be available from *www.mrc.ac.uk*

British Council for Prevention of Blindness Fellowship and Research Grant Programme

BCPB British Council for Prevention of Blindness

Applications are invited for BCPB grants to start in September 2011. The aim of these grants is to fund research and training in prevention of blindness for high calibre clinicians and scientists from the UK and overseas.

I. Fellowships worth up to £60,000 per year over two or three years.

Fellowships are available to clinicians wishing to undertake a PhD or MD. In 2010, BCPB seeks to fund one Fellow from the UK and one Fellow from overseas (researchers from low income countries and sub-Saharan Africa in particular are encouraged to apply).

II. Research grants worth up to £60,000 in total over one, two or three years. Research grants are available to clinicians, scientists or epidemiologists:
a) for 'pump-priming' to develop their research ideas and generate pilot data to facilitate a future application for a substantial grant; or b) to provide funding for a non-clinical PhD or DrPH studentship.

Projects must further the goals of 'VISION 2020: The Right to Sight' - the elimination of avoidable blindness - and priority will be given to projects which benefit low income countries. Grants will be awarded to UK research/training institutions.

Applicants are advised to read the Information for Applicants to ensure that they are eligible to apply for these awards.

Closing date: 12 November 2010
For more information visit: *www.bcpb.org*
Diane Bramson, info@bcpb.org

The 2010 Bupa Foundation Awards

for healthcare and medical professionals in recognition of excellence

Worth £15,000 each For full details visit *www.bupafoundation.co.uk* Closing date: 1 July 2010

College travel awards and fellowships 2010

Information and application forms for all awards are available on the College website *www.rcophth.ac.uk/education/travelawards*

AWARD	AMOUNT	CLOSING DATE
Dorey Bequest and Sir William Lister Travel Awards 2010	c. two awards £400 - £600 each	8 October 2010
Ethicon Foundation Fund Travel Award 2010	Four to six awards of c. £400 - £1,000 each	5 November 2010

Members' News and Appointments

Consultant Appointments

Mr Aja Bhatnagar	New Cross Hospital, Wolverhampton
Miss Abosede Cole	Bristol Eye Hospital, Bristol
Miss Fiona Cuthbertson	Royal United Hospital Bath, Bath
Mr Aasheet Desai	Stepping Hill Hospital, Stockport
Mr Ahmed El-Amir	Royal Berkshire Hospital, Reading
Miss Kay Hollingworth	Calderdale Royal Hospital, Halifax
Mr Abdul Jabbar Khan	Essex County Hospital, Colchester
Mr Dharmalingam Kumudhan	Queens Medical Centre, Nottingham
Mr Conor Mulholland	University Hospital of Wales, Cardiff
Mr Yetadore Murthy	New Cross Hospital, Wolverhampton
Mr Olugbemisola Oworu	Calderdale Royal Hospital, Halifax
Miss Waheeda Rahman	St George's Hospital, London
Mrs Punithawathy Ranjit	University Hospital of North Staffordshire, Stoke on Trent
Ms Chintan Sanghvi	Royal Blackburn Hospital, Blackburn
Ms Valerie Ping-Jian Saw	Moorfields Eye Hospital,, London
Mr Felipe Dhawahir Scala	Manchester Royal Eye Hospital, Manchester
Mr Shoaib Tarin	New Cross Hospital, Wolverhampton
Mr Kyaw Lin Tu	Wrexham Maelor Hospital, Wrexham

Regional Advisers

The table below shows those post holders who will complete a three-year term of office in 2010. Any NHS consultant fellow who is registered for CPD who wishes to stand should contact *hon.sec@rcophth.ac.uk*

REGION	CURRENT POST HOLDERS	DATE OF RETIREMENT	ELIGIBLE FOR RE-ELECTION
North Western	Mrs Clare Inkster	June 2010	No
Moorfields	Mr Frank Larkin	Sept 2010	No

High Holborn Reunion

Friday 29th October

A reunion for all those who were appointed as Residents or Consultants to the High Holborn Branch of Moorfields before its closure in 1987 will be held at The Medical Society of London, Lettsom House, 11 Chandos Street, London WIG 9EB.

This evening of unashamed nostalgia will consist of a reception, dinner and an interactive talk about experiences before they are forgotten. Numbers are limited, so those who would like to participate should contact me as soon as possible at: *t.ffytche@btinternet.com* or by post to 1 Wellington Square, London SW3 4NJ

Membership information

Please contact *database@rcophth*.ac.uk if you get a new email address so that we can keep in touch with you.

Travel Expenses

The travel and expenses policy for those attending meetings can be found at *www.rcophth.ac.uk/finance-membership/expenses* .
Members are urged to plan ahead to take advantage of lower fares.

Obituaries

We note with regret the death of:
Mr Graham Pritchard of Carlisle, Cumbria
Dr Ronald Baird, Ontario, Canada

Call for disposables

Our surgical skills courses use vast amounts of disposables and, although we are helped out by the generosity of some manufacturers, we desperately need any donations of unused disposable items that you can spare.

Our needs include: sutures of any type, viscoelastics, blades (slit-blades, angled blades, crescent etc.), capsule tension rings, iris hooks or indeed any products you do not require. They do not have to be unopened or in date but they should not have been used in the eye or on lid tissue.

If you have anything that may be of use, please send to:
The Skills Centre Co-ordinator
The Royal College of Ophthalmologists,
17 Cornwall Terrace,
London NW1 4QW
e-mail: *skills.centre@rcophth.ac.uk*

Please ensure that any sharps are safely packed for postage. If you need a pre-paid addressed jiffy bag for transport, we would be pleased to supply one if you get in touch.

Many thanks for your help.

Mark Watts
Surgical Skills Tutor

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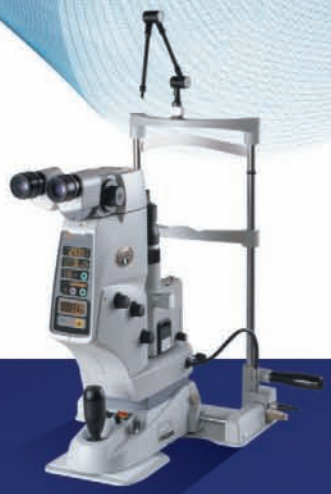

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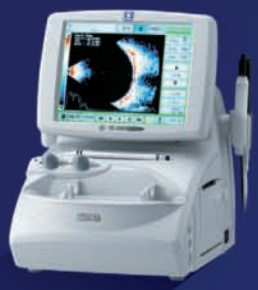

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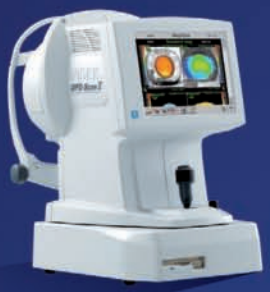

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THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

Focus

Summer
2010

An occasional update commissioned by the College. The views expressed are those of the author.

Dietary supplements in age-related macular degeneration

Ian Pearce,
Consultant Ophthalmic Surgeon,
St Paul's Eye Hospital, Liverpool.

Background

Age-related macular degeneration (AMD) is the leading cause of blindness in the Western World. Although the exact aetiology is unknown, certain risk factors are associated with AMD, including age, sex, diet, nutritional status, smoking, hypertension and genetic markers. Oxidative stress is thought to be a contributing mechanism1 and thus, the role of dietary antioxidants and supplements has received much interest over the past two decades.2

AREDS

The Age Related Eye Disease Study (AREDS) investigated the role of nutritional supplements in the development and progression of AMD and cataract.3 For AMD, participants were categorised into four categories and observed for a mean of 6.3 years. Of the 1,117 category 1 participants (few if any drusen), the risk of progressing to advanced AMD was predicted to be so low and were excluded from the clinical trial.

Thus most information comes from the 3,640 participants in categories 2–4 in which progression of disease could be assessed. Participants in these categories were randomly assigned to four intervention arms:

- Zinc alone (80mg as zinc oxide and 2mg of copper to prevent anaemia)
- Antioxidants alone (500mg vitamin C, 400IU of vitamin E and 15mg of -carotene)
- Zinc + antioxidants
- Placebo

Only 1.3% of participants in category 2 developed advanced AMD during the period of the study and thus the study is of limited power to inform us on the benefit of supplementation in these early cases of AMD. When these category 2 participants are excluded from the analysis then the five-year risk of developing advanced AMD is 28% for the placebo group, 23% for antioxidants alone group, 22% for zinc alone group and 20% for the zinc + antioxidants group. The odds ratio reduction in developing advanced AMD was only statistically significant for the zinc + antioxidants group. The safety profile for the supplements was excellent for the seven years of follow up although there was increased hospital admissions for genitourinary symptoms associated with zinc and self-reported yellowing of the skin with the antioxidants.

Although controversy and criticism has been vocalised against the sub-group analysis used in the AREDS publications, the recommendations of the study remain that patients with intermediate risk of AMD (category 3 – Figure 1) or advanced AMD in one eye (category 4) should take the zinc + antioxidants formulation.4

Recently, the Rotterdam Study reported that above-median dietary intake of all four of these nutrients was associated with a statistically significant 35% reduction in incident AMD risk, even greater than that observed in the AREDS.5

Carotenoids

The carotenoids form a large class of plant pigments of which 34 have been identified in human serum including lutein, zeaxanthin and -carotene. Only lutein and zeaxanthin are found in retinal tissue as macular pigment. As well as possessing potent antioxidant properties they filter out potentially harmful blue light.
Macular pigment declines with age and in post-mortem eyes with AMD there are lower quantities of lutein and zeaxanthin compared to healthy controls.1,6 Both serum levels and macular pigment density can be altered

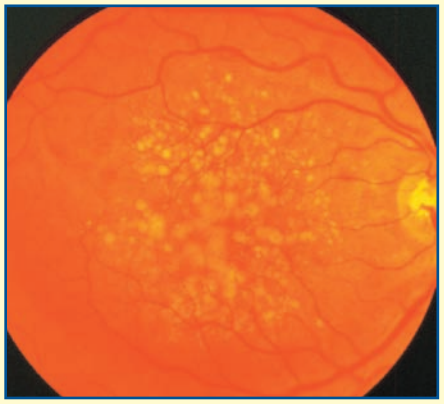


Figure 1: A typical Category 3 (AREDS) fundal appearance showing numerous intermediate and large confluent drusen.

through dietary intake and several epidemiological studies have supported the possible protective role of dietary carotenoids.

In the EDCC study the highest quintile of carotenoid intake was associated with a 43% reduction in risk for AMD. Among the specific carotenoids, lutein and zeaxanthin were most strongly correlated with this reduced risk.7 The Blue Mountain Eye study reported that higher dietary lutein and zeaxanthin intake reduced the risk of incident AMD over 5 and 10 years. Participants in the top tertile of intake (942mg/day) had a decreased risk of incident neovascular AMD (RR 0.35; 95% CI 0.13–0.92), and those with above median intakes (743mg/day) had a reduced risk of indistinct soft or reticular drusen when compared with the remaining population.8

Despite the considerable interest in lutein/zeaxanthin supplementation, high quality RCT evidence is lacking in peer reviewed publications.

The Carotenoids and Co-antioxidants in Age-Related Maculopathy (CARMA) study recruited 433 participants in a well designed, randomised, double masked, prospective trial of lutein and zeaxanthin with co-antioxidants versus placebo. Although the authors conclude there was encouraging improvement for functional and morphological outcomes in high risk participants with carotenoid supplementation the primary endpoint of best corrected distance visual acuity was not met.9

Omega-3 long-chain polyunsaturated fatty acids (LCPUFA)

Omega-3 LCPUFAs include alpha-linolenic acid, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). As they cannot be synthesized by humans de novo they are termed essential fatty acids and diet is their only source. Both alpha-linolenic acid and EPA are dietary precursors to long chain DHA. The major omega-3 fatty acids of interest, DHA and EPA, are found in oily fish, such as tuna, sardines, salmon, and trout.

DHA is present in high concentrations in the outer segments of photoreceptors and its deficiency has been implicated in the development of AMD.10 Several epidemiological studies have suggested an inverse relationship between dietary omega-3 long-chain polyunsaturated fatty acid or fish intake and risk of AMD.

A recent meta-analysis reviewed 9 studies with a total of 88,974 people, including 3,203 AMD cases.11 High dietary intake of omega-3 fatty acids was associated with 38% reduction in the risk of advanced AMD. A minimum fish intake of twice a week was associated with a reduced risk of both early AMD (pooled OR, 0.76; 95% CI, 0.64-0.90) and late AMD (pooled OR, 0.67; 95% CI, 0.53-0.85). The authors concluded that consumption of omega-3 fatty acids may be associated with a lower risk of AMD but that with few prospective studies and no randomised control trials there was insufficient evidence to recommend omega-3 fatty acid supplementation for AMD prevention in the general population.

AREDS2

Several of the controversies surrounding nutritional supplementation in AMD are being addressed by the NEI sponsored AREDS2 study which aims to determine whether oral supplementation with macular xanthophylls (lutein at 10mg/day + zeaxanthin at 2mg/day) and/or omega-3 LCPUFAs, DHA 350mg, and EPA 650mg, will reduce the risk for progression to advanced AMD.

Participants are aged 50–85 years with either bilateral large drusen or large drusen in one eye and advanced AMD in the fellow eye. As the study population in AREDS2 has at least a moderate risk for AMD, all participants will also be offered the original AREDS formulation. A second randomization has been utilized to further refine the AREDS formulation by deleting the use of -carotene and reducing the dosage of zinc to 40mg.

The enrolment of 4,000 participants concluded in June 2008 and we await the five-year follow up data.

Risks/Precautions

The longer term safety profile for the AREDS zinc + antioxidant formula is unknown. Studies using similar doses to the 15mg of -carotene have identified higher incidences of lung carcinoma in smokers.12 Thus AREDS supplements should be avoided in smokers or recent smokers. The Heart Outcomes Prevention Evaluation (HOPE) study found that, among people with vascular disease or diabetes, vitamin E supplementation was associated with a higher risk of heart failure.13 High dose vitamin A supplementation appears to be related to osteoporosis and fractures.14 Fortunately, high levels of serum -carotene appear not to be converted to vitamin A in the body. However, caution must be exercised when using non-AREDS supplements incorporating vitamin A in the retinol form.

Conclusions

The original AREDS formulation provides the best evidence for reduction of incidence of advanced AMD for patients presenting with either large drusen or extensive intermediate drusen (category 3) or advanced AMD in one eye (category 4). The safety profile is good for at least 7 years but should be avoided in smokers or recent ex-smokers. It is tempting to hypothesise, and certainly plausible, that different formulations which may include lutein/zeaxanthin instead of the high doses of -carotene and/or supplementation with LCPUFAs may have additional benefits to those found in AREDS. However, final confirmation of this is awaited in the AREDS2 trial.

At present there is no evidence for the use of nutrient supplements in patients with none or only early signs of AMD. It would be appropriate to advise these patients with regard to the risk of smoking, the benefits of a well balanced diet including fresh fruit, dark green leafy vegetables and oily fish and to be vigilant for the symptoms of developing advanced AMD.

References

1. Beatty S, et al., Surv Ophthalmol 2000; 45: 115–134.
2. Evans J. Eye 2008; 22: 751–760.
3. Age-Related Eye Disease Study Research Group. Report 8 Arch Ophthalmol 2001; 119: 1417–1436.
4. Chew EY, et al., T. Arch Ophthalmol 2009 Dec; 127(12): 1678–9.
5. van Leeuwen R, et al., JAMA 2005; 294: 3101–7.
6. Landrum JT, Bone RA, Kilburn MD. Adv Pharmacol 1997; 38: 537–56.
7. Seddon JM, et al., Eye Disease Case-Control Study Group. JAMA 1994; 272: 1413–20.
8. Tan JSL, et al., Ophthalmology 2008; 115: 334–341.
9. Chakravarthy U, et al., Invest Ophthalmol Vis Sci 2009; 50: E-Abstract 1257.
10. Bazan NG. Prog Clin Biol Res 1989; 312: 95–112.
11. Chong EW, et al., Arch Ophthalmol 2008; 126: 826–833.
12. Omenn GS, et al., N Engl J Med 1996; 334: 1150–5.
13. The HOPE and HOPE-TOO trial investigators. JAMA 2005; 293: 1338–1347.
14. Michaelsson K, et al., N Engl J Med 2003; 348: 287–294.

Bristol Eye Hospital celebrates 200 years

The Bristol Eye Hospital, founded in 1810, is the third oldest eye hospital in England, after the London Eye Infirmary, later known as Moorfields Eye Hospital, (1805) and the West of England Eye Infirmary (1808). The hospital was set up for The Cure and Treatment of Diseases of the Eye amongst the Poor of Bristol and District. The main impetus came from William Goldwyer, a general surgeon who was also a skilful operator on cataracts. It has been on the same site for two centuries, renewing itself four times. The first hospital consisted of two small rooms on the ground floor and two above it, one to accommodate five beds and the other for Matron.

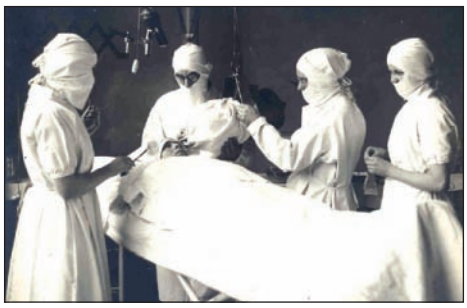
Garden at rear of original hospital

Francis Richardson Cross and Cyril Walker on Matron Jenkins' retirement

The BEH shared the same building with the Blind Asylum for 28 years. In 1935 a completely new hospital was built on the same site and in 1948, at the start of the National Health Service, the BEH became part of the United Bristol Hospitals.

Towards the end of the 19th century the Eye Hospital had lapsed into a somewhat torpid state but in 1882 Francis Richardson Cross was elected surgeon and over the next 43 years his driving power and ability brought great success to the hospital. Amongst his many other achievements was being made President of the OSUK in 1913 and giving the Doyne Memorial Lecture in 1920.

In fact, one of the early 'dressers' at the hospital was the young Robert Doyne. The incorporation of dressers between 1873 and 1887 to assist the two surgeons produced a marked increase in activity. The first resident house surgeon in 1889 was Herman Snellen, son of the Snellen of Test Type fame. The structured training of house surgeons by Richardson Cross was largely the result of the exploitation of 30 years of the use of anaesthesia, Pasteur's microbiology, Lister's antiseptic surgery and the advance of a new pharmacology. This period also marked the start of research and the regular publication of papers from the BEH.



An early operating scene

The advent of ophthalmic nursing at the hospital and the establishment of a nurses' training school was another advance by the hospital. The group photograph taken in 1915 during the First World War shows Francis Richardson Cross and Cyril Walker, who served the hospital for 38 years, at Matron Mary Jenkins' retirement. Cyril Walker, shown in uniform, was Master of the Oxford Ophthalmological Congress from 1932–35.

The Bristol Eye Dispensary, formed two years after the BEH, competed with them until the outpatient services at the Eye Hospital were increased to six days a week and the number of inpatients beds was doubled. The Eye Hospital has always been near to the Bristol Royal Infirmary with its burgeoning medical school. The BRI was the first to be recognised by the Royal College of Surgeons of England. One of the aspects, so important to aspiring ophthalmologists, was the emphasis on the role of the apothecary with its medical input.

New BEH in 1935, the original hospital is on the right.

The Bristol Eye Hospital today

Throughout the first 30 years of the NHS the clinical and academic aspects of ophthalmology at the BEH blossomed and the hospital continues to be an important tertiary referral centre.

We wish all at the BEH continued success in their third century.

The author acknowledges the assistance from Vincent Marmion on this brief history.

Richard Keeler, Museum Curator
rkeeler@blueyonder.co.uk

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FUTURE COLLEGE EVENTS

Congress 2011

24 – 26 May 2011, Birmingham

The square near the International Conference Centre, Birmingham

The Annual Congress 2011 will return to the award winning ICC in Birmingham. There will be a packed scientific programme, with two distinguished speakers already confirmed to deliver the eponymous lectures.

Alongside the excellent scientific sessions there will also be rapid fire sessions, poster exhibitions, DVD presentations and the largest ophthalmic commercial exhibition in the UK. A series of microsurgical skills courses, imaging courses and small workshops on effective teamwork will also be held.

The Duke Elder Lecture will be delivered by Professor Graeme Black DPhil FRCOphth, Professor of Ophthalmology and Honorary Consultant in Genetics & Ophthalmology at St. Mary's Hospital, Manchester. The Optic UK Lecture will be delivered by Professor Stanley Chang MD, Director of the Edward S. Harkness Eye Institute, Columbia University, USA. The Edridge Green Lecturer will be announced soon.

Throughout the Congress there will be one main programme with three to four parallel sessions to allow delegates to tailor their selections. These sessions include BOPSS highlights, Bowman Club highlights, global perspectives in eye care and health economics made simple. Further sessions will cover the latest developments in cataract & refractive surgery, new developments in glaucoma, retinopathy of prematurity and the cost of training & education.

Congress 2011 will also see the continuation of the popular sessions; ophthalmology showcase, the great debate, FFA grand rounds, medical retina grand rounds and translational research update. There will also be a session covering VISION 2020, with a special guest chairman.

Further information will be available from August 2010. To stay up-to-date with abstract submission dates along with other information, please visit our website *www.rcophth.ac.uk/scientific*

Olivia Sibly, Scientific & Events Administrator

The Staff and Associate Specialists' Group – the first day College conference devoted to SAS Doctors

Friday, 22nd October 2010 at the Jury's Inn, Birmingham

This one day encounter promises a range of world renowned speakers providing knowledge in up-to-date and relevant subjects. A vast number of topics arranged include retinal and paediatric ophthalmic conditions, glaucoma and revalidation.

Cost £85 per delegate to include lunch. There is funding for SAS doctors in the London Deanery.
For more information please contact
penny.jagger@rcophth.ac.uk

The Ophthalmic Trainees' Group presents the inaugural meeting of The Ophthalmic Training Club (OTC)

'To Enjoy, to Learn, to Inspire'

Saturday, 20 November 2010 at the Royal Society of Medicine, London Approx. 8.30 -17.30

Educational Event 'A Thousand Years of Wisdom' to include:

- Organising Fellowships in the UK and abroad
- Medico-legal issues
- Tips on preparing for your Fellowship Assessment
- Consultants representing different Ophthalmic Sub specialties talking on a range of topics

The educational event is supported by an educational grant from MSD.

For further details please visit the College website
www.rcophth.ac.uk/training/otg/OTC

Seniors' day - 17 June 2010

There are still places available.
Contact penny.jagger@rcophth.ac.uk

Visit from members of the Eastern Africa College of Ophthalmologists (EACO)

EACO, the College and the International Centre for Eye Health (ICEH) has received funding from the British Council to increase the quality and quantity of eye care training in Eastern Africa through a links partnership. The project will help address the need for human resource development by:

- Improving and standardising training and accreditation for ophthalmologists across the region
- Training the trainers so that they train more ophthalmologists
- Developing subspecialty skills to increase treatment of patients with avoidable blindness.

In March, the College was pleased to welcome a delegation from EACO: Dr. Millicent Kariuki, Treasurer and Examinations lead, Prof. Amos Twinamasiko, Secretary and Curriculum lead and Jillo Kasse, the Chief Executive. The trio had an action packed couple of days during which time they met with the President, Mr John Lee, Mr Nick Astbury in his dual capacity as Links Coordinator and Chairman of the International Committee, and with senior College staff.

They also travelled to Dundee to meet with Dr Carrie MacEwen, Chairman of the Examinations Committee as EACO will hold its first fellowship examination in Nairobi in November 2010. Dr Kariuki returned to Dundee in May 2010 to observe the Part 2 examination and it is anticipated that Mr Peter Tiffin, the Senior Examiner for the Part 2 FRCOphth, will travel to Nairobi to deliver training to the examiners in June 2010.

It is hoped that this marks the start of a long and productive association between the two colleges.

Links:

1. Muhimbili University, Tanzania/ Guys and St. Thomas Foundation Trust.
2. Kilimanjaro Christian Medical Centre, Tanzania / University Hospital Birmingham NHS Foundation Trust.
3. Mbarara University, Uganda / United Bristol Healthcare Trust
4. Makerere University Hospital, Uganda / Royal Free Hospital.

Jillo Kasse, Dr. Millicent Kariuki and Dr Carrie MacEwen

Sightsavers marks 60 sight saving years, helping millions worldwide

Founded in 1950 by the late Sir John Wilson as The British Empire Society for the Blind, it became the UK's first charity to tackle global blindness.

Pivotal to the charity's success has been Sir John's wife and honorary fellow of The Royal College of Ophthalmologists, Lady Jean Wilson OBE.

Together they played a key role in developing a number of pioneering programmes for the charity, which later changed its name to Sightsavers. An early achievement was the first ever extensive medical survey of blindness in West Africa which revealed that 75% of blindness was preventable or curable and to the charity's first pioneering disease control programme for river blindness.
Sightsavers now works in over 30 countries across Africa, Asia and the Caribbean to prevent and cure blindness and to support those who are irreversibly blind through education, training and counselling. It has treated over 206.8 million people for blinding and potentially blinding conditions, and performed more than 7.1 million operations to restore sight.

For more information about Sightsavers please visit *www.sightsavers.org*

Ensuring best practice with the Map of Medicine

In May 2010, The Royal College of Ophthalmologists became the latest Royal College to accredit a pathway on the Map of Medicine with College accreditation of the cataract pathway. With cataracts present in one or both eyes in about a third of people aged over 65 years in the UK, we are working with the Map to disseminate best practice.

The Map of Medicine is a visual representation of over 300 easy-to-use clinical care pathways. It cuts across traditional silos to bring multiple care settings, organisations and teams together to encourage appropriate allocation of services and a reduction of healthcare delivery costs.

The Map has been shown to improve patient outcomes by including front-line clinical experience in the pathways, which are regularly updated to reflect the latest evidence and expert opinion, and are cognisant of policy information.

The Map is freely available to NHS staff in England and Wales, with national level pathways easily accessible through NHS Evidence at *www.mapofmedicine.com/england*

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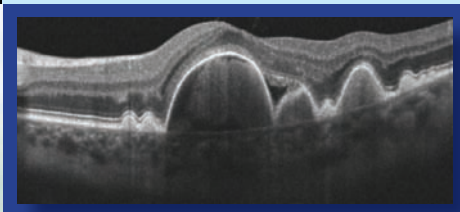
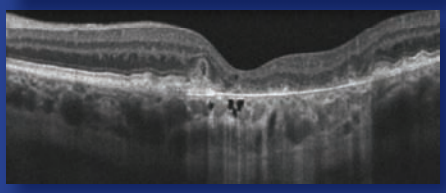
Visante OMNI





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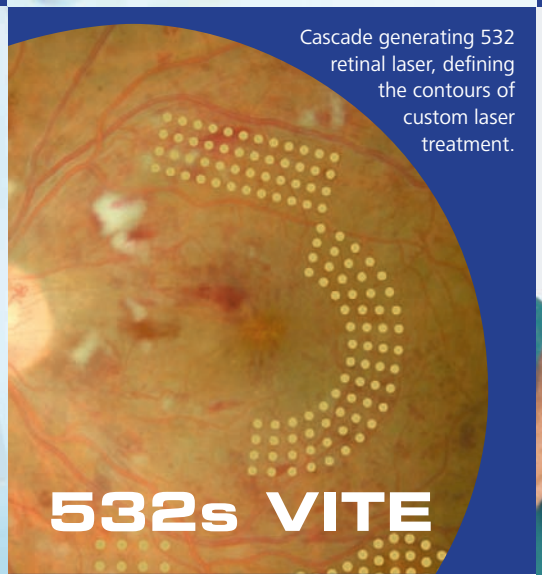

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Electronic Patient Records

Treatment outcomes are receiving a great deal of attention at present, not least because of revalidation. Conventional paper notes do not provide a good basis for the routine recording and analysis of such outcomes, and although hospital episode statistics can provide useful information in some specialties, this is not the case for ophthalmology. There are a number of commercial products available, but recently two non-commercial solutions have been announced which may be of interest.

The Fife Cataract EPR has been developed since 2008 by clinicians and IT consultants, and has been utilised by the department for over one year with over 1,000 cataract episodes recorded on the system. The project group, led by Consultant Ophthalmologist Dr Suzanne Brannan, is keen to offer the opportunity for the cataract EPR to be used by other clinicians within the UK. It will be working with the College in order to develop the system into a net application and facilitate its use throughout the UK.

OpenEyes is an open source project with the aim of producing a state of the art ophthalmology electronic patient record system. It consists of a series of designs, documents and software that together make up a modular toolkit which can be used by an ophthalmic department or hospital to rapidly build a fully functional electronic patient record system. The EPR is web-based and designed to be compatible with the full range of hospital information systems and devices. Using OpenEyes in combination with a document scanning solution for old notes, Moorfields Eye Hospital plans to be paperless within three years.

Contact details: Fife Cataract EPR: Dr Suzanne Brannan *suzanne.brannan@nhs.net*
OpenEyes: Mr Bill Aylward *bill.aylward@moorfields.nhs.uk*

Appraisal & revalidation of ophthalmologists working outside the Hospital Eye Service

In 2009 the General Medical Council issued a licence to practise to all doctors on the medical register who requested one. To maintain and renew the licence, each doctor will have to take part in annual appraisal over a five-year cycle, following which the 'responsible officer' will make a recommendation to the GMC as to whether the doctor should be revalidated.

The College has obtained funding from the Academy of Medical Royal Colleges to pilot the appraisal and revalidation of 75 ophthalmologists working outside the hospital eye service. Mr Richard Smith will offer participants a free appraisal, advice on appraisal preparation and feedback. In addition, a senior ophthalmologist will act as the responsible officer.

The offer is on a first-come-first-served basis and appraisals will take place in the autumn of 2010 at a mutually convenient location.

To be eligible to participate you should:

- Have trained as an ophthalmologist in the UK or abroad
- Have a Licence to Practise issued by GMC
- Be employed outside the NHS Hospital Eye Service without access to NHS annual peer appraisal.

Please contact Beth Barnes, Head of Professional Standards *(beth.barnes@rcophth.ac.uk)* ASAP for further details of the project.

Continuing Professional Development Audit

The College will conduct a CPD audit of category B activities to establish whether registrants can provide evidence of declared CPD activity as recorded in their diary entries.

Ten per cent of those registered for CPD will be audited. The College will be contacting CPD co-ordinators regarding this and the CPD co-ordinators will approach those who have been selected as part of the audit. Those selected will be expected to provide evidence such as CPD certificates, receipts or name badges.

The audit should serve as a reminder to all doctors of the importance of keeping hard evidence of CPD activities as this will be a very important component of revalidation.

Mr Tin Kin Chan, Chairman CPD Sub-committee
Mr Graham R Kirkby, Chairman Professional Standards Committee

New(ish) Address for CVI forms

The CVI office relocated over 2 years ago and can no longer rely on the Royal Mail redirection service. There have been occasions when completed CVI forms have been sent to the old address which raises issues of patient confidentiality. Please send CVI forms to:

The Royal College of Ophthalmologists
The Certifications Office
Moorfields Eye Hospital
City Road
London EC1V 2QN

CLINICAL EXCELLENCE

Consultants should visit the College website over the summer for updates on the 2011 round. *www.rcophth.ac.uk*

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	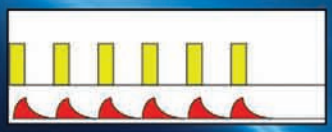
	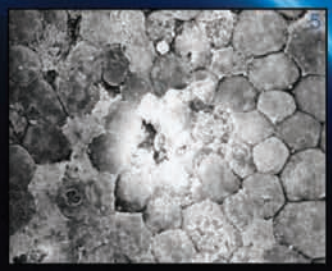
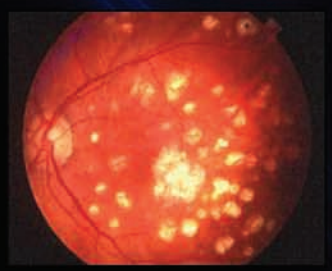	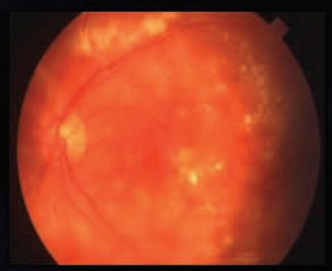

- ✓ Deliver tissue sparing treatment without evidence of damage to the retina [1,2,3,4]
- ✓ Minimise scarring [1,2,3,4]
- ✓ Enhance patient comfort [4]
- ✓ Improve visual acuity [3]
- ✓ Reduce inflammation and IOP spikes
- ✓ Treat patients earlier and retreat when necessary [4]

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1 Prospective randomized controlled trial comparing clinically significant diabetic macular oedema photocoagulation and conventional green laser for subthreshold micropulse diode laser. Joao Figueira, doi:10.1136/bjo.2008.146712 Br. J.Ophthalmol. published online 3 Dec 2008 2 MICROPERIMETRY AND FUNDUS AUTOFLUORESCENCE IN DIABETIC MACULAR EDEMA Subthreshold Micropulse Diode Laser Versus Modified Early Treatment Diabetic Retinopathy Study Laser Photocoagulation. STELA VUJOSEVIC, MD; RETINA, THE JOURNAL OF RETINAL AND VITREOUS DISEASES, 2010, VOLUME X, NUMBER X 3 Subthreshold micropulse diode laser photocoagulation for clinically significant diabetic macular oedema: a three-year follow up; Sobha Sivaprasad FRCS; Kings College Hospital, Denmark Hill, London, UK; Clinical Experimental Ophthalmology. 2007 Sep-Oct;35(7):640-4. 4 Subthreshold diode micropulse photocoagulation for the treatment of clinically significant diabetic macular oedema; J K Luttrull, D C Musch, M A Mainster; Br J Ophthalmol 2005;89:74–80. doi: 10.1136/bjo.2004.051540 5 Courtesy of Doris Ruskovich, LMU Munchen, Germany; ARVO 1997, Abstract # 3483

Mr Richard Smith
Senior Vice President and Chairman of Professional Standards Committee

Surgical Safety checklist
The right operation – every time

Most ophthalmologists can recall a time when, through an error in preoperative preparation, the list running late or a distraction in the moments before surgery starts, they have come close to a 'wrong site', 'wrong operation' or 'wrong implant' incident. However, every year, patients are actually harmed in incidents of this type, nearly all of which are preventable.

Since 1 February 2010, hospitals have been instructed to use the National Patient Safety Agency's safer surgery checklist before all operations. This is a simple three-stage list of questions, to be asked before anaesthesia, immediately before surgery, and before the patient leaves theatre. The College has worked with the NPSA to develop a special version of the checklist for cataract surgery for release for general use in May 2010. *(www.rcophth.ac.uk)*

The NPSA continues to support trusts with implementation of the checklist and with the broader objective of introducing a structured briefing and debriefing at the beginning and end of lists. Campaigns such as Patient Safety First and Welsh 1000 Lives have demonstrated how the safer surgery checklist can be implemented in a systematic way throughout an organisation.

The checklist has made my theatre a safer place and it has been surprisingly easy and quick to use. I would no longer be comfortable without it. My tips for introducing it are:

- Lead it yourself
- Enforce the pause before knife-to-skin (everyone stops and pays attention)
- Give others permission to interrupt and correct answers to questions
- Involve the patient (if conscious)
- It is OK to paraphrase the questions as long as the meaning is clear
- Do it with conviction and good humour.

(With particular thanks to Fran Watts (NPSA), Mr Simon Kelly and Mr Tim Rimmer)

Reclassification of tamsulosin as a pharmacy medicine

The Medicines and Healthcare Regulatory Agency (MHRA) has reclassified tamsulosin as a pharmacy drug rather than a prescription drug. The College has made known its concerns regarding cataract surgery and patients who have taken the drug. The effects of the drug can last a number of years and any history of taking the drug should be emphasised as part of the history taking process for cataract surgery. The topic will be added to the cataract surgery guidelines which are currently under review. It is also important that ophthalmologists continue to report occurrences of intra-operative floppy iris syndrome via the MHRA's yellow card system.

Preventing venous thromboembolism (VTE) in patients undergoing ophthalmic procedures

The 2005 House of Commons Health Select Committee enquiry into VTE accepted evidence that annually around 25,000 deaths can be attributed to VTE and that it is the immediate cause of death in 10% of patients who die in hospital[1].

The incidence of symptomatic VTE following ophthalmic procedures recorded in Hospital Episode Statistics is 0.02%[2]. The data are not analysed by surgical procedure but it is likely that longer ophthalmic procedures carry a higher risk than short procedures, particularly where general anaesthesia is used as the duration of immobilisation is an important risk factor. The Department of Health has introduced a risk assessment form for VTE[3] and has recommended that this should be used for surgical patients being admitted to hospital.

The great majority of patients undergoing cataract surgery have local anaesthesia with constrained mobility of typically <30 minutes. It is not therefore necessary to undertake VTE risk assessments on ambulatory patients who undergo cataract surgery (or other short ophthalmic procedures) under local anaesthesia (Dr Roopen Arya, Director, Kings Thrombosis Centre, personal communication April 2010).

NICE guidance[4] recommends that VTE risk assessments be undertaken for patients undergoing general anaesthesia where any risk factor for VTE is present or where the duration of general anaesthesia is 90+ minutes even where no risk factors are present. In practice, this means that VTE risk assessment will need to be undertaken on any patient over the age of 60 undergoing an ophthalmic procedure under general anaesthesia. It may be prudent to consider undertaking VTE risk assessments for ophthalmic patients undergoing longer procedures under local anaesthesia where the patient is required to lie very still for the duration of the procedure (e.g. some vitreoretinal or oculoplastic procedures).

References:
1. Arya R, McManus A. VTE: a key patient safety issue, British Journal of Healthcare Management (2009) 15(5).
2. http://www.nice.org.uk/nicemedia/live/12695/47920/47920.pdf
3. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113355.pdf
4. http://www.nice.org.uk/nicemedia/live/12695/47197/47197.pdf

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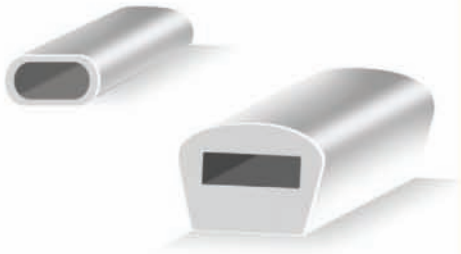

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College Seminar Programme 2010

All College seminars and events take place at 17 Cornwall Terrace, unless otherwise stated.

15–16 July
Retinal Imaging Seminar
Institute Of Physics, 76 Portland Place, London
Chaired by: Professor Yit Yang & Dr Heinrich Heimann

16 September
Diabetic Retinopathy Screening
Chaired by: Miss Gilli Vafidis

21 September
Glaucoma: The Controversy of Neuroprotection
Chaired by: Mr James Morgan

5 October
Management of Cataracts in Children
Chaired by: Mr Chris Lloyd

2 November
Advances in Vitreoretinal Surgery
Chaired by: Dr Martin Snead & Mr Paulo Stanga

19 November
The Elizabeth Thomas Seminar – Update on Recent Developments in Macular Disease
The East Midlands Conference Centre, Nottingham
Chaired by: Mr Winfried Amoaku

24 November
Revalidation in Ophthalmology
Chaired by: Mr Richard Smith

Please visit *www.rcophth.ac.uk/scientific/seminars* for further details.

Training the trainers

This course consists of six half-day modules to be run over three days and is particularly useful for programme directors, college tutors and educational supervisors.
Day 1 20 September
Day 2 9 November

Please visit *www.rcophth.ac.uk/education/traintrainers* for further details.

College Tutor Induction Days

12 October

SAS Conference

22 October
Jury's Inn, Birmingham
penny.jagger@rcophth.ac.uk

The Ophthalmic Training Club (OTC)

20 November
The Royal Society of Medicine, London
www.rcophth.ac.uk

College Skills Centre Programme 2010

Details of the Basic Microsurgical Skills Courses are on the website at *www.rcophth.ac.uk/skillscentre.*

Additional courses are listed below which take place at the College and more are planned.

1 October
Cornea Course
Professor H Dua

11 October
Glaucoma Course
Professor P Bloom/Mr J Diamond/ Mr D Broadway

4 November
Medical Retina Course
Mr L Benjamin/Miss S Mitchell/ Miss S Downes

23 November
Oculoplastics Course
Miss S Webber/Miss R Manners

6 December
Paediatric Course
Mr K Nischal/Mr C Bentley

Annual College Congress 2011
24–26 May, Birmingham

Other events 2010

11 September
Birdshot Chorioretinopathy Patient day
UCL Roberts Building, London WC1E 7JE
www.birdshot.org.uk

29 September–2 October
International Annual Course and Workshop for Ophthalmic Diagnostic Ultrasound
School of Medicine, University of Zagreb
Hospital Sveti Duh Zagreb
Department of Ophthalmology
www.echography.com
karl.ossoinig@echography.com (Iowa City / USA)
jdoresic@obsd.hr (Zagreb / Croatia)

2 October
OCULUS - Practical OSCE and viva revision for Part 2 Fellowship
Course Chair: Prof P Murray
Birmingham & Midlands Eye Centre
s.n.patwary@gmail.com
www.oculus-course.com

29 October
High Holborn Reunion **(see page 3)**
The Medical Society of London, London W1G 9EB
t.ffytche@btinternet.com

25–26 November
BEAVRS
The Celtic Manor Resort, Coldra Woods Newport, South Wales NP18 1HQ
www.beavrs.org
beavrs2010@googlemail.com

Other events 2011

3–4 February
The Annual St Thomas' Hospital Trends in Ophthalmology
The Royal Society, London SW1Y 5AG
www.trendsinophthalmology.com
info@trendsinophthalmology.com

25 February
VR in a Day
St Thomas' Hospital, London SE1 7EH
www.eyehope.co.uk
vrinaday@googlemail.com

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