ACUTE VISUAL LOSS

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POWERPOINT

The main problem is the temptation for me to simply read to you from each slide, as I would read a story to my three year old, and for you to just read it and not take anything else in or think about anything I am saying. I am currently alive and as such wish to provide you with the added value possible with such an arrangement and only refer briefly to the slides. If you love reading you can read all this later or, if you were really organised, you have already read it.

I AMNOT A FAN OF POWER POINT

- You see what you look for and you look for what you know
- When you hear the sound of hooves think horses not Zebras
- Tacit versus explicit knowledge

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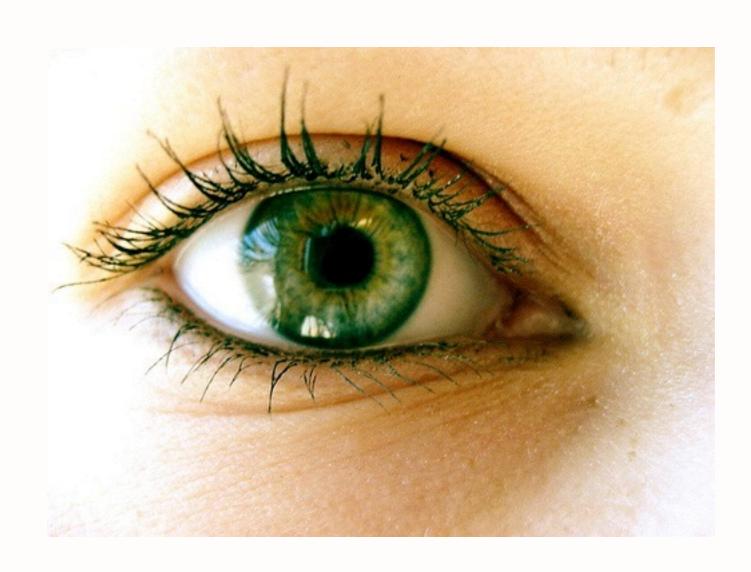
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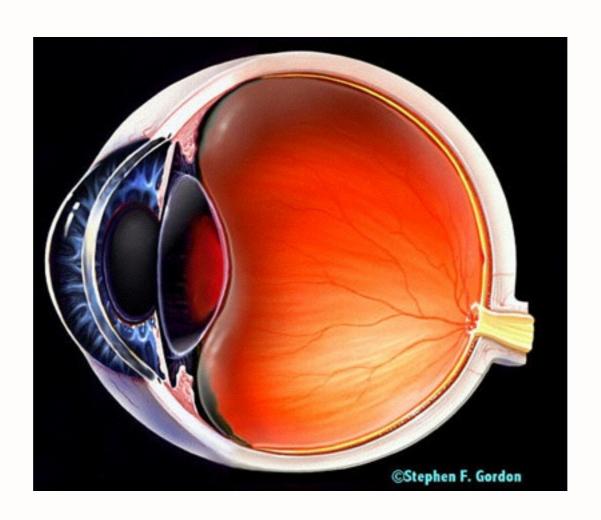
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• I M T D S N I N V U

OBSERVE



LIGHT PATH



KIT

- Demographic
- History
- Vision Distance and near, Pin Hole
- Pen torch for pupils
- Ophthalmoscope, red reflex and beyond

RAPD DEMO

HORSE NUMBER ONE!



ANGLE CLOSURE GLAUCOMA

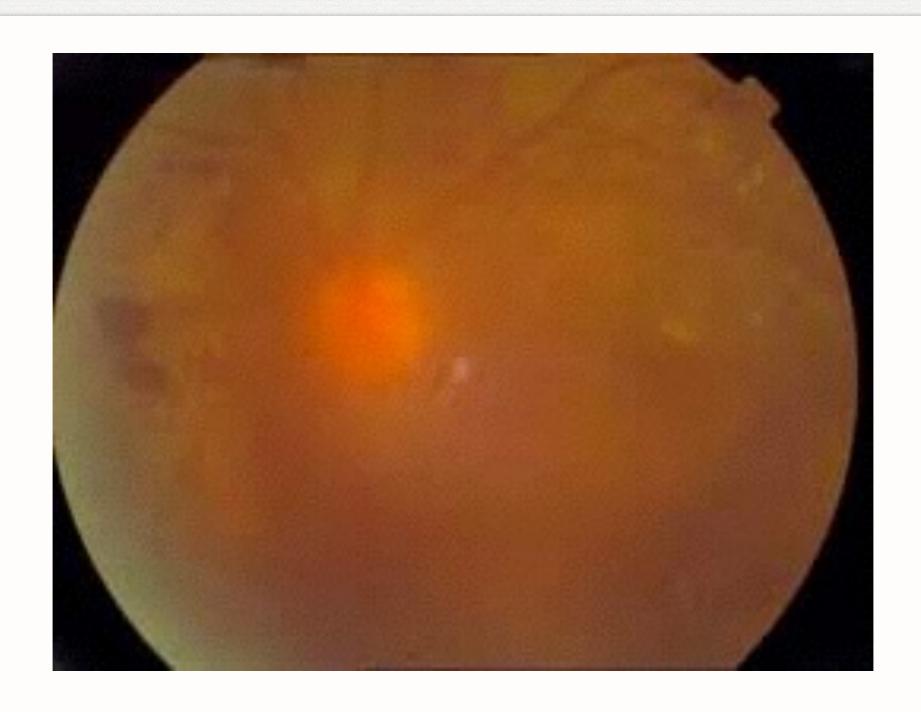
- D: Old
- H: Severe pain, nausea, haloes, loss of vision
- V: CF
- PT: Hazy, pupil fixed and mid dilated, +/- RAPD
- O: Red Reflex slightly reduced, Poor view of fundus
- Emergency



CORNEAL ULCER

- D: Young
- H: Severe pain and rapid loss of vision
- V: CF
- PT: Hazy cornea, No RAPD
- O: Corneal oedema, Hypopyon, Poor view of fundus
- Emergency

PARALLAX GAME



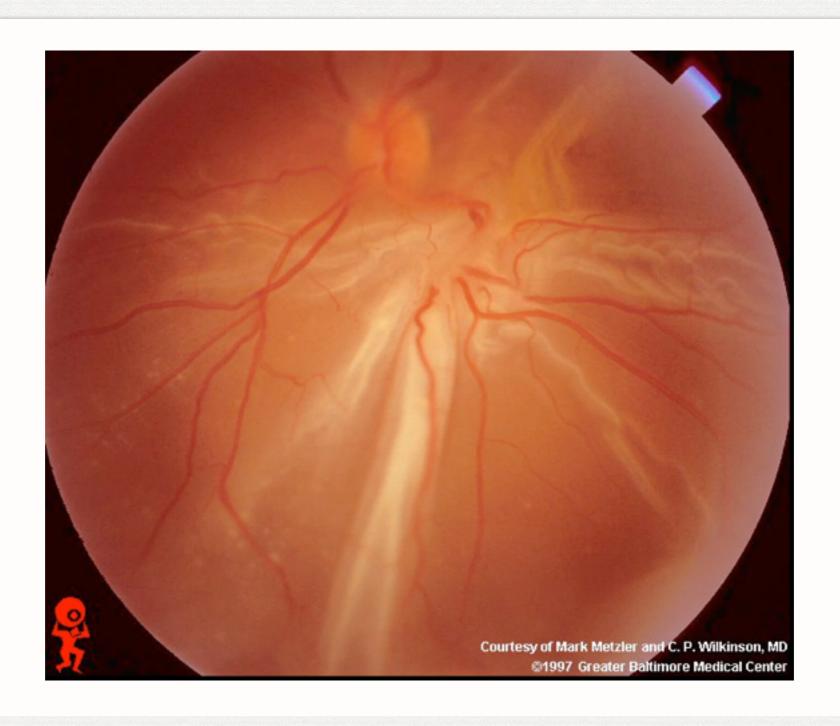


VITREOUS HAEMORRHAGE

- D: Younger / middle aged / Diabetic
- H: Rapid loss of vision, misty
- PT: Normal externally, +/- RAPD
- O: Loss of red reflex, no useful view of fundus
- Urgent referral

WHY THE OPHTHALMOSCOPE IS ...

GET INTO PAIRS



RETINAL DETACHMENT

- D: Middle aged to older, myopic
- H: Flashes, Floaters, Fading vision, 6/6 of HM
- PT: Partial loss of red reflex, RAPD
- O: Blurred view
- Emergency see within 24 hours



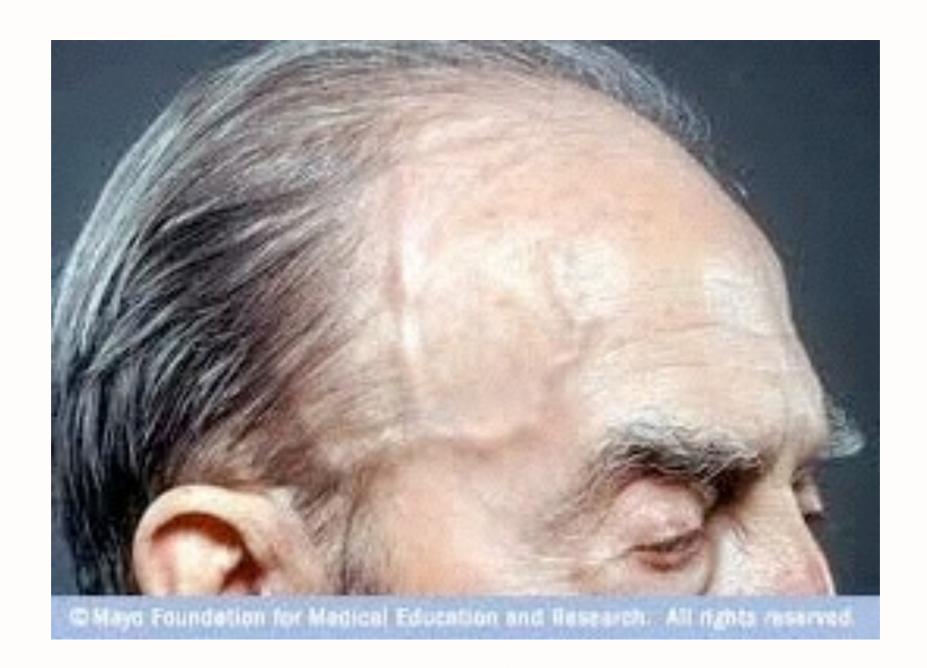
ARMD

- D: Old
- H: Loss of central vision, detail, distortion, patches
- PT:Normal external, no RAPD
- O: Drusen, RPE change, Haemorrhage, fluid
- Urgent referral



CRVO

- D: Older, Hypertensive
- H: Often wake up with very poor vision, variable
- PT: +/- RAPD
- O: Blood and thunder
- Refer within a couple of months. BP





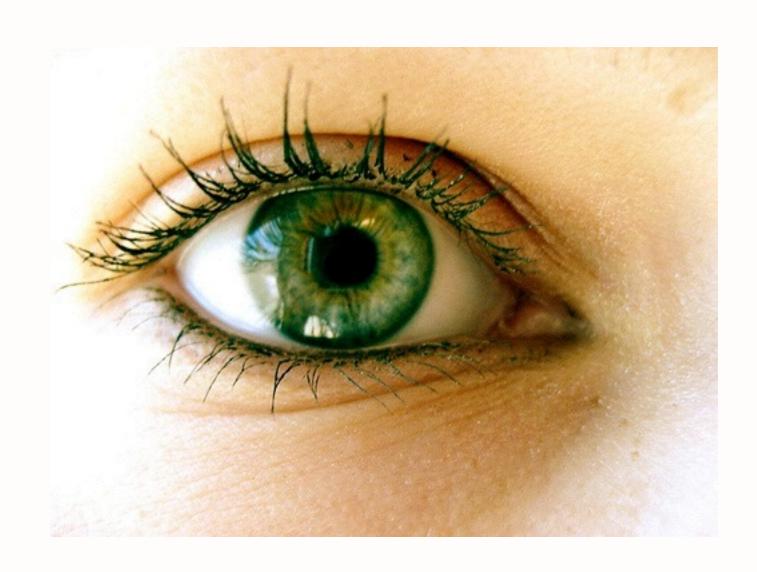
GCA

- D: Old (rare under 60)
- H: Months of malaise, HA, Jaw Claudication. Loss of vision profound NPL
- PT: RAPD
- O:Pale swollen disc, CRAO
- Urgent same day referral, steroids, Temporal artery biopsy. Significant risk to other eye.



OPTIC NEURITIS

- D:Young
- H: Rapid loss of vision over days. Variable
- PT: RAPD
- O: Disc swollen and hyperaemic may have flame haemorrhages
- Refer soon will onward refer to neurologists



MIGRAINE

- D: Younger
- H: Flashing lights, zig zags, increase in size. Goes after 20 minutes
- PT: Nil to see
- O: Nil to see
- GP

YOU ALL GO BLIND WHEN..

Get into pairs

THANKYOU