



Irish College of  
Ophthalmologists  
*Eye Doctors of Ireland*  
Protecting your Vision

# Newsletter

ISSUE 15

SUMMER 2016

## Message from the President

Dear Colleagues,

Welcome to the latest edition of our newsletter which, among other important news for our speciality, reflects on the



successful ICO Annual Conference at The Europe Hotel, Killarney last May.

The meeting goes from strength to strength each year, with record numbers in attendance at this year's conference. It was a huge personal disappointment to be unable to attend due to illness but my thanks to Michelle for making the journey to Killarney to represent me amongst colleagues and friends in my absence.

Thank you to the members and invited guest speakers for their contributions to the main symposia and to all who participated in the meeting. A special thanks to Jeremy O'Connor and the scientific committee for organising an excellent programme over the three days.

It was a great honour for the College to welcome Professor Reza Dana, Claes H. Dohlman Professor of Ophthalmology at Harvard Medical School and Director of the Department of Ophthalmology Cornea Center of Excellence to present this year's Annual Mooney Lecture.

I know I speak for all members when I express my deepest sadness and shock at the untimely passing of our dear friend and colleague Peter Barry in recent weeks. On behalf of the college, I wish to extend our most heartfelt sympathies to Carmel and to David, Stephen, Simon and Lisa and to Geraldine and Susan at this most difficult time. Peter's contribution to ophthalmology here in Ireland and abroad was immense and his loss immeasurable. Peter was an especially wonderful mentor to young ophthalmologists and it will be our honour to ensure his legacy lives on throughout the future of the speciality he represented with such unwavering energy, integrity and commitment. May he rest in peace.

*With best wishes*  
BILLY POWER

## Manpower Review on Ophthalmology



L-r Niamh Collins, Marie Hickey Dwyer, Yvonne Delaney pictured with Prof Eilis McGovern, Director HSE National Doctors Training and Planning at the ICO Annual Conference 2016 at The Europe Hotel, Killarney, 18th-20th May.

**Prof. Eilis McGovern, Director for the HSE's National Doctors Training and Planning (NDTP) spoke to delegates at the ICO Annual Conference in The Europe Hotel, Killarney on the work of the NDTP, the current medical workforce trends and the progress made to date in the specialities which have been examined.**

Prof McGovern commended the ICO for its on-going engagement with the Department of Health and the HSE on workforce planning and pledged to work with the College in prioritising the securement of a workforce planning report and review of manpower needs in the field of Ophthalmology over the coming months.

During her presentation, Prof McGovern noted that the key elements of the new model of care

under the HSE National Clinical Programme in Eye Care, including the development of multidisciplinary primary care eye teams, will result in many more patients being seen in the community, and hence a need for greater numbers of ophthalmologists.

Speaking to Priscilla Lynch for the Medical Independent in Killarney, Prof McGovern explained, "We all know that almost every specialty in

*Continued on page 2* ➔



Published by  
**Irish College of Ophthalmologists**  
121 St Stephen's Green, Dublin 2.  
Tel 01 402 2777 · info@eyedoctors.ie  
www.eyedoctors.ie · t: @eyedoctorsirl

If you would like to make any suggestions for future issues of the College Newsletter please contact **Siobhan on** [siobhan.kelly@eyedoctors.ie](mailto:siobhan.kelly@eyedoctors.ie)

➔ *Continued from page 1*

Ireland is undermanned, so the first thing we look at is unmet need and then, on top of that, future development, and we look at population trends, epidemiology of disease in the particular specialty, models of care coming down the road, technological advances and pharmacological advances, variables like feminisation, which affects part time work, and emigration... ”.

Yvonne Delaney, Dean of Post-graduate Education and Training at the College confirmed that the ICO remains committed to continuing to implement changes in response to the needs of patients and trainees, but stated that with the implementation of change comes additional responsibilities.

A key feature of the new training pathway is that career progression and entry into medical or surgical ophthalmology is linked to trainee performance during the common core years of training. Equity of access to

training opportunities across all training units for all trainees is essential. To provide equal access to learning and training opportunities in the current climate of severe fiscal restrictions with rolling theatre closures and other resource limitations is challenging. Beyond the financial are other less visible issues but which have equal impact such as increasing subspecialisation, the ever growing demand for intravitreal injections, and the risk-averse environment in which training now takes place – all of which places additional restraints on training.

The need to more effectively align training programs to future manpower demand and patient need has put the spotlight firmly on medical ophthalmology.

The anticipated five-fold increase in the elderly population by 2040 as well as the unprecedented development of effective treatments in medical retina has fundamentally changed the way in which medical

ophthalmology needs to be organised and practiced. Developments have been incorporated in recent years into the ICO training to reflect these external factors, including an increased focus on acquiring clinical skills and competencies, while broader skills such as research and critical appraisal of the literature will be more purposefully embedded into the revised programme.

Yvonne Delaney said, “Many challenges lie ahead but despite some uncertainties, the ophthalmic community, the trainers, trainees and the College, will work together to ensure the continued delivery of high-quality ophthalmic training in the ICO and at all training sites nationally.”

The ICO eagerly await the publication of the report from the HSE’s review of primary eye care services and urge the HSE and the Department of Health to ensure that the necessary funding is made available to allow for implementation.

## Peter Barry



Colleagues and friends alike were so very saddened to hear of the sudden and unexpected passing of Peter Barry, so soon

after the annual conference. He was a huge figure in both Irish and International ophthalmology. Peter had taken on the role of National Clinical Lead for Ophthalmology in the latter part of 2015 and all of the specialty and patients benefiting from his considerable skill and experience in the discussions at the primary eye care services review. Peter's loss to his family is enormous but also to the College and we will miss him very much.

*We will include a tribute piece in a future edition and if you have any personal tributes to Peter you would like to share please contact Siobhan or Ciara.*

## Guest speakers at the ICO Annual Conference 2016



*Guest speakers at the Vascular Symposium at the ICO Annual Conference 2016 were, (L-R) Charles McCreery Cardiologist, St Vincents Hospital, St Colmcilles Hospital and Blackrock Clinic, Dublin, Ronan Killeen Consultant Diagnostic Neuro-radiologist & Nuclear Medicine Physician, St Vincent's University Hospital and Royal Victoria Eye and Ear Hospital Dublin, Brian Sweeney, Consultant Neurologist, Cork University Hospital, Cork pictured here with Jeremy O'Connor, Chair of the ICO Scientific Committee.*

PHOTO: DON MACMONAGLE



# The Future of Healthcare Technology

**A** notable focus on healthcare technology featured at the ICO Annual Conference 2016, with presentations by a number of eye doctors who are involved in studies in the area.

Jim Joyce, health tech entrepreneur and Chairman/co-founder of medical adherence company HealthBeacon, was a guest speaker on the topic of the emerging trends in healthcare technology.

Jim's presentation gave an insight into the latest advances and trends in medical healthcare technology and the impact this is having on both the patient and the medical community. He highlighted how significant advances in digital technology in recent years are now being applied to more meaningful uses in healthcare, to empower patients and improve communication between them and the medical community. In the US in 2015, \$4.3 billion was invested in digital healthcare, with an expectation of high returns by the investing venture capitalists.

In relation to ophthalmology specifically, Jim noted there have been significant developments, particularly in diagnostics and simulation technology.

Jim spoke to delegates about how he is trying to extend the impact and reach of the doctor and nurse to patients through innovative tools like HealthSnap, a 60-second video messaging platform that allows files and links to be attached to a short video by the clinician for patients; and HealthBeacon, a unique smart sharps disposal and monitoring system that helps patients who use self-injectable medications at home to manage and improve their medical adherence.

He said, "Tools such as HealthBeacon are contributing to clinical understanding of how patients behave in the real world. A better appreciation of the challenges



Jim Joyce

faced by patients with chronic conditions adhering to therapy contributes to a better understanding between physicians and patients."

"As more and more out-patient treatments shift from in-hospital infusion to home injection, technology tools such as HealthBeacon

support the delivery of innovative healthcare closer to the patient at home, which lowers costs and increases patient safety and satisfaction", the conference heard.

He added, "The primary care and preventative pathways of clinical medicine which are continuously expanding to support screening, early assessment, early intervention and on-going support, benefit when enabling technologies can be easily deployed in real world settings. "

HealthBeacon is currently in the process of being launched and HealthSnap, which is also new to the market, has yet to be formally launched to the HCP, but is already in use by a number of consultants who have reported that it is helpful in reducing 'do not attends' in their patients.

"HealthSnap is a very personalised message from a doctor to their patient, which we believe encourages the patient to continue interaction and care", Jim said, adding that early pilots and studies of HealthSnap use have demonstrated that personalised video messaging could be "one of the most impactful and cost effective solutions in improving patient adherence to therapy."

He added that HealthSnap studies have also shown it to reduce patient anxiety, thereby improving the effectiveness of their appointment.

## Details of ICO/Novartis Research Bursary 2016 Announced at Annual Conference

**T**he details of the Irish College of Ophthalmologists Eye Research Bursary for 2016, supported by Novartis, were announced at this year's Conference in Killarney.

Now in its 5th consecutive year, the annual bursary is an unrestricted educational grant awarded to a doctor who wishes to undertake a research project or specific training in the field of ophthalmology.

The bursary has been instrumental in facilitating eye doctors in Ireland to undertake pioneering research into potential cures and treatments for sight-threatening conditions.

It is a fantastic opportunity for eye doctors to continue to be involved in cutting edge ophthalmic research.

Eligible medical practitioners are invited to submit their applications to the College by Monday, 5th September 2016.

**The applicant should include the following in their entry submission:**

- A detailed outline of the research project or specific training, including how this will impact patient care and outcomes in Ireland
- Evidence of support from a senior ophthalmologist as sponsor
- Breakdown of costs.

The prize is not restricted to eye doctors in training and those in practice are encouraged to consider making a suitable application. Further details are available on [www.eyedoctors.ie](http://www.eyedoctors.ie).

# Winners of 2015 Bursary give update on AMD and Glaucoma Studies at ICO Annual Conference

**A**t this year's conference in Killarney, the winners of the awarded funding for the ICO/Novartis Eye Research Bursary in 2015 presented an update on their projects.

Dr. Khalid Kamel was awarded funding for his clinical project examining a genetic weakness which may predispose certain glaucoma patients to accelerated optic nerve damage. The study aims to find out whether patients with pseudo-exfoliation glaucoma (severe subtype of glaucoma) have a genetic weakness in the energy producing part of the cell (called mitochondria), and whether this genetic weakness predisposes their cells to be incapable of getting rid of toxic waste products that can lead to optic nerve damage.

To date the study has recruited 40 PXFG patients, completed training in skin biopsy technique and isolation of skin cells will be used in mitochondrial function assessment. Training in mitochondrial function assays is ongoing in University College Cork labs and data collection will start in July 2016, followed by data analysis and results 6 months later.

Dr Kamel said, "If the study demonstrates that glaucoma patients with a mitochondrial gene defect are unable to clear away toxic waste products from cells, then we would propose that these patients would benefit from 'across the counter' medications (such as Co-Enzyme Q10) that enhance mitochondrial function to help control their glaucoma disease mechanism.

"This can eventually help in reducing the morbidity of glaucoma by decelerating visual loss."

Dr Ghaleb Farouki presented an update on his winning project from 2015 which is aimed at identifying patients at an increased risk of



*Ghaleb Farouki (Left) and Khalid Kamel (3rd left), recipients of the ICO / Novartis Eye Research Bursary 2015 pictured with Marie Hickey-Dwyer and Oliver McCrohan (right), Novartis at the ICO Annual Conference 2016, The Europe Hotel, Killarney.*

*PHOTO DON MACMONAGLE*

developing Wet AMD. The animal based project is investigating the potential protective role of neutralising interleukin-18 binding protein on the development of laser induced choroidal neovascularisation in a mouse model.

The estimated prevalence of AMD in Ireland is 7% and currently AMD accounts for a third of the total cost of vision loss in the Republic of Ireland which is estimated at €400 million annually and predicted to rise to €2.7 billion by 2020. Current treatment for wet AMD is based on blockage of the action of vascular endothelial growth factor (VEGF) in the retina.

The research is taking place at the Ocular Genetic Lab at the Smurfit Institute at Trinity College Dublin under the supervision of Mr Mark Cahill, Dr Sarah Doyle and Dr Matthew Campbell.

Explaining the study, Dr Farouki said, "Inflammation plays a significant role in the development of AMD and in disease progression. We are trying to develop new treatments

that will target the inflammation and immune system that are part of Macular Degeneration. Interleukin-18 (IL-18) is a cytokine that has been highlighted as having useful anti-angiogenic (against the development of new abnormal blood vessels) effects, with promising results in animal studies including the use of exogenous interleukin-18 as a therapy on its own and in combination with established treatments."

He added, "We are very excited about the real promise, in terms of improved medium and long-term outcomes, in finding ways for earlier detection and treatment of that proportion of AMD patients who develop wet/neo-vascular AMD."

Ms. Loretto Callaghan, Managing Director, Novartis Ireland said, "Novartis is delighted to partner with the ICO again in 2016 to support the Research Bursary. As a company, Novartis is committed to Ophthalmology and to research in Ireland and we are delighted to continue our support in this area".



# ICO Medal Winners 2016 announced at Annual Conference

The Sir William Wilde Medal 2016 has been awarded to Patrick Murtagh, Royal Victoria Eye and Ear Hospital, for his poster on the development of a Smart Phone Application for the hospital. The Barbara Knox Medal 2016 was awarded to Sinead Connolly, Royal Victoria Eye and Ear Hospital, for her paper entitled 'Design of Nanoparticle-based MicroRNA Therapeutics in Sjogren's Syndrome..



Sinead Connolly, winner of the Barbara Knox medal, Jeremy O'Connor, Chair of the Organising Committee, presenting Patrick Murtagh, winner of the Sir William Wilde medal and Yvonne Delaney, Dean of Postgraduate Training and Education pictured at the ICO Annual Conference 2016, at The Europe Hotel, Killarney.

PHOTO: DON MACMONAGLE

Speaking at the ICO Annual Conference in Killarney, Patrick Murtagh, winner of the Sir William Wilde Medal said, "Beginning in July 2014 an idea was undertaken to develop an application for smart-phones and tablets in conjunction with the pharmacy department in the Royal Victoria Eye and Ear Hospital. The aim of this application is to aid prescribing of the common and uncommon ophthalmic medications and that it would contain easy access to protocols and procedures used throughout the hospital, and would therefore be an invaluable reference aid to consultants, NCHDs and students alike.

He added, "The App would provide easy access to information on antimicrobial guidelines, anaesthetic guidelines and would have general information on the hospital also. Each section is then subdivided into an

easy to use and initiative layout so that whatever information is required is effortlessly accessible. There is also a section on medications which are 'short' and suitable alternatives."

"The application is currently available for download from the Apple iStore and from the Google Play store by searching 'RVEEH'. To date, the application has proven itself to be useful in everyday practice as an excellent reference source. Feedback is essential so that we can continue to improve and maintain the up keep of the application."

Congratulations also to Sinead Connolly, who was awarded the Barbara Knox Medal for her paper on the 'Design of Nanoparticle-based MicroRNA Therapeutics in Sjogren's Syndrome.

Explaining the basis for the report, Sinead said, "Sjogren's Syndrome (pSS) is an inflammatory disease that

is to date not well-understood and is under-diagnosed. Dry eye is a common symptom of this condition, for which there is no curative treatment at present. MicroRNA have a role in regulating genes in inflammation and inflammatory diseases. Our work has demonstrated that there is a significant difference in microRNAs between patients with Sjogren's Syndrome and healthy controls. We have confirmed that one of these is involved in an inflammatory pathway which is often abnormally active in pSS."

The study is being carried out at the Molecular and Cellular Therapeutics, RCSI, the Royal Victoria Eye and Ear Hospital and the School of Pharmacy, RCSI, Dublin.

They are developing a nanoparticle drug-delivery system to restore normal micro RNA levels at the surface of the eye. Our preliminary findings show that it can reduce increase anti-inflammatory gene expression. This is a promising strategy for reducing inflammation, and, hopefully, the symptoms of dry eye.

## Post Graduate Teaching Programme



Prof Bobby Braunstein, Clinical Professor of Ophthalmology, College of Physicians and Surgeons at Columbia University is pictured with Professor Conor Murphy following his talk on "Hot, Rot or Not: Black-market, Counterfeit and Off Label Drug Use" at the Post Graduate Teaching Programme in the Royal Victoria Eye & Ear Hospital on April 14th.

## HSE Excellence Award

The ophthalmology service at Sligo University Hospital and Sligo, Leitrim and West Cavan Community Health Organisation (CHO) Area 1 has been awarded a HSE Excellence Award for their project entitled 'Having The Right People With The Right Skills In The Right Place, At The Right Time'.

The project highlighted how the Ophthalmology Service in Sligo University Hospital joined forces with colleagues working in the community to create an improved model of care for patients and the excellence in standard of innovation and co-operation that the service has achieved.

The final seven projects were selected from an original entry of 426 projects to compete to be the Overall Winner of the 2016 Health Service Excellence Awards. They were chosen by the selection panel after 39 projects were invited to make presentations detailing their projects aims and objectives.

The project also recently won an award as first in the category 'Healthcare Department Initiative – Cost Saving Measure' at The Irish Health Care Centre Awards 2016 which were held in the Royal Marine Hotel in Dublin.



Darren McAteer, Medical Ophthalmologist (left) with Jo Shortt, Senior Project Manager, Sligo University Hospital and Paul Mullaney, Ophthalmologist, Sligo representing the Ophthalmology Service project which was announced as Overall Best Project at the Health Service Excellence Awards 2016.

# First Corneal Stem Cell Transplant Conducted in Ireland

On Tuesday 7th June 2016, the first Limbal Stem Cell transplant in Ireland was performed by William Power at the Royal Victoria Eye and Ear Hospital (RVEEH) in Dublin. While this technique has been available in a number of other countries, until now this was not a treatment option available in Ireland.

This transplant represents the culmination of collaboration between researchers, scientists and clinicians in the National Institute for Cellular Biotechnology (NICB) in Dublin City University (DCU), the Eye Bank at the Irish Blood Transfusion Service (IBTS), and the Royal Victoria Eye and Ear Hospital (RVEEH).

Cornea grafting is used for many corneal diseases, but relies on an intact limbal cell source in the recipient for long term success. The limbal stem cells help maintain a clear cornea. The health of the cornea on the front surface of the eye is essential for vision. Deficiency of these stem cells results in corneal inflammation, opacification, vascularisation, pain and loss of vision.

In January 2016, the IBTS received authorisation from the HPRA to grow these cells as an Advanced Therapeutic Medicinal Product for clinical use. The stem cells originated from a human cornea which was donated by a deceased donor. These stem cells were then isolated and grown in carefully controlled conditions in the clean rooms of the Irish Blood Transfusion Service over a period of 12 days by the team of medical scientists led the Chief Medical Scientist Sandra Shaw, Colin Hynes and Fiona Cauchi and by Dr. William Murphy, Medical and Scientific Director.

This achievement was made possible by a generous bequest to the

IBTS by the late Edith Ingram. The bequest allowed the IBTS to collaborate with the research team in DCU led by led by Prof. Martin Clynes and Dr. Finbarr O'Sullivan. The primary research and development of the methodology was successfully established by the researchers in the National Institute for Cellular Biotechnology (NICB) DCU led by Dr. Finbarr O'Sullivan, Dr Kishore Reddy and Dr Clair Gallagher and then transferred to the IBTS where further translational research was carried out and the process optimised to meet regulatory approval necessary for clinical use.

Additional funding was received by DCU from Pharmacia –Upjohn Irish College of Ophthalmologists Fellowship Award, the Research Foundation of the RVEEH, National Council for the Blind of Ireland, and the Health Research Board Partnership Award and the 3U Biomedical Research (DCU-NUIM-RCSI).

The transplantation of cultured limbal stem cells is one of only a few examples of the successful clinical use of adult stem cell therapy in patients. It is hoped that a further six patients of Mr Power and Prof. Conor Murphy at the Royal Victoria Eye & Ear Hospital will receive this new treatment during 2016. A link to coverage of the development which featured on RTE Six One News can be viewed on the ICO website.

## Eyedoctors.ie Directory

Thank you to members who have uploaded their practice and listed their specialty information on the ICO eye doctor directory on our website. It is important that each doctor listed in the directory has their details included. Please email [ciara.keenan@eyedoctors.ie](mailto:ciara.keenan@eyedoctors.ie) if you would like the link to update your details resent.



# Target 5000: Next-Generation Sequencing for Inherited Retinal Disorders

**Results of a new Irish study presented at this year's ICO Annual Conference have concluded that target-capture next-generation sequencing is a cost-effective and efficient approach to diagnosing the mutations underlying inherited retinal disease.**

Dr. Matthew Carrigan, a postdoctoral researcher working in the Genetics Department in Trinity College, Dublin, told delegates that identifying these causative mutations was a necessary prerequisite for patients to access clinical trials and advanced gene- and mutation-specific treatments, including virally-delivered gene therapies.

Delegates at the conference received an update on the use of next generation-sequencing in the Target 5000 project, which aims to provide genetic testing to the estimated 5000 people in Ireland who have a genetic retinal condition. Next-generation sequencing is a technique that has developed in the last decade and allows the sequencing of a large number of genes targeting very specifically just the areas of the genes the researcher is interested in.

The objectives of the study were to identify the genetic mutations underlying inherited retinal disease in the Irish patient population. Other researchers who participated with Dr Matthew Carrigan on the study were Dr. Emma Duignan, Prof. Conor Malone and Prof. Paul Kenna from the Royal Victoria Eye and Ear Hospital; Dr. Kirk Stephenson, Dr. Tahira Saad and Mr. David Keegan at The Mater Misericordiae University Hospital; Dr. Giuliana Silvestri, the Belfast Health & Social Care Trust; Dr. Andrew Green, Our Lady's Hospital, Crumlin and Dr. Ciara McDermott, Dr. Adrian Green, Prof.

Peter Humphries and Prof. Jane Farrar at Trinity College Dublin .

"Using next-generation DNA sequencing, we have been able to target every gene in the literature that has ever been implicated in retinal degeneration, which was 218 at the time of panel design, which is now about 240, so we will be doing a panel redesign", Dr Carrigan told the conference.

Sequencing was performed using an Illumina MiSeq at St. James's Hospital, Dublin, with some sample groups sequenced off-site on an Illumina HiSeq by GATC Biotech (Konstanz, Germany) and BGI Tech (Shenzhen, China). All computational and downstream analysis, including read mapping and variant calling and filtering, was performed at TCD.

The project has sequenced 600 people to date with candidate mutations identified in 50-60 per cent of DNA analysed so far, with on-going family follow ups and validation.

Retinitis pigmentosa, Stargardt disease and Usher syndrome have been the most common retinal disease recorded so far under the project. Interesting findings to date include that the RP1 mutation showed up more frequently in the Irish population than in international studies.

Matthew said, "We report over 40 novel mutations implicated in disease in this study, as well as the first associations of the genes GNAT1 and SLC24A1 with retinitis

pigmentosa. This is the largest study of its kind to date in Ireland, and so we also present our view of the "molecular landscape" of the mutations and genes most commonly implicated in retinal disease in Ireland.

## Target 5000

People with inherited eye conditions are being urged to sign up to Target 5000, a research project in Ireland which is providing genetic testing for the estimated 5,000 people in Ireland who have a genetic eye condition.

These conditions, among others, include Retinitis Pigmentosa (RP), Usher Syndrome, Stargardt Disease, Leber Hereditary Optic Neuropathy, Leber Congenital Amaurosis, Choroideremia and Retinoschisis.

### National patient registry

An essential aspect to the Target 5000 project is the creation of an patient registry of individuals in Ireland who have inherited retinal diseases. This will enable the identification of patients who are eligible for clinical trials, adding to the global bank of knowledge about inherited retinal conditions and ultimately advancing the progress of treatments and cures for blindness.

The project is now working off a common electronic database between all the involved centres, and will start recruiting children in the coming months.

*For more information about Target 5000 or to register your interest, please contact our Fighting Blindness on 01 678 9004 or [target5000@fightingblindness.ie](mailto:target5000@fightingblindness.ie).*

# 25th ANNIVERSARY

**T**he ICO Gala Dinner on Thursday 19th May was a wonderful occasion for members to mark the 25th Anniversary of the College. Past President John Nolan gave an entertaining account on the origins of the ICO and its founding members, much to the delight of the audience, many of whom have witnessed the evolution of the College and the advances in the specialty.

*Photography:*  
DON MacMONAGLE



*Claire Quigley, Niamh Wynne, Sinead Connolly, Emily Hughes, Debbie Wallace, Caroline Baily, and Niamh Collins.*



*Colm O'Brien, Yvonne Delaney, Michelle McNicholas and Paul Moriarty.*



*Charles McCreery, St Vincent's and Kathryn McCreery.*



*Mark James and Eugene Ng.*



*David and Erica Wallace and their baby Muireann Tralee.*



*Prof Reza Dana, Professor of Ophthalmology, Harvard Medical School and Michelle McNicholas.*



# RY GALA DINNER



*David Gallagher, Deirdre Townley, and Philip O'Reilly.*



*Margaret Morgan, Kevin Tempany, Muirean Tempany, and Olive Tempany.*



*David Shahnazaryan and Aida Hajjar.*



*Gerard and Edel O'Connor.*



*Maureen Hillery, Catherine McCrann and Prof Eilis McGovern.*



*Kevin Kennelly, Elizabeth and Ted Kennelly.*



*John Nolan, Annie Nolan, Dan Nolan and Shauna Quinn.*

# Temporary Mydriasis and Driving

**P**atricia Logan, Ophthalmic Surgeon, Beaumont and The Mater Hospitals and Sean Chen, Ophthalmologist Surgeon, Galway Clinic are the ICO representatives on the Working Group on Traffic Medicine at the National Programme Office for traffic Medicine RCPI/RSA. The following article outlines the recommended patient safety guidelines in relation to temporary mydriasis and driving.

Mydriasis is an important element of the ophthalmic assessment in many settings, and requires consideration in terms of its temporary impact on medical fitness to drive. This includes a decrease in the ability to recognize low contrast hazards and avoid them, a decrease in visual acuity and contrast sensitivity and increased glare sensitivity, and is almost certainly of most consequence in those with existing visual impairment.

While there is a degree of uncertainty about the attitude of the motor insurance industry on those who drive with dilated pupils despite fulfilling legal requirements, in the UK a motor insurance company refused to cover subsequent claims for damage for a patient who was involved in a road traffic accident returning home after retinal screening because her pupils had been dilated. She was subsequently prosecuted by the police for driving without valid motor insurance.

From a clinical perspective, given the widespread use of mydriatic agents in practice, it is important that clinicians have clear and straightforward guidelines on advising patients and

their carers. In addition to individual advice dispensed in writing and verbally to patients, this advice should be displayed with due prominence in websites and literature associated with services where mydriasis is a routine element of assessment and care.

In the elective setting, such as in screening for diabetic retinopathy, the level of risk that might be accepted should be lower than for emergency cases, and it is appropriate that patients should be advised in writing ahead of their appointment not to drive to the assessment, and either use public transport, taxi, or arrange for another person to bring them to and from the appointment.

Should a patient present having driven to an elective appointment, they should be advised either to remake the appointment, or not to drive until they have adapted to the effects of mydriasis. Current advice on appropriate strategies to return to driving include waiting for four hours (NHS Screening Programme for Diabetic Retinopathy) and “do not drive until you can see clearly again” (British National Formulary). The

advice offered should be annotated in the clinical notes.

This advice applies to bilateral application of mydriatics. In the case of unilateral instillation of a mydriatic, if the other eye has adequate vision then driving can resume. If there is not adequate vision in the other eye, then the advice is the same as for bilateral application.

Whether or not a patient drives after dilation remains entirely their decision, although the Sláinte agus Tiomáint guideline clearly states that one of the responsibilities of drivers is to adhere to prescribed medical treatment and monitor and manage their condition(s) and any adaptations with ongoing consideration of their fitness to drive. If the patient declares an intention to drive after pupil dilatation without complying with clinical advice, the offer of a binocular visual acuity and contrast sensitivity tests prior to driving could support them should a subsequent accident claim be contested in a court.

*Working Group on Traffic Medicine at the National Programme Office for traffic Medicine RCPI/RSA: Prof Desmond O’Neill, Director (National Programme office for Traffic Medicine RCPI/RSA), Ms Patricia Logan (Consultant Ophthalmic Surgeon to Beaumont and the Mater Hospitals) Mr Sean Chen (Consultant Ophthalmologist Surgeon (Galway Clinic), Dr Graham Roberts (Consultant Endocrinologist, Waterford), Mr Martin O’Brien (Assoc of Optometrists, Chair of Education).*

## Early Treatment of Anisometropia on Visual Outcomes in Children

Gemma Quigley, Orthoptist, HSE

### Objective:

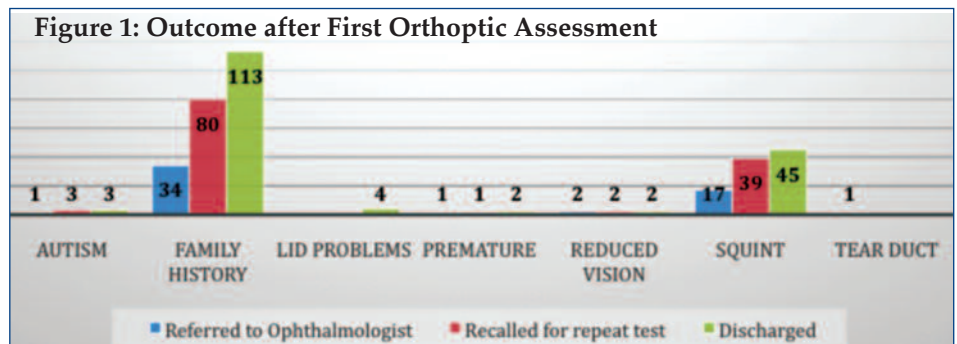
As part of the national guidelines it is deemed appropriate to refer any child into the eye clinic when there is a first degree family history of glasses or eye problems. With increasing demands on paediatric eye services within the Republic of Ireland this report aims to assess if current referral guidelines regarding ‘family history’ are appropriate. Anisometropia/ anisometropic amblyopia has no visual indications unlike a possible strabismus therefore if ‘family history’ was removed as a referral criteria it could lead to the delayed detection of anisometropic amblyopia.

### Results and Discussion:

350 new patients initially referred under age 3 assessed within the eye clinic at Roscommon PCCC (62% of all referrals) with an average referral age

of 18.6 months old. 169 (48.3%) were discharged automatically as deemed orthoptically satisfactory, 125 (35.7%) were too young to co-operate for full test therefore recall advised and 56

Figure 1: Outcome after First Orthoptic Assessment





(16%) referred to community ophthalmologist for cycloplegic refraction. 21 showed no abnormality after a refraction therefore in total 315/350 (90%) of those referred under the age of 3 were found to have no abnormality. The majority of referrals received regarding children under 3 are due to 'family history' (227/350) (Figure 1.).

From the 35 children found to have a detectable problem after assessment by the community ophthalmologist 23 were initially referred due to 'family history'. 15/23 had a detectable strabismus and 19/23 required a glasses prescription needed to rectify strabismus and /or aid vision.

A systematic literature search was performed to evaluate the visual outcome of patients with anisometropia when treatment is commenced before the age of 3 versus age 4-5 years. Results revealed 0 randomised controlled trials have been done to assess the treatment of anisometropic amblyopia at age 3 versus age 4-5 versus no treatment at all. There is no overall outcome found to determine if age has an effect of the outcome of anisometropic amblyopia treatment.

With limited research clinicians were asked for their opinion regarding current referral patterns, 48.3% of orthoptists and 23.3% of ophthalmologists completed the survey. The survey highlighted the variability of waiting lists across Ireland: 21% of departments having a waiting list of less than 4 months; 22% of departments having a waiting list greater than 1 year; 20% of departments having a waiting list greater than 2 years. This could demonstrate the variation in resources available to local health authorities within the health service. This variation could also be explained by the difficulties certain areas within Ireland, particularly rural Ireland find in recruitment and retention of staff.

Respondents are asked about the most common reasons children under the age of 3 years old are referred into their eye clinic. (Figure 2).

The highest reason for referral was 'obvious squint' closely followed by parental concerns regarding vision and then family history, however when results were filtered to show only responses from those who work in community care 'family history' then becomes the most popular reason for referral. From the audit results in

Figure 2. Q4. What is the most common reason for a child under the age of three years old to be referred into your eye department? With 1 been most common and 7 least common.

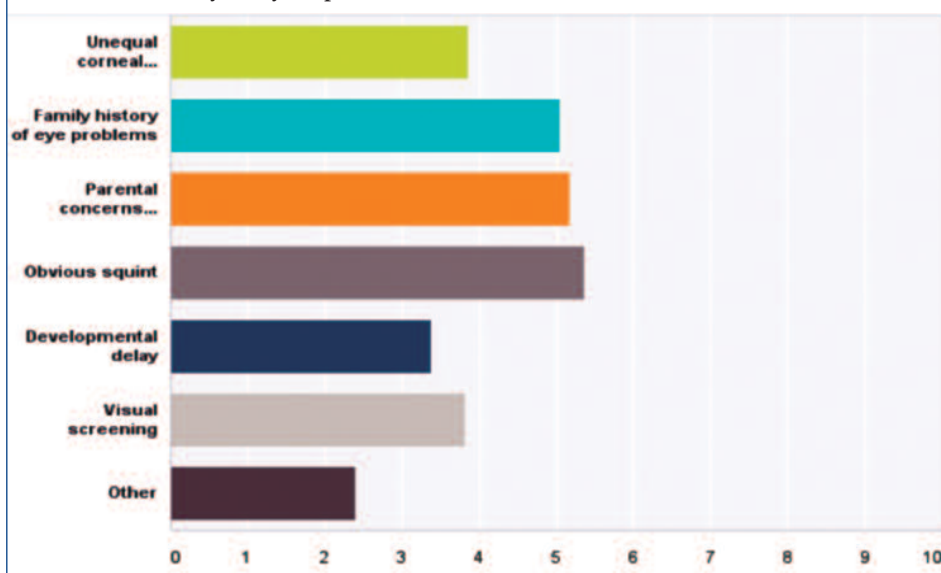


Figure 1. 101 children were referred because of 'obvious squint' and only 10.89% were actually found to have a problem detected.

60% of respondents suspected there to be an over referral of 'family history' with 0% believing there was under referral. The survey assesses clinicians' opinion on the accuracy of referrals regarding 'family history'. Results revealed that 57.63% believed that referrals were less than 20% accurate and 91.53% of clinicians surveyed believe that less than 40% of these referrals were accurate.

Respondents were then asked if they think 'family history' should be removed from the referral criteria and await visual screening in school. 46.67% of clinicians think that it should be removed and 53.33% disagree. Therefore despite 'family history' seemingly having a low level of accuracy clinicians are split on its value. When clinicians are asked about

whether or not there is a benefit to detecting and starting clinical treatment under the age of 3 versus age 4-5 years 83.05% of clinicians believe there is a clinical benefit to starting treatment earlier and 16.95% believing that outcomes are the same when treatment is started under the age of 3 versus age 4-5 years.

### Conclusion:

Family history as a referral criteria for under 3's produces the greatest amount of referrals into eye clinics, however there is limited research to suggest that correction of anisometropia before the age of 3 leads to a better visual outcome, this is made ever more difficult by the lack of agreed levels of anisometropia and amblyopia. It would be beneficial to have a nationwide database compiled to analyse outcomes across the country and ensure current referral guidelines are appropriate and adhered to.

## GREAT ETHIOPIAN 10KM RUN

20 November 2016



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Clara.doyle@orbis.org  
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# Making Every Contact Count

**A**s the ICO continue to prioritise our engagement with Department of Health and HSE officials in support of the key objectives of the Healthy Ireland agenda, Dr Orlaith O'Reilly, National Clinical Advisor and Programme Lead, Health & Wellbeing, outlines the HSE's framework and implementation plan for a health behaviour change in the Irish Health Service.

## Introduction and Context

Chronic diseases, comprising of cancer, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD) and diabetes, are the leading cause of mortality in the world, representing 60% of all deaths worldwide and 76% of deaths in Ireland. At least 30% of cancers and 80% of heart disease, stroke and type II diabetes can be prevented through healthy diet, regular physical activity and avoidance of smoking and tobacco products.

Despite the fact that the immediate risk factors for the development of chronic diseases are known and most are modifiable, tackling them continues to be one of the major challenges both now and in the future. Chronic conditions impact negatively on quality of life and affect the socially disadvantaged disproportionately, contributing to widening health gaps within society.

## What is Making Every Contact Count?

Health professionals have millions of contacts each year with clients; these are all potential opportunities to improve the health and wellbeing of the recipient and it is crucial that these are used to make every contact count.

*Making Every Contact Count* (MECC) is about health professionals using their routine consultation to empower and support people to make healthier choices to achieve positive long-term behaviour change. This support is given in a way that is empowering and respectful of the clients' circumstances. It is about having short focused conversations with people about their lifestyle risk factors and highlighting the healthier choice in order to improve their health.

To do this, the health service needs to build a culture and operating environment that supports continuous health improvement through the contacts that it has with individuals. Doing so will improve the health and

wellbeing of service users, staff and the general public and contribute to reducing health inequalities. While training and upskilling of health professionals is an essential part of *Making Every Contact Count*, ultimately it is about changing the way in which the health service interacts with its clients. To be successful MECC must not be seen as a separate public health issue, but part of what all health professionals do.

Health behaviour change is complex and health professionals are in a unique position to support people towards making changes that will have long term health gains for themselves and for society as a whole. There is some evidence to show that service users expect to be asked questions by their health professional about their lifestyle and if they are not asked, they assume that there is not a problem.

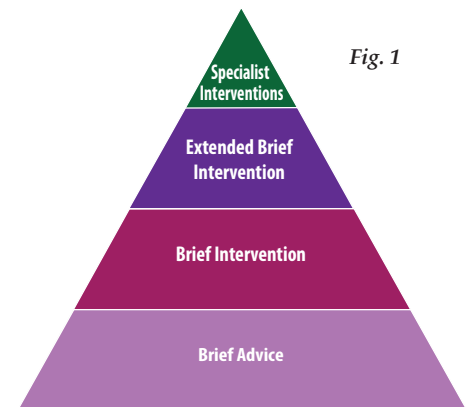
## Model for Making Every Contact Count

The model for *Making Every Contact Count* is presented as a pyramid with four levels (Figure 1). The less intensive interventions are at the lower end of the pyramid, with the more intensive and specialised interventions at the top of the pyramid. Each level represents an intervention of increasing intensity from brief advice to specialised interventions such as cognitive behaviour therapy. The greatest concentration of resources will be at the lower levels of the pyramid. The number of healthcare workers delivering the more intensive interventions will decrease as one moves up the pyramid.

*Making Every Contact Count* is primarily concerned with the lower three levels: brief advice, brief intervention and extended brief intervention. The specialised interventions will be carried by a small cohort of staff with the necessary specialised training in the relevant behaviour change therapies and are

therefore not the main focus of *Making Every Contact Count*.

As the implementation of MECC is concerned with the interventions taking place in the lower three levels of the pyramid; this is where the greatest investment will need to be made. The health behaviours which will be the focus of attention at the onset are the four main risk factors for chronic disease; tobacco; physical activity; alcohol and healthy eating.



## Implementation of MECC

To implement this model within all sectors of the health service actions need to happen in four key areas:

1. Organisational level which will involve a culture and environment that supports continuous health improvement and has systems in place to embed MECC in to all services and divisions.
2. Staff engagement, learning, training and skills development is crucial to the integration of MECC within the health service.
3. Patient empowerment is essential if they are to engage with their health professional about making a behaviour change.
4. Partnership working with key external affiliates such as Higher Educational Institutes; Professional Associations and Health Professionals not employed within the HSE is central to the success of MECC.

The MECC Framework and implementation Plan has been developed by the HSE, Health & Wellbeing Clinical Programme Team. It is envisaged that this framework and implementation plan will be published in the coming months.

Further information about MECC Contact: Dr Orlaith O'Reilly, National Clinical Advisor & Group Programme Lead. Email [orlaith.oreilly@hse.ie](mailto:orlaith.oreilly@hse.ie)



# 10th BIPOSA Annual Meeting, Dublin 2016

**The Royal Victoria Eye and Ear Hospital is delighted to host the 10th British Isles Paediatric Ophthalmology and Strabismus Association (BIPOSA) Annual Meeting, which will take place in Dublin from the 12th-14th October 2016 at The Printworks in Dublin Castle.**

The meeting is of interest to all ophthalmologists who sub specialise or have an interest in paediatric ophthalmology and strabismus surgery, orthoptists who are specialists in children's vision assessment and eye movement problems, and allied professionals with an interest in paediatric ophthalmology & vision problems. BIPOSA is accredited for CPD at one point per hour.

The programme over the three days will include symposia, a video symposium, free paper sessions and e-poster displays.

Prof Sir Peng Tee Khaw, Professor of Glaucoma and Ocular Healing at the UCL Institute of Ophthalmology and Consultant Ophthalmic Surgeon at Moorfields Eye Hospital, London will give the Claud Worth Medal Lecture. He is also Director of the National Institute for Health Research Specialist Biomedical Research Centre in

Ophthalmology at Moorfields Eye Hospital and UCL Institute of Ophthalmology; Director of Research and Development at Moorfields Eye Hospital; President of the Association for Vision Research in Ophthalmology and the UK Paediatric Glaucoma Society; and an NIHR Senior Investigator since 2009.

Professor Sir Peng Tee Khaw has a special interest in the surgical and medical treatment of the refractory glaucomas, particularly paediatric glaucoma. His group undertakes research into new surgical techniques and new treatments to prevent scarring and encourage regeneration of tissues after ocular surgery and disease. They have developed inexpensive single applications of intra-operative anti-metabolites that have been tested in clinical trials across the world, and have also developed new surgical techniques, including the Moorfields

Safer Surgery System, dramatically reducing bleb related and other complications, now used worldwide.

Dr Tony Norcia, Professor (of Research), Department of Psychology, Stanford University will give the Roger Trimble lecture. Prof Norcia's work centers around two overarching themes: the relationship between neural activity and conscious visual perception, and the role that visual experience plays in determining the course of visual development. He focuses on early and mid-level visual processes that underlie the perception of objects and the layout of surfaces in the environment.

At the time of the ICO Annual Conference, Donal Brosnahan, Consultant Ophthalmic Surgeon, Our Lady's Children's Hospital, Crumlin confirmed that a total of 129 abstracts had already been submitted for the 2016 meeting, the highest amount ever.

*Further information and registration details for the event are available at [www.eyedoctors.ie](http://www.eyedoctors.ie) and <http://www.biposa.org/dublin-2016/>*

## Date for your Diary... AMD Awareness Week 2016

**Planning has officially begun for this year's AMD Awareness Week, which will take place from the 19th-24th September. Each year the campaign aims to create further awareness and understanding of the condition, and encourage those aged 50 and over to get their eyes tested regularly.**

Since 2007, over 5,000 people have benefited from free testing during AMD Awareness Week. Last year, the Novartis Mobile Testing Unit tested 646 people across the country, an increase of 35% from the previous year, with 115 referrals. It also created 5.8million opportunities to hear and read the campaign key messages via

the multi-media approach of print, broadcast and online media relations and interaction.

Further details on the 2016 campaign "Never Miss the Wonder" will be shared very shortly. Our thanks to members who have offered

their services in previous years to see referrals. The College will be in touch in due course with further details of this year's schedule, which will also be posted on our website and we ask members to please email the College if you wish to be involved.



*Ambassadors for the AMD Awareness Week Campaign in 2015, Minister Mary Mitchell O'Connor, Evelyn Cusack, RTE Weather Reporter and Mary Kennedy, RTE Presenter.*

# UEMS / European Board of Ophthalmology

The Gala Dinner for the 71st Plenary Assembly of the U.E.M.S. Section of Ophthalmology was held at the Royal College of Surgeons, St Stephen's Green, Dublin on the evening of Saturday 11th June 2016.

Members were honoured to have the Minister for Health, Simon Harris in attendance.



*Siobhan Kelly, Billy Power, and Alison Blake pictured with Minister for Health, Simon Harris.*



*Minister for Health, Simon Harris.*



*John Nolan, Hanne Olsen, Jean Paul Dernouchamps.*



*Aoife Doyle, Tim Horgan, Lotte Welinder.*



*Michelle McNicholas, Edel O Connor Gerard O'Connor, Anne Hyland.*



*Guests attending the U.E.M.S./ European Board of Ophthalmology Dinner, RCSI.*



# Gala Dinner



*Dr John Duddy, President IMO and Aoife Spillane-Hinks.*



*Paul Ursell and Denise Curtin.*



*Marie Hickey Dwyer, Gordana Megevand Sunaric and Catherine Creuzet Garcher.*

# #hellomynameis

**I**n the busy clinical environment simple gestures by healthcare staff can be very meaningful for patients. The #hellomynameis campaign highlights the powerful impact for patients when doctors, nurses and other staff introduce themselves.

Initiated by Dr Kate Granger, a 34 year old doctor from the UK who has terminal cancer, the campaign grew out of Kate's frustration at the number of staff who failed to introduce themselves when she was an inpatient with post-operative sepsis.

Her campaign asks staff, particularly front line, to pledge to introduce themselves to their patients to help show empathy and compassion to patients. The campaign has made over 1 billion impressions on social media since its inception with an average of 6 tweets an hour. The #hellomynameis campaign is supported by the HSE as part of the Quality Improvement Division's patient engagement strategy and is included in the division's operational plan for 2016.

Kate spoke at the HSE Communications Masterclass where she gave an inspiring and courageous account of her illness from her unique perspective as someone with a medical background coming to terms with a terminal illness diagnosis.

Kate said she firmly believes an introduction is not just about common courtesy, but runs much deeper, "Introductions are about making a human connection between one human being who is suffering and vulnerable, and another human being who wishes to help. They begin therapeutic relationships and can instantly build trust in difficult circumstances."

Her campaign, has now been rolled out in 120 NHS institutions and 100 other countries, and has become part of routine medical communication training. As a result, Kate was awarded an MBE in 2015.

Speaking openly and candidly at the HSE Masterclass session, Kate explained how she now sees a psychologist to help her cope with the phobia she has developed about being



*Dr Kate Granger*

treated in hospital. "I think it is just the cumulative effects of so many painful procedures and receiving so much bad news there".

Thanks to all the feedback from her Twitter followers and her blog, Kate said she feels proud to have opened a debate about dying, and prompted conversations within families facing what her family face. "I've managed to create some amazing legacies. All doctors want to leave their mark, and I think I've managed to do that. I think through it all I have found a strength I never knew I had."

*If you would like to learn more or get involved in the #hellomynameis... campaign, visit*

*<http://hellomynameis.org.uk/> or follow Kate on Twitter @GrangerKate*

# hello  
my name is...

# 9th International Symposium on Uveitis

Trinity College Dublin, 18-21 August, 2016

**The 9th International Symposium on Uveitis, sponsored by the International Uveitis Study Group (IUSG), will be held at Trinity College Dublin from the 18th to the 21st August, 2016.**

The Symposium, which takes place every four years, will feature comprehensive discussions of new topics in experimental and clinical uveitis, mechanisms of disease, and innovative therapies, including biologic agents. The programme will be of interest to generalist and specialist ophthalmologists, as well as researchers and practitioners from other fields such as immunology, genetics and rheumatology.

Dara Kilmartin, Consultant Ophthalmologist and Vitreoretinal Surgeon, Royal Victoria Eye and Ear Hospital (RVEEH), Dublin, and Conor Murphy, Professor of Ophthalmology, RCSI and RVEEH, will join a panel of distinguished international experts addressing the Symposium.

The organising committee has put together an innovative and exciting programme which reflects the seismic developments taking place within Ophthalmology, and especially in the super-specialist field of Ocular Inflammation. Five plenary sessions are listed, incorporating the genetics of ocular inflammation, infection and the microbiome, and inflammation and retinal degeneration, followed by a review of classification of diseases in the context of clinical trials, feeding into an update on novel biologics in treatment of ocular inflammation. Free paper and poster sessions complement the plenary sessions to add up-to-the minute discussion of the plenary overviews.

Speaking at the recent ICO Annual Conference, Dara Kilmartin

said, "Uveitis awareness among the Irish public and general medical practitioners is very low, despite it being "second only to diabetes as a cause of visual impairment in the working population. It affects people between 20 and 50 years of age, in the prime of their life, and their ability to function effectively is often severely impacted by the disease and the treatment, the immunosuppression monitoring, and so on."

He added, "There are only three-to-four dedicated uveitis clinics in the country, given the specialist care required. Patients with systemic diseases like sarcoidosis and types of arthritis like ankylosing spondylitis, psoriatic arthritis and juvenile arthritis have a higher risk of uveitis."

Broadcaster and rugby pundit, George Hook will be the guest speaker at the conference dinner,

and will talk about his experience of cataract surgery.

The varied programme over the 4 day meeting presenting a mix of basic science and clinical research addresses many of the questions affecting specialists in ocular inflammation and should provide a grounding for continued discovery and innovation in the field for years to come.

**A full day review course of Uveitis for ophthalmology trainees and practitioners will take place on August 20 at Trinity College Dublin and will feature leading IUSG speakers, as well as local specialists.**

The six-hour course will be of great interest to general ophthalmologists in Ireland, as it is the first time we have been able to capture such a comprehensive group and it will give them very detailed, didactic lectures on how to adjust patients from suppression, how to monitor patients for uveitis, how to monitor their disease activity, appropriate use of steroids, how to use biologic agents, diagnostic testing, histopathology, etc.

**9th International Symposium on Uveitis**

FULL DAY REVIEW COURSE OF UVEITIS FOR OPHTHALMOLOGY TRAINEES AND PRACTITIONERS ON AUGUST 20

18 - 21 August 2016  [www.uveitis2016.ie](http://www.uveitis2016.ie)