Irish College of Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

ICO Annual Conference 2025

21 - 23 May, 2025

Kilkenny Convention Centre
Lyrath Estate, Co Kilkenny

Irish College of
Ophthalmologists
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Irish College of Ophthalmologists

Annual Conference 2025

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John Doris

President's Welcome Message

Dear Colleagues,

It gives me great pleasure to welcome you to the 2025 Irish College of Ophthalmologists Annual Scientific Conference in the medieval city of Kilkenny in the heart of Ireland's Ancient East. I hope over the next few days that you enjoy the conference programme, and meet and exchange ideas in the company of old and new friends.

We strive to improve outcomes for patients and this scientific meeting is an opportunity to share our learning aided by leading experts in our field. This year's conference symposium themes include *Neuro-Ophthalmology, Sustainability, Future of Practice, General Retina and Genetics, Top Ten Tips, Anterior Segment* and *Developing Emergency Ophthalmology.*

We welcome an impressive list of international speakers, including Dr Jose Pulido from Wills Eye Hospital, Philadelphia; Miss Miriam Minihan and Mr Daniel Ezra from Moorfields Eye Hospital London; Professor Steffan Hamann from the University of Copenhagen; Professor Dan Milea from Rothschild Foundation Hospital Paris; Mr Leon Au and Mr Felipe Dhawahir Scala from Manchester Royal Eye Hospital and Dr Anders Bolmstedt from Sweden.

I would like to thank all our local speakers for their contributions and extend a welcome to Mr Tommy Bracken, Strategic Advisor, Royal Victoria Eye And Ear Hospital, Dublin and Mr Paul Kenna, Director of the Ocular Genetics Service, Trinity College Dublin.

We very much look forward to the Annual Mooney Lecture presented this year by Andrew Dick, Professor of Ophthalmology at the University of Bristol, on the topic of "Evolution of treatment regimens for Uveitis".

This year industry has kindly sponsored additional speakers and we are pleased to extend an Irish welcome to Dr Kenneth Fan from Houston, Texas, Mr Robin Hamilton and Miss Angela Rees from Moorfields Eye Hospital.

In addition to the scientific programme, our conference provides important social and networking opportunities, and I hope that you also find some time to explore the beautiful city of Kilkenny.

I would like to thank our conference organisers, and in particular to Conor Murphy and the scientific committee for putting together such a fantastic programme.

Finally, delegates this is your conference. We have set the stage and selected the acts, but we also look forward to lively discussions and debates from the floor. I wish each of you memorable and enjoyable days in Kilkenny.

Warm regards,

JOHN DORIS
President
Irish College of Ophthalmologists.
May 2025

Wednesday 21st May

9.00am **Official Welcome**
Mr John Doris
President, Irish College of Ophthalmologists

9.05am **Paper Session**
Co-Chairs: Dr Shane Whitlow and Dr Emer Doolan

The Management of Intumescent Cataracts in an Indian Hospital
Joseph Keenan

Neopterin and C-Reactive Protein Dynamics in Pediatric Endogenous Uveitis
Hiella Akhundova

An Energy Crisis: The Relationship Between Mitochondrial Genetics and Glaucoma
Danyal Memon

The Ophthalmologist's Dilemma: Navigating Non-Invasive and Invasive Diagnostics in the Time-Sensitive Battle Against Giant Cell Arteritis in the Royal Victoria Eye and Ear Hospital
Sara Ahmed

Efficiency in Eye-care, What can Rwanda Teach us?
Katherine McGinnity

Inner Blood-Retina Barrier Dysfunction in RPE65-Associated Autosomal Dominant Retinitis Pigmentosa
Denis Nevrov

Lost in Translation - Evaluating the Impact of Language Barriers on Ophthalmology Care
Emily Greenan

Do Adults Previously Treated with Retinal Laser for Retinopathy of Prematurity Pass Visual Field Driving Standards - an Irish Cohort
Sanushka Moodley

Outcomes from Iluvien Injections in RVEEH
Ian Brennan

10.30am **Refreshments**

11.00am **Neuro-Ophthalmology Symposium**
Chair: Dr Duncan Rogers, Consultant Ophthalmologist, Mater Misericordiae University Hospital and CHO9, Dublin.

Practical Use of OCT in Neuro-Ophthalmology
Professor Steffen Hamann
Department of Clinical Medicine, Ophthalmology, University of Copenhagen, Denmark.

Through the Eye into the Brain, using AI
Professor Dan Milea
Head, Neuro-Ophthalmology Department, Rothschild Foundation Hospital, Paris and Head of the Rothschild BRAINLab of Visual and Computational Sciences.

Management of Idiopathic Intracranial Hypertension
Ms Áine NíMhéalóid
Consultant Ophthalmic Surgeon, University Hospital Waterford.

Ophthalmic Complications of Cerebral Venous Sinus Thrombosis
Ms Lisa McAnena
Consultant Ophthalmic Surgeon, Mater Misericordiae University Hospital and Beaumont Hospital, Dublin.

12.30pm **Lunch**

1.30pm **Sustainability Symposium**
Chair: Mr John Doris
President, Irish College of Ophthalmologists

An Eye for Change: Implementing Sustainability in Ophthalmology
Dr Emilie Mahon
RCSI Ophthalmology Tutor, Royal Victoria Eye and Ear Hospital, Dublin.

The Sustainability Journey at the RVEEH
Mr Tommy Bracken
Strategic Advisor, Royal Victoria Eye and Ear Hospital, Dublin.

Why and How to Reduce Harmful Chemicals in Healthcare
Dr Anders Bolmstedt
Chair of Health Care Without Harm Europe.

2.30pm **Future of Practice**
This session will continue the conversation on this important topic which took place at the ICO Winter Meeting with our members last November.

Moderator: Mr Richard Comer, Consultant Ophthalmic Surgeon, Bon Secours Hospital, Galway.

Panelists:
Mr John Doris, Consultant Ophthalmic Surgeon, University Hospital Waterford.

Mr James O'Reilly, Consultant Ophthalmic Surgeon, UPMC Aut Even Hospital, Kilkenny and Whitfield Hospital, Waterford.

Wednesday 21st May

Ms Niamh Collins, Consultant Ophthalmic Surgeon
Mater Private Hospital, Cork.

Eye Healthcare: A 90 Year History of Progress
Mr Patrick Condon

3.30pm **Refreshments**

4.00pm **Paper Session**
Co-Chairs:
Ms Christine Goodchild and Dr Geraldine Comer

Enhancing Medical Education: The Impact of Blended Learning in Ophthalmology
Joan Ní Gabhann-Dromgoole

Prospective Analysis of Negative Dysphotopsia following Implantation of the Tecnis Eyhance Intraocular Lens Following Cataract Surgery
David Gallagher

Immediate Sequential Bilateral Cataract Surgery: The Mater Experience and a Model for the Future
Robert McGrath

Evaluation Of Key Performance Indicators For Cataract Surgery at the Royal Victoria Eye And Ear Hospital
Simon Neary

Imposter Syndrome in Ophthalmology Trainees – Are we our own Worst Enemies?
Mary-Therese Monaghan

Cataract Surgery Outcomes in a New Eye Hospital in Rural Kenya
Dara Kilmartin

5.00pm **Annual Mooney Lecture 2025**
Introduction: Professor Conor Murphy
Royal Victoria Eye and Ear Hospital, Dublin.

Evolution of Treatment Regimens for Uveitis
Professor Andrew Dick
Duke Elder Chair & Director of Institute of Ophthalmology,
University College London;
Professor of Ophthalmology,
University of Bristol, United Kingdom.

Thursday 22nd May

8.00am **Breakfast Session kindly supported by Bayer**
Chair: Dr. Emer Henry
Consultant Ophthalmologist,
University Hospital Waterford.

Navigating Clinical Insights: My Journey with Eylea 8mg in Practice
Dr. Kenneth C. Fan
Consultant Ophthalmologist,
Retina Consultants of Texas, Houston, USA.

9.00am **Short papers**
Co-Chairs: Dr Karen Curtin and Ms Anne Marie Mongan

Assessing the Effectiveness of Pre and Post Cataract Surgery Medical Education Videos in a Single Cataract Unit
Alexandra McCreery

Automated Retinal Vessel Analysis Reveals Early Treatment Effects of Acetazolamide in Idiopathic Intracranial Hypertension
Brian Woods

The Successful Integration of Telemedicine into Paediatric Ophthalmology and Strabismus Practice
Devin O'Shea-Farren

Incidental Retinal Arterial Emboli detected during Diabetic Retina Screening - A 10 year review
Glynis Hanrahan

A Ten Year Review of the Vitreoretinal Service at University Hospital Waterford
Edward Ahern

Continuous Home Monitoring of Ocular Perfusion Pressure: A Pilot Study Demonstrating a Novel Methodology and its Implications
Basem Fouda

Thursday 22nd May

10.00am **European Society of Ophthalmology (SOE) Lecture 2025**
Introduction: Professor Louise O'Toole
Consultant Ophthalmologist,
Mater Private Hospital, Dublin.

Management of Cataracts in Patients with Corneal Pathologies
Ms Sarah Moran
Consultant Ophthalmic Surgeon,
Cork University Hospital and
South Infirmary Victoria University Hospital, Cork.

10.30am **Top Ten Tips**
Chair: Miss Yvonne Delaney
Dean, Irish College of Ophthalmologists.

Ten Tips I Wish I'd Known about Glaucoma
Ms Janice Brady
Consultant Ophthalmic Surgeon,
Waterford University Hospital.

Top 10 Tips for Cataract Surgery
Mr Paul O'Brien
Consultant Ophthalmic Surgeon,
Blackrock Clinic in Dublin.

Tips on Private Practice, General Well-being and Patient Management
Mr David Wallace
Consultant Ophthalmic Surgeon,
Bon Secours Hospital, Kerry.

Ten Tips How to Optimise Ocular Surface Prior Surgery
Ms Nikolina Budimlija
Consultant Ophthalmic Surgeon,
Institute of Eye Surgery Clinic, Waterford and Kildare.

11.30am **Refreshments**

12.00pm **General Retina and Genetics Symposium**
Chair: Mr Paul Connell
Consultant Ophthalmic Surgeon,
Mater Misericordiae University Hospital, Dublin.

Retina Gene Therapy Wars 2: the Immune System Strikes Back
Dr Jose Pulido
Director of the Henry and Corrine Bower Memorial Laboratories for Translational Medicine, Vickie and Jack Farber Vision Research Center at Wills Eye Hospital, Philadelphia.

Retinal Detachment Outcomes
Miss Miriam Minihan
Consultant Ophthalmic Surgeon,
Moorfields Eye Hospital NHS Foundation Trust, London.

A Vision Realised: Four Decades of Innovation in Inherited Retinal Diseases
Mr Paul Kenna
Director of the Ocular Genetics Unit, Trinity College Dublin; Clinical Lecturer in Ophthalmic Genetics; Research Foundation, Royal Victoria Eye and Ear Hospital, Dublin.

1.30pm **Lunch**

2.30pm **Workshop:**
Medical Protection Society (MPS) "Helping to have Clear Consultations with your Patients"
Dr Mary McCaffrey
Consultant Obstetrician/Gynaecologist;
Senior Medical Advisor with MPS.

International research shows all doctors have the potential to reduce the risk of complaints and claims by improving communication skills and better managing patient expectations.

This workshop provides an opportunity to identify elements of patient centred consultation practices such as making good first impressions, conveying empathy, managing expectations, and addressing concerns.

The session will outline Medical Protections C.L.E.A.R© model, for use when interacting with patients, which incorporates key risk-reducing communication skills.

3.30pm **Workshop:**
Update from the National Clinical Programme for Ophthalmology
Ms Aoife Doyle
National Clinical Lead for Ophthalmology.

Update from Diabetic Retina Screen
Ms Helen Kavanagh
Programme Manager, Diabetic RetinaScreen.

4.30pm **Refreshments**

5.00pm **Sponsored Session kindly supported by Roche**
Chair: Ms Patricia Quinlan
Consultant Ophthalmologist, Blackrock Clinic, Dublin.

Does Real World Data mean Real World Impact?: Lessons from Vabysmo
Mr Robin Hamilton
Deputy Medical Director,
Moorfields Eye Hospital NHS Foundation Trust, London.

Friday 23rd May

7.45am **Sponsored Session *kindly supported by Alimera Sciences***

A Decade of Vision: 10-Year Insights in DMO Management

Past, Present, and Progress: DMO Services and Strategy in Ireland
Dr Mark James
Consultant Ophthalmologist,
South Infirmary Victoria University Hospital, Cork.

Eye to eye : Navigating 10 years of Iluvien through the Moorfields Lens
Miss Angela Rees
Consultant Ophthalmologist,
Moorfields Eye Hospital, London.

9.00am **Irish College of Ophthalmologists AGM**
Chair: Mr John Doris
President Irish College of Ophthalmologists.

9.30am **Paper Session**
Co-Chairs: Mr Terence McSwiney and Dr Olya Scannell

TINU syndrome- A Case Series
Richard Farnan

Trabeculectomy for Normal Tension Glaucoma: Outcomes over 5 Years in a Tertiary Referral Centre
Amy Coman

Our Experience: The Response to Intravitreal Aflibercept-8mg in Previously Non-Responsive Wet ARMD Patients
Natalie Ng

In Focus: Evaluating Limbal Relaxing Incisions and Toric Intraocular Lens Outcomes in a High Volume Cataract Unit
Kealan McElhinney

Retrospective Study of Postoperative Endophthalmitis and Sterile Postoperative Inflammation at the Royal Victoria Eye and Ear Hospital
Matthew O'Riordan

"Return to Lviv": A Collaborative Humanitarian Effort in Ophthalmic Care
Doireann Hughes

10.30am **The British Emergency Eye Care Society : The New Era of Emergency Ophthalmology (fix alignment!)**
Introduction: Ms Janice Brady
Consultant Ophthalmic Surgeon,
University Hospital Waterford.

Mr Felipe Dhawahir-Scala
Consultant Ophthalmic and Vitreoretinal Surgeon;
Director of the Acute Ophthalmic Services,
Manchester Royal Eye Hospital, Manchester.

11.00am **Refreshments**

11.30am **Anterior Segment Surgery Symposium**
Chair: Professor Conor Murphy
Consultant Ophthalmic Surgeon,
Royal Victoria Eye and Ear Hospital.

Combined Corneal and Glaucoma Management
Mr Leon Au
Consultant Ophthalmologist,
Manchester Royal Eye Hospital, Manchester.

From Scarcity to Sustainability : Changing Trends in Corneal Transplantation and Corneal Tissue Retrieval in Ireland
Mr Barry Quill
Consultant Ophthalmic Surgeon,
Royal Victoria Eye and Ear Hospital, Dublin.

Blame the Blink? Eyelid Dynamics and the Ocular Surface
Mr Daniel Ezra
Consultant Surgeon,
Moorfields Eye Hospital, London.

1.00pm **Presentation of ICO Medals for Best Paper and Best Poster**

Conference Close

Conference Posters

Incidence and Outcomes of Post-Operative Endophthalmitis Following Cataract Surgery — Nakul Mandal

Enhancing Patient Care: A Close-Loop of an Audit of Updated Inpatient Referral Forms to Ophthalmology in University Hospital Limerick — Rebecca Fels

Endogenous Endophthalmitis Secondary to Systemic Ureaplasma Urealyticum: A Case Report — Eimear O'Leary

Clinical Outcomes of Evisceration Procedures: A Retrospective Review of Cases from University Hospital Waterford — Syed Fateh Ali Shah

A Rare Case of Exogenous Fungal Endophthalmitis Following a Traumatic Corneal Insult — Richard Farnan

A Rare Case of Ocular Cicratizing Pemphigoid with IgM Positive Biopsy. — Richard Farnan

Surgical Management of Corneal Hydrops with Keratoconus Post Cross-Linking — Richard Farnan

Metastatic Oesophageal Carcinoma Masquerading as Acute Retinal Necrosis: A Case Report and Review of the Literature — Lily Farrell

Neurofibromatosis Type 1 and Ophthalmic Outcomes: Findings from a Multidisciplinary Clinic Audit at CHI Crumlin — Christine Bourke

Neuroretinitis. A Case Report and Discussion of Investigations and Differential Diagnosis — Joseph Keenan

An Audit of the Rapid Access Clinic in MMUH — Eimear O'Leary

Eyelid Clinic Pathway between HSE Dublin Midlands, HSE Dublin South East and CHI at Crumlin — Christine Bourke

Hypertensive Disorders of Pregnancy and the Long-Term Risk of Maternal Retinal Disease: a Systematic Review — Peter Barrett

Bosch-Boonstra-Schaff Optic Atrophy Syndrome: A Rare Recently Reported Genetic Disorder. — Marcus Conway

The Creation of a new Rapid Access Macular Service for Patients with Neovascular Age-Related Macular Degeneration at University Hospital Waterford. — Sean Casey

Evaluation of Glaucoma Service Referrals from Diabetic Screening — Aniela Krezel

Bilateral Endogenous Endophthalmitis in a Patient with Oesophageal Melanoma and Immune Related Colitis Necessitating Bilateral Vitrectomy with Intravitreal Antifungal Therapy — Hamid Nafees

Comparison of Pain Scores in Patients Receiving Povidone-Iodine vs. Aqueous Chlorhexidine for Ocular Antisepsis in Bilateral Intravitreal Injections — Denis Nevrov

Ocular Manifestations of the SDCCAG8 (BBS16) Gene Mutation Causing Bardet Biedl Syndrome: a Case Report — Fionn O'Leary

Analysing 'Did Not Attend' ('DNA') Appointments in Ophthalmology – Insights and Actionable Improvements to Optimise Outpatient Departments — Peter Burke

Postoperative Multiple Eccentric Macular Holes After Pars Plana Vitrectomy for Epiretinal Membrane: A Case Report — Izzati Fadzil

Challenges in Management of Severe Chemical Eye Injuries and their Outcomes: A Case Series Analysis — Akmal Hussain

Neovascular Glaucoma Post Carotid Artery Stenting; A Narrative Review — Eleftheria Filandrianou

Discharge Planning from ROP Screening — Deirdre Harford

The Genetic Basis of Rhegmatogenous Retinal Detachment — Bridget Moran

An Audit of First Line Treatment Options in Open Angle Glaucoma in Sligo University Hospital; SLT versus Medical Treatment — Sarah Powell

Transitioning to an Electronic Medical Record System — Daniel Broderick

A Urology Inpatient Diagnosed with Refractory Rubeotic Glaucoma — Jack Quinlan

Audit of Patient Follow up and Referral Criteria in Diabetic Retinopathy Treatment Clinic — Aqdus Haq

Eye Patients in General Emergency Departments: A Study of Wait Times and Resource Allocation — Jack Quinlan

Early Detection of Ankylosing Spondylitis and Related Forms of Spondyloarthritis in Patients Who Present With Acute Anterior Uveitis to Eye Casualty in The Belfast Trust Health and Social Care Trust — Philip McCullough

Clinical Audit of Attendances to the Mater Ophthalmology Surgery Day Unit over a 3-month Period — Mark Forristal

Role of Rho Kinase Inhibition on Extracellular Matrix Gene Production and Proliferation in Human Lamina Cribrosa Cells — Mustapha Irnaten

When the Eyes Speak: Bilateral CRVO as a Rare Prelude to Waldenström Macroglobulinemia — Farah Nadia Fadzil

The Impact of Intravitreal Anti-Vascular Endothelial Growth Factor Injections on Intraocular Pressure — Glynis Hanrahan

Assessing the Impact of Waiting Times on Glaucoma Progression: A Retrospective Study of Patients Referred from Cork University Hospital to Ballincollig Primary Health Care Centre — Tan Yong Yu

Clinical Audit of Intravitreal Treatment Consents in the Mater Ophthalmology Department over a 3-month period — Mark Forristal

The Impact of Intravitreal Aflibercept 8mg Injections on Intraocular Pressure — Glynis Hanrahan

Prepared to block? Anaesthetists' Knowledge and Confidence in Periocular Anaesthesia. — Luke O'Brien

Assessing Patient Understanding of Selective Laser Trabeculoplasty Before and After a Patient Information Leaflet — Áine Kelly

Evaluating the Long-Term Efficacy of Selective Laser Trabeculoplasty in Managing Patients with Open Angle Glaucoma. — Amy Coman

Horner's Syndrome: A Case Series of Patients Presenting to the Eye Casualty with Ophthalmic Manifestations — Evelyn Fox

Audit of the Paediatric Myopia Service in HSE Dublin and Midlands: Current Practice and Opportunities for Improvement — Denis Nevrov

An Emergency Experience: Audit of an Ophthalmology Emergency Department in the North West of Ireland — Aine Kelly

Immune Compromise, Malignant Surprise: A Case of Orbital Lymphoma — Alice Fitzpatrick

"His Eyes They Shone like Diamonds": Developing Use of Diamond Tip Burr for Removing Corneal Foreign Bodies in Eye Casualty — Nicole Heng Min Cur

Comparison of a Refractive Outcomes between a New Toric Extended Monofocal Vision IOL to a Standard Toric Monofocal IOL — Jennifer O'Brien

Outcomes of iStent Inject Device Combined with Phacoemulsification for the Treatment of Glaucoma and Ocular Hypertension: 6 & 12-Month Results — Grace McCabe

The Preparedness of Ophthalmologists to Manage an Anaphylactic Reaction Post Fluorescein Angiography — Christopher Sweeney

Laser-Induced Maculopathy: Unintended Retinal Damage and the Need for Vigilance — Mohammad Ali Khalid

The Impact of Elective Surgery Cancellations on Ophthalmology Waiting Lists — Emily Greenan

Ischaemic Bilateral Retinal Vasculitis and its Diagnosic Challenges — Aniela Krezel

Cemiplimab, a Programmed-cell-death-1(PD-1) Protein Inhibitor, for the Treatment of Locally Advanced and Metastatic Cutaneous Squamous Cell Carcinoma of the Head and Neck – Real World Data. — Aoife Naughton

Progression Rates of Diabetic Retinopathy and Mortality Risk in an Elderly Cohort with Type 2 Diabetes Post Cataract Surgery, a 5 year Follow-up Study. — Katherine McGinnity

Five-year Outcomes of Intravitreal Bevacizumab Injections for Neovascular Age-Related Macular Degeneration Using a Treat and Extend Regimen at a Single Macular Treatment Centre. — Aisling Naylor

Annual Mooney Lecture

Professor Andrew Dick

Professor Andrew Dick

Duke Elder Chair & Director of Institute of Ophthalmology, University College London; Professor of Ophthalmology, University of Bristol, Bristol, United Kingdom.

Professor Andrew Dick qualified in medicine (MBBS) and with a degree in Biochemistry (BSc (Hons);2:1) from the University of London. During his medical education, he spent a sponsored sabbatical as a research associate in Biochemistry with Professor Coleman in Yale University. His medical education culminated with the Golding Medal and LLewellyn Scholarship for the top performance in the year at Medical School. He undertook MRCP training prior to entering ophthalmology residency and lecturership with Professor John Forrester in Aberdeen Scotland to further his science training. He was awarded a MRC Post Doctoral Travelling Fellowship to work with Jon Sedgwick at the Centenary Institute of Cancer Medicine and Cell Biology in Sydney Australia and returned to take up Senior Lecturership at University of Aberdeen until his move to University of Bristol in 2000 as Chair and Professor of Ophthalmology.

Since 2016, Professor Dick has been Director of UCL-Institute of Ophthalmology and Duke Elder Chair of Ophthalmology, UCL. He is currently co-Director of NIHR Biomedical Research Centre at Moorfields and UCL-Institute of Ophthalmology.

He was awarded the Fellowship of Academy of Medical Sciences for exceptional contribution to the advancement of medical science in 2007 and Alcon Research Institute Award in 2011 for outstanding contributions in the field of vision research. His work continues to be acknowledged internationally by invited and named lectures including Duke-Elder Lecture, Doyne Medal, Bryan annual Lecture (Duke) and Constable Annual Public Lecture (IUWA, Australia).

Professor Dick has authored two text books, 'The Eye: Basic Science in Practice' (with John Forrester and colleagues) and 'Practical Manual of Intraocular inflammation', over 15 chapter contributions and over 350 peer reviewed publications spanning basic to clinical science.

His extracurricular duties include: Past-Chair of IM section for ARVO and Vice-president for ARVO, President of EVER, chair of uveitis working group for International Classification of disease with W.H.O., committee representation on European Immune-mediated inflammatory diseases workshop, steering committee member for global Standardised Uveitis Nomenclature working group, previous editorial board member of 5 international peer reviewed journals, including most recently Progress in Retinal and Eye Research. He has also contributed as co-editor of the British Journal of Ophthalmology with Professor Creig Hoyt.

Professor Steffen Hamann

Professor Steffen Hamann

Professor, Department of Clinical Medicine, University of Copenhagen, Denmark; Consultant Neuro-Ophthalmologist, Department of Ophthalmology, Rigshospitalet, Denmark; Visiting Professor, Rothschild Foundation Hospital, Paris, France.

Professor Steffen Hamann's research interests center around compressive, inflammatory, and ischemic diseases of the afferent visual pathways. In particular, the focus is on the pathology of elevated intracranial pressure states, ischemic and inflammatory optic neuropathies, and optic disc drusen. In addition, his group is aiming at advancing the use of retinal and optic nerve imaging modalities, especially OCT, and incorporating artificial intelligence (AI) algorithms, to detect, identify, and predict neurological disease based on ocular imaging. He has published more than 140 peer-reviewed, scientific papers.

Dr. Hamann is head of the Visual Pathways Research Center (VIPER). In 2015 Dr. Hamann founded the international Optic Disc Drusen Studies (ODDS) Consortium of which he is Chair. The consortium consists of highly dedicated optic nerve researchers from 15 different countries and 4 continents. Dr. Hamann is also chairman for neuro-ophthalmology of the European Reference Networks for Rare Eye Diseases.

Professor Dan Milea

Professor Dan Milea

Head, Neuro-Ophthalmology Department, Rothschild Foundation Hospital, Paris and Head of the Rothschild BRAINLab of Visual and Computational Sciences.

Professor Dan Milea is a Neuro-ophthalmologist and a senior consultant who holds a MD and a PhD in Neuroscience from the University of Pierre et Marie Curie, Paris, France. He has had several senior academic positions, worldwide: Consultant at the Pitie Salpetriere University Hospital in Paris, Professor of Neuro-Ophthalmology at the University of Copenhagen, Denmark, Professor and Chairman of Ophthalmology at the Angers University Hospital, France. From 2012 to 2023, he was the Head of the Visual Neurosciences Lab, a Senior Clinician and Professor at the Singapore Eye Research Institute, Singapore National Eye Centre Duke-NUS Medical School in Singapore.

He is currently leading the Neuro-Ophthalmology Department at the Rothschild Foundation Hospital in Paris, France.

Professor Milea has published over 250 articles in peer-reviewed journals and has raised more than 15 Mil euros in funding, as Principal Investigator. He is currently the Co-Editor in Chief of the international journal "Neuro-Ophthalmology".

Ms Áine NíMhéalóid

Ms Áine NíMhéalóid

Consultant Ophthalmic Surgeon, University Hospital Waterford.

Ms Áine Ní Mhéalóid is a Consultant Ophthalmic Surgeon and Neuro-Ophthalmologist at University Hospital Waterford. She earned her medical degree from University College Dublin (UCD) in 2010 and completed her postgraduate training with the Irish College of Ophthalmologists in 2021. She holds a Diploma from the European Board of Ophthalmology, a Postgraduate Certificate in Healthcare Management Practice from the UCD Smurfit School of Business, as well as a Master of Surgery and a Postgraduate Diploma in Health Professions' Education from the Royal College of Surgeons in Ireland.

She completed a prestigious fellowship in neuro-ophthalmology and adult strabismus at the Queen Elizabeth Hospital, Birmingham—the largest neuro-ophthalmic unit in Europe—and undertook an observership at the Anschutz University of Colorado Health Hospital in Denver, USA, under Professor Prem Subramanian, then-President of the North American Neuro-Ophthalmology Society (NANOS). Passionate about medical education, she has served as an ophthalmology lecturer, research supervisor, and examiner for medical and physician associate students at RCSI and the National University of Ireland, Galway, as well as a thesis examiner with Trinity College Dublin. She actively contributes to training through journal clubs for ophthalmology trainees and has been an invited speaker at national and international conferences. In addition to authoring numerous peer-reviewed papers, she is a reviewer for the journals Eye and BMC Ophthalmology.

Ms Lisa McAnena

Ms Lisa McAnena

Consultant Ophthalmologist Surgeon, Mater Hospital and Beaumont Hospital, Dublin.

Ms Lisa McAnena is a Consultant Ophthalmologist at the Mater Misericordiae University Hospital, Mater Private and Beaumont Hospital.

Ms McAnena completed subspecialty fellowship training in paediatric ophthalmology and strabismus at the Royal Eye Hospital and Great Ormond Street Hospitals in 2018/19, London and in neuro-ophthalmology at Moorfields Eye Hospital London in 2020/21.

She delivers medical and surgical ophthalmology services in her clinical practice, including cataract surgery and sub specialises in neuro-ophthalmology and strabismus.

Dr Emilie Mahon

Ophthalmology Clinical Tutor, Royal College of Surgeons in Ireland, Dublin.


Dr Emilie Mahon

Dr Emilie Mahon is currently an ophthalmology tutor with the Royal College of Surgeons in Ireland in the Royal Victoria Eye and Ear Hospital, Dublin and has embarked upon an MD on the topic of surgical sustainability under the supervision of Professor Conor Murphy and Professor Deborah Stanistreet from the departments of ophthalmology and population health respectively, addressing this topic both from a clinical and public health perspective.

She graduated from Trinity College Dublin in 2017, and has since cultivated her interest in environmental sustainability for healthcare by joining green healthcare communities, receiving postgraduate sustainability education, and delivering lectures in this area.

Mr Tommy Bracken

Strategic Advisor, Royal Victoria Eye and Ear Hospital, Dublin.


Mr Tommy Bracken

Tommy Bracken has 25 years' experience in the healthcare sector. He spent 15 years in the pharmaceutical industry working primarily for Novo Nordisk, Pfizer and Abbott in various strategic and commercial roles culminating in the role of Global Director for Abbott International.

In 2010, he joined the Mater Private Hospital as an executive director and board member before setting up Hexagon Consulting, a specialist healthcare consulting business in 2014.

He is a founder and director of the Bobbie Bastow Genetics Foundation, a cancer genetics research charity, and has worked extensively for the Ireland East Hospital Group in cancer, genomics, cardiovascular, ophthalmology and women's health.
Tommy is the Strategic Lead for the Clinical Research Centre in UCD and a strategic advisor to the Royal Victoria Eye and Ear Hospital.

Dr Anders Bolstedt

Chair of Health Care Without Harm Europe.


Dr Anders Bolstedt

Dr Anders Bolmstedt is the Chair of Health Care Without Harm (HCWH) Europe. Anders has a background in preclinical research in virology, which involved working with quantities of hazardous chemicals.

Today he coordinates chemical management in the Region VÃstra GÃtaland, from both health and environmental aspects. Anders has been involved in risk assessments of hazardous chemicals for over 15 years and is one of the founders of the National Substitution Group (NSG) in Sweden.

He also chairs the board of an association coordinating chemical risk and safety information within Swedish regions and universities. Visit https://europe.noharm.org/

Mr John Doris

Consultant Ophthalmic Surgeon, University Hospital Waterford; President, ICO.


Mr John Doris

Mr John Doris is a Consultant Ophthalmic Surgeon at University Hospital Waterford with a specialist interest in vitreoretinal surgery. He has 20 years of experience working within the United Kingdom's NHS and Ireland's HSE. He graduated in medicine from Queen's University Belfast in 1998 and is dual qualified as a medical physician and an ophthalmic surgeon. He trained as a Medical Physician at the Royal Victoria Hospital, Belfast and received a membership of the Royal College of Physicians in 2001. His basic ophthalmic surgical training was at the Royal Victoria Hospital in Belfast and his higher ophthalmic surgical training was in Manchester Royal Eye Hospital.

In 2009, he undertook a dual medical retinal and vitreoretinal ASTO /Fellowship at Manchester Royal Eye Hospital. During that year, he was a co-investigator for a Wet ARMD clinical trial (GMAN Trial). He was awarded a Fellowship of the Royal College of Ophthalmologists UK in 2010.

Mr Doris completed three additional years of specialist vitreoretinal surgical Fellowship training at three internationally renowned centres of excellence which include Manchester Royal Eye Hospital, Southampton University Hospital and Moorfields Eye Hospital, London. He was appointed Consultant Vitreoretinal surgeon at the Royal Victoria Eye and Ear Hospital in Dublin and the NHS Royal Liverpool University Hospital before taking up his current post at University Hospital Waterford in 2014.

His surgical expertise encompasses vitreoretinal surgery and micro-incisional cataract surgery. He has expertise in macular hole surgery, retinal detachment surgery, epiretinal membrane surgery, diabetic eye disease, age-related macular degeneration and treatment of floaters.

Mr James O'Reilly

Mr James O'Reilly

Consultant Ophthalmic Surgeon, UPMC Aut Even Hospital, Kilkenny and Whitfield Hospital, Waterford.

Mr James O'Reilly is a Consultant Ophthalmic Surgeon, who has been in Full Time Private Practice since 2003.

He is on the Register of Medical Specialists in the division of Ophthalmic Surgery, is a Fellow of the Royal College of Ophthalmologists, a Diplomate of the European Board of Ophthalmology and a member of both the European Society of Cataract and Refractive Surgeons and the American Academy of Ophthalmology.

Ms Niamh Collins

Ms Niamh Collins

Consultant Ophthalmic Surgeon, Mater Private Hospital, Cork

Ms. Niamh Collins is an experienced consultant eye surgeon working at the Mater Private Hospital, Cork. She specialises in cataract surgery and glaucoma. After graduating from Trinity College Dublin Medical School in 2004, she completed a PhD followed by residency and specialist registrar training through the Royal College of Surgeons, Ireland. She is a Fellow of the Royal College of Surgeons in Ireland (FRCSI), a fellow of the European Board of Ophthalmologists (FEBO) and a member of the Irish College of Ophthalmology (ICO). She completed an advanced surgical fellowship in Melbourne, Australia in 2016/17, specialising in glaucoma and complex cataract surgery. She has a strong interest in providing patient – centred care for patients with glaucoma and improving clinical outcomes and service provision for these patients.

Dr. Kenneth C. Fan

Dr. Kenneth C. Fan

Consultant Ophthalmologist, Retina Consultants of Texas; Assistant Clinical Professor, Blanton Eye Institute, Houston Methodist Hospital.Houston, USA.

Dr. Kenneth C. Fan is a board-certified medical and surgical retina specialist at the Retina Consultants of Texas in Houston, Texas and assistant clinical professor at the Blanton Eye Institute, Houston Methodist Hospital. Dr. Fan also specializes in the field of inherited retinal disease. He completed his baccalaureate at Dartmouth College and his ophthalmology residency, chief residency, and vitreoretinal surgery fellowship at Bascom Palmer Eye Institute at the University of Miami, a top ranked eye hospital

in the U.S. He has also trained in the area of hereditary retinal diseases and gene therapy for rare eye conditions, including diseases like Stargardt disease and retinitis pigmentosa.

As a resident, he was awarded the Heed Fellowship, and as a fellow, the prestigious Ronald G. Michels Fellowship, the nation's highest honor for a retina fellow. Dr. Fan has authored and published over 65 scientific, peer-reviewed journal articles. At the Retina Consultants of Texas, he is passionate about clinical and translational research as well as clinical trial design for the discovery of new retinal therapies.

Ms Sarah Moran

Consultant Ophthalmic Surgeon, Cork University Hospital and South Infirmary Victoria University Hospital, Cork.

Ms. Sarah Moran is a Consultant Ophthalmic Surgeon at Cork University Hospital & South Infirmary Victoria University Hospital specialising in cataract and corneal surgery. Ms Moran qualified with a first class honours degree from University College Cork, and completed the Higher Specialist Training programme in Ophthalmology in Ireland. She completed a year of subspecialty training at the Rothschild Foundation Hospital in Paris, before returning to a consultant post in Cork.

Ms Sarah Moran

Ms Janice Brady

Consultant Ophthalmic Surgeon, University Hospital Waterford.

Ms Janice Brady is a Consultant Ophthalmic Surgeon at Waterford University Hospital. She graduated from University College Dublin with a First Class honours degree in Medicine and completed her specialist training in Ophthalmic Surgery in Ireland.

Ms Brady has sub-specialty fellowships in cataract and refractive surgery, glaucoma and oculoplastics. She currently runs the glaucoma service at University Hospital Waterford. Her expertise encompasses cataracts, glaucoma including minimally invasive approaches, eyelid problems, facial palsy and aesthetic oculoplastics. She has been an invited lecturer at national and international meetings and has a particular interest in ophthalmology education and patient empowerment.

Ms Brady is a member of ACE, Irish College of Ophthalmologists, the Royal College of Surgeons in Ireland, the Royal Society of Medicine and has contributed to guidelines with regard to the management of aesthetic complications.

Ms Janice Brady

Mr Paul O'Brien

Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital, Dublin.

Mr Paul O'Brien is a Consultant Ophthalmic Surgeon at the Blackrock Clinic in Dublin. He completed sub-specialist corneal fellowship training in Moorfields Eye Hospital, London.

In 2008 he commenced public practice as a Consultant in the Royal Victoria Eye & Ear Hospital, Dublin until 2015 before moving to the Mater Misericordiae University Hospital.

Since mid-2017, he has focused solely on private practice, operating in the Blackrock Clinic. To date, he has performed more than 10,000 cataract or refractive laser eye operations.

Mr Paul O'Brien

Mr David Wallace

Consultant Ophthalmic Surgeon, Bon Secours Hospital, Kerry.

Mr David Wallace, graduated in medicine from University College Cork in 1991. He was awarded a Diploma in Child Health in 1993 and a Diploma in Ophthalmology from the Royal College of Surgeons of Ireland in 1995. He received his Diploma in Medical Management from the Royal College of Surgeons of Ireland in 1996, and became a Fellow of the Royal College of Surgeons of Edinburgh (Ophth) and the Royal College of Surgeons of Ireland (Ophth) that year.

Mr Wallace was awarded the European Board of Ophthalmology Diploma in 1997. He completed his Specialist Ophthalmic Surgery training in Ireland which included working at the Royal Victoria Eye and Ear Hospital, Mater and Beaumont Hospitals in Dublin. During this time, Mr Wallace was a Clinical Tutor for Trinity College. He has been in full time private practice since 2001.

Mr Wallace has a specialist interest in cataract surgery. He has performed over 15,000 cataract operations and is supported in his surgery by experienced anaesthetic colleagues, clinic and nursing team. He has been assisted in the practice for over 20 years by his colleague Mr Paidi O'Domhnaill (recently retired) in providing a comprehensive eye service, including care of patients with glaucoma, age-related macular degeneration (AMD) and intravitreal injection therapy for Wet AMD, diabetic eye disease and retinal vascular disorders. He has been joined in the practice by Mr Conor Lyons, who specialises in glaucoma surgery.

Mr David Wallace

Ms Nikolina Budimlija

Ms Nikolina Budimlija

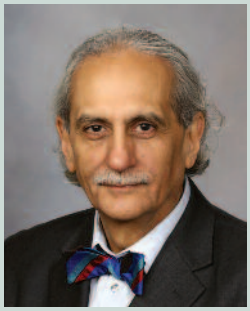
Consultant Ophthalmic Surgeon, Institute of Eye Surgery clinic in Waterford and Kildare.

Ms Nikolina Budimlija is a Consultant Ophthalmologist and Ocular Surface Specialist at the Institute of Eye Surgery clinic in Waterford and Kildare.

Ms. Nikolina Budimlija graduated from the School of Medicine, University of Zagreb, Croatia in 2005 and later earned a master's in health management. She was a Fellow of the European Masters Program in Health Promotion. Ms. Budimlija trained in ophthalmic surgery at the Clinical Hospital Centre, Sestre Milosrdnice Zagreb, Croatia.

Ms. Budimlija's experience includes her role as an investigator at a screening database for diabetic retinopathy (DriDB) and as a medical associate at the Glaucoma Reference Center, Croatian Ministry of Health. She spent four years working as lead consultant at Health Centre in Zagreb until early 2018, when she relocated to Ireland and took up a position as a consultant in private practice in Bray, Co. Wicklow.

Ms Budimlija joined the Institute of Eye Surgery in 2019.
She is a member of the Tear Film & Ocular Surface Society (TFOS), European Society of Cornea & Ocular Surface Disease Specialists (EuCornea), Irish College of Ophthalmologists, Croatian Ophthalmological Society, and the European Society of Cataract & Refractive Surgeons (ESCRS). She has participated in numerous medical conferences worldwide.



Dr. Jose Pulido

Dr. Jose Pulido

Director of the Henry and Corrine Bower Memorial Laboratories for Translational Medicine in the Vickie and Jack Farber Vision Research Center at Wills Eye Hospital, Philadelphia.

Dr. Jose Pulido is a board certified ophthalmologist with an extensive research portfolio that has focused on vitreoretinal infectious and inflammatory diseases, retinal degeneration, stem cells, checkpoint inhibitors, and immunotherapies.

He is the Director of the Henry and Corrine Bower Memorial Laboratories for Translational Medicine in the Vickie and Jack Farber Vision Research Center at Wills Eye Hospital, Philadelphia following fifteen years as Professor of Ophthalmology at the Mayo Clinic.

Dr. Pulido earned his bachelor's and master's degrees in chemistry at the University of Chicago and a degree in medicine from Tulane University School of Medicine. He completed his ophthalmology residency and served as Chief Resident at the University of Illinois at Chicago. Following residency, he completed a vitreoretinal surgery and retina research fellowship at Bascom Palmer Eye Institute at the University of Miami School of Medicine. Before joining the Mayo Clinic, Dr. Pulido earned his MBA at the University of Iowa, completed an ocular oncology fellowship at Wills Eye Hospital and earned an MPH at the University of Illinois at Chicago. Dr. Pulido has held Visiting Professorships and has presented named lectures throughout the world. He holds more than a dozen patents, and has won many awards and high honors in the field of ophthalmology.

Dr. Pulido's research interests focus on translating basic science to the clinical arena and much of his work has centered on vitreoretinal infectious and inflammatory diseases. In more recent work, Dr. Pulido has combined his interests in inflammatory diseases and oncology and developed a phase 1 trial using a VSV based vaccine for the treatment of metastatic uveal melanoma.

At Wills Eye Hospital, Dr. Pulido continues to pursue his passion for translational research of inflammatory diseases and immunotherapies to develop innovative clinical therapies for ocular diseases.

He has published close to 350 peer-reviewed ophthalmic papers, and numerous books, book chapters, and editorials.

Miss Miriam Minihan


Miss Miriam Minihan

Consultant Ophthalmic Surgeon, Moorfields Eye Hospital NHS Foundation Trust, London.

Miss Miriam Minihan is a Consultant Ophthalmic Surgeon with a special interest in cataract surgery and retinal problems at Moorfields Eye Hospital NHS Foundation Trust and Moorfields Private. Her areas of expertise include retinal surgery, cataract surgery, age-related macular degeneration (AMD), diabetic eye disease and retinal vascular disorders.

Miss Minihan graduated with her medical degree from University College Cork in 1992 and went on to train in the northeast of England before moving to London. She completed training at St Thomas' Hospital in London and Moorfields Eye Hospital. She gained much experience in treating retinal conditions and cataracts. Miss Minihan successfully completed a vitreoretinal fellowship from St Thomas' Hospital and then two fellowships from Moorfields, one vitreoretinal fellowship and one medical retina fellowship.

Miss Minihan is an audit lead for the vitreoretinal service and enjoys treating her patients and training the next generation of vitreoretinal surgeons.

In addition, Miss Minihan is co-chair of the Moorfields Academy, which is an innovative society with the goal to enhance learning and future developments in healthcare with a focus on ophthalmology.

Mr Paul Kenna


Mr Paul Kenna

Director, Ocular Genetics Unit, Trinity College Dublin; Clinical Lecturer in Ophthalmic Genetics, Research Foundation of the Royal Victoria Eye and Ear Hospital, Dublin.

Mr. Paul Kenna, who trained at The Royal Victoria Eye and Ear Hospital, Dublin, has devoted close to 40 years to clinical and genetic research of Inherited Retinal Degenerations (IRDs).

Appointed as Senior Clinical Fellow in the laboratory of Professors Pete Humphries and G. Jane Farrar in Trinity College Dublin, and Medical Director of the Research Foundation at the Royal Victoria Eye and Ear Hospital in 1988, his work in the characterisation of large Irish families with various forms of Retinitis Pigmentosa resulted in the identification of disease-associated genes, including Rhodopsin, PRPH2, mitochondrial MTTS2, IMPDH1 and RPE65. With Prof. Farrar, he developed 'Suppression and Replacement' as a viable strategy for gene therapy of autosomal dominant forms of IRDs.

Mr. Kenna set up the ISCEV- compliant Electro-diagnostic Service at the Royal Victoria Eye and Ear Hospital and established the Ocular Genetics Service, currently directed by Ms. Emma Duignan. In collaboration with the Ocular Genetics group at Trinity College Dublin he initiated genetic screening of Irish IRD patients using Next Generation Sequencing, subsequently expanded to include patients on the island of Ireland, in collaboration with Profs. David Keegan and Julie Silvestri – Target 5000. Together with Mr. Donal Brosnahan, Prof. Farrar, Dr. Michael Redmond and Mr. Rob Henderson, he was responsible for the diagnosis, characterisation and ultimate treatment in 2022 of the first Irish patient with bi-allelic RPE65 Leber Congenital Amaurosis to receive Luxturna™..

Dr Mary McCaffrey


Dr Mary McCaffrey

Senior Medical Advisor, Medical Protection Society; Deputy Coroner for Cork City.

Dr Mary McCaffrey, who has a 40-year career in medicine, was appointed Senior Medical Advisor for the Medical Protection Society (MPS) in July 2024.

Dr McCaffrey worked as a Consultant Obstetrician and Gynaecologist at Kerry University Hospital from 1998 to 2023. She has also been the Women's Health Doctor in Limerick Prison, and is currently Deputy Coroner for Cork City.

Dr McCaffrey was a former assistant master at the Rotunda Hospital in Dublin, during which time she worked at the IVF unit and the sexual assault treatment unit and has lectured in obstetrics and gynaecology at the Royal College of Surgeons in Ireland.

In the 1990s, she was employed at Northwick Park Hospital, London, and was involved in starting a medical service for women affected by female genital mutilation. She served as President of the Irish Hospital Consultants Association until 2007.

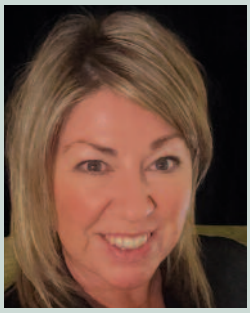
In her role as Senior Medical Advisor for the MPS, Dr McCaffrey said she will use her expertise and experience of the healthcare system to help support and advocate for doctors in Ireland, building on the support framework MPS has long provided to members.

Ms Aoife Doyle

Ms Aoife Doyle

National Clinical Lead for Ophthalmology; Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital and St James's Hospital, Dublin.

Ms Aoife Doyle graduated from UCD in 1994 and obtained her Masters of Medical Science (Physiology) in 1996. She underwent Fellowship training at The Glaucoma Institute, Foundation Hospital St Joseph, Paris between 2004 and 2005. She has held the position of Consultant Ophthalmic Surgeon at Royal Victoria Eye and Ear Hospital and St. James's Hospital since 2005. She is a Glaucoma Specialist at RVEEH specialising in all forms of glaucoma laser and surgery including trabeculectomy, non-penetrating surgery, Baerveldt tubes and Ahmed valves. Ms Doyle was appointed the Clinical Lead for the National Clinical Programme for Ophthalmology in 2023.



Ms Helen Kavanagh

Ms Helen Kavanagh

Programme Manager, Diabetic RetinaScreen.

Helen Kavanagh is Programme Manager of Diabetic RetinaScreen, Ireland's national retina screening programme for people who have diabetes. She has been in this role for 3 years. Previously she was Deputy Programme Manager, and before that she served as clinical co-ordinator with the programme.

Helen has a background in business management and operations, having studied Health Service Management at Trinity Collage Dublin where she completed her MSc in HealthCare Management. She has also a degree in Business Management. She has co-authored several papers on screening in Ireland and presented at national and international conferences.

Mr Robin Hamilton

Mr Robin Hamilton

Deputy Medical Director, Moorfields Eye Hospital NHS Foundation Trust, London.

Mr Robin Hamilton is the Deputy Medical Director at Moorfields Eye Hospital NHS Foundation Trust, and before this was the Medical Retina Service Director since 2016. He currently specialises in diabetic retinopathy, age-related macular degeneration, retinal vein occlusions and uveitis. He is also an accomplished cataract surgeon. Mr Hamilton is a Principal Investigator for several ophthalmology studies and has authored numerous book chapters and publications.

Dr Mark James

Dr Mark James

Consultant Ophthalmologist, Cork University Hospital, Cork.

Dr Mark James is a Consultant Medical Ophthalmologist working in Ballincollig Primary Care Centre and Cork University Hospital.

Dr James developed the Diabetic Retinopathy Screening Programme in the South and has worked extensively on it. His area of subspecialty are diabetic eye disease, glaucoma, medical retina and paediatric ophthalmology.

He is Clinical Lecturer in Ophthalmology in University College Cork.

Miss Angela Rees


Miss Angela Rees

Consultant Ophthalmologist, Moorfields Eye Hospital, London.

Miss Angela Rees is a Consultant Ophthalmologist specialising in medical retina and uveitis at Moorfields Eye Hospital City Road and St George's Hospital. Miss Rees Trained initially as an optometrist graduating from Aston University 1989. She subsequently studied medicine at The United Medical and Dental schools of Guy's and St Thomas' graduating in 1996. Ophthalmology training was in the North London Deanery with an MD at UCL in Age-related Macular Degeneration and psychophysics. She has participated in many commercial medical retina and uveitis Trials as sub investigator. Current research interests in Birdshot Chorioretinopathy, uveitis treatments, and infective uveitis.

Mr Felipe Dhawahir-Scala


Mr Felipe Dhawahir-Scala

Consultant Ophthalmic and Vitreoretinal Surgeon; Director of the Acute Ophthalmic Services, Manchester Royal Eye Hospital, Manchester.

Mr Felipe Dhawahir-Scala is a highly qualified consultant ophthalmologist and vitreoretinal surgeon working in both Manchester and London. Mr Dhawahir-Scala qualified in Madrid before training as an ophthalmologist in England, going on to become an expert in areas including retinal surgery, floaters, retinal detachment, simple and complex cataract surgery, age-related macular degeneration among many other retinal conditions including acute and longstanding ocular trauma. al journals, and has a long history of research and lecturing. He has published multiple scientific papers and has given more than 30 presentations at home and abroad.

Mr Dhawahir-Scala is the director of the Acute Ophthalmic Services at the prestigious Manchester Royal Eye Hospital, a globally recognised centre of excellence. Mr Dhawahir-Scala has introduced several new technologies both in the UK and abroad. He has been actively involved in teaching and research, has published numerous scientific papers and has made countless presentations nationally and internationally as a guest speaker.

Mr Dhawahir-Scala is a founding member and President of the British Eye Emergency Society (BEECS) and an examiner at the Royal College of Physicians and Surgeons of Glasgow. Mr Felipe Dhawahir-Scala is also fluent in Arabic, English and Spanish, allowing him to see patients from other parts of the world without the need for a translator.

Mr Leon Au


Mr Leon Au

Consultant Ophthalmologist, Manchester Royal Eye Hospital, Manchester.

Mr Leon Au graduated from the University of Nottingham in 1998 with an ophthalmology prize of the year. He completed 8 years of general ophthalmology training in Nottingham and Manchester before undertaking separate subspecialty training fellowships in cornea, glaucoma and refractive surgery.

Mr Au has been a dual-specialty consultant in the Manchester Royal Eye Hospital since February 2009. His major areas of expertise are cornea related problems, external eye disease, cataract and glaucoma. He has strong interest in innovative minimally invasive glaucoma surgery and conducts clinical trials in many of these new technologies. He publishes his research regularly in peer-reviewed medical journals and he lectures in the field of cornea and glaucoma both regionally and nationally

As well as having his research regularly published in peer-reviewed medical journals, Mr Au lectures in the field of cornea and glaucoma both regionally and nationally.

Mr Barry Quill

Mr Barry Quill

Consultant Ophthalmic Surgeon, Royal Victoria Eye and Ear Hospital, Dublin.

Mr Barry Quill graduated from University College Dublin Medical School with an honours degree in 2005. He completed his residency and specialist registrar training in 2015 through the Royal College of Surgeons, Ireland.

Mr Quill has been awarded three separate advanced surgical fellowships. He was awarded a fellowship in Refractive Laser and Cataract Surgery from the Mater Private Hospital, Dublin. He was subsequently awarded two fellowships from The Royal Perth Hospital, Australia gaining valuable experience in new novel methods of corneal transplantation and minimally invasive glaucoma surgery.

Mr Quill was appointed as a Consultant Ophthalmic Surgeon in 2017 to the Royal Victoria Eye and Ear Hospital where he currently acts as the clinical lead for the new cataract unit. His clinical areas of expertise include cataract, refractive, glaucoma and corneal surgery.

Mr. Quill received his academic Doctorate from University College, Dublin (2010) for his full-time research in glaucoma eye disease. This body of work has resulted in international and national prizes, awards and publications, and he has lectured worldwide on his findings. He has authored multiple international peer reviewed publications and book chapters.

He is a Fellow of the Royal College of Surgeons in Ireland (FRCSI), a fellow of the European Board of Ophthalmologists (FEBO), a member of the Royal College of Surgeons of Edinburgh (MRCSEd), and a member of the Irish College of Ophthalmology (ICO).

Mr Daniel Ezra

Mr Daniel Ezra

Consultant Surgeon, Moorfields Eye Hospital, London.

Mr Daniel Ezra is a Consultant Surgeon at Moorfields Eye Hospital where he specialises in oculoplastic, orbital and lacrimal surgery. He specialises in all aspects of lacrimal and eyelid surgery, with expertise in primary and revision blepharoplasty and the management of filler-related complications.

His clinical interests also include reconstructing craniofacial deformities, managing facial movement disorders, and treating lacrimal disease. Years of specialised training and experience allow him to offer cutting-edge and refined care for patients seeking both functional and aesthetic improvements.

Mr Ezra read medicine at Cambridge and London Universities. He graduated with degrees in medicine and the History and Philosophy of Science, winning several awards. His higher surgical training in Ophthalmology was undertaken at the world famous Moorfields Eye Hospital.

Mr Ezra Undertook subspecialist training as Oculoplastic, orbital and lacrimal fellow at Moorfields for over two years and then completed his training through a JCST Interface fellowship in Cosmetic and Reconstructive Surgery with training in Plastic Surgery, ENT surgery, Oral and Maxillofacial surgery and Dermatology.

Mr Ezra has a strong interest in teaching, holding a Masters degree in Medical Education and a Fellowship of the Higher Education Academy. He lectures widely both within the UK and internationally and continues to be involved in the training of tomorrow's surgeons.

He has published numerous papers and book chapters and is regularly invited to speak at international academic meetings, being recognised as a leading expert in his field.

Irish College of Ophthalmologists
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Book of Abstracts

PRESENTATION ABSTRACTS

Wednesday AM 9am to 10.30am

The Management of Intumescent Cataracts in an Indian Hospital

Keenan J, Desai D, Desai S.
Tarabai Desai Eye Hospital and Research Centre, E22 Shastri Nagar, Jodhpur, India.

Objectives
To discuss the surgical management of intumescent cataracts. These cataracts are a specific type of hypermature white cataract characterized by intralentricular swelling and a tense and convex anterior capsule. They are at significant risk of anterior capsule run out during the initial anterior capsulotomy.

Methods
There are a significant number of methods described for managing intumescent cataracts including the use of minicapsulorhexis, c-shaped capsulorhexis, sewing needle capsulorhexis, vitrectomy and phaco assisted capsulorhexis, vacuum assisted, and fine needle puncture. This presentation discussed and draws together the concepts of the various methods and presents the author's own personal experience in both the management and complications of these difficult cataracts.

Results
Following evaluation of the various methods available for intumescent cataracts the authors present their reasons for at present using their preferred surgical approach of phaco assisted capsulorhexis with the aim of achieving a minicapsulorhexis followed by capsular bag decompression and subsequent capsulorhexis enlargement. The complications of anterior capsule run out and the subsequent management are also discussed.

Conclusions
An understanding of the intralentricular pressure dynamics is paramount in deciding which surgical approach to choose to attempt to minimize anterior capsule run out and complications from these challenging cataracts. This presentation aims to help provide a framework and guidelines to assist in the understanding and dynamics of these cataracts to minimize the development of complications and to support management in the event of an adverse occurrence.

Neopterin and C-Reactive Protein Dynamics in Pediatric Endogenous Uveitis

Akhundova H, Akhundova G.
Kharkiv National Medical University, Department of Paediatric Ophthalmology, Kharkiv, Ukraine.

Objectives
To evaluate the immunological response using neopterin and C-reactive protein levels in children with endogenous uveitis during treatment.

Methods
A total of 17 children (28 eyes) aged 3 to 17 years were examined between 2020 and 2021. The etiological distribution included idiopathic (n=11), viral (n=4), rheumatoid (n=1), and toxoplasmosis-associated (n=1) cases. Of these, 12 were newly diagnosed, and 5 were recurrent. Uveitis localization included anterior uveitis (iridocyclitis) in 13 cases, chorioretinitis in 3, and panuveitis in 1.
A scoring system was developed to assess disease severity, evaluating parameters such as acute symptoms, ocular injection, corneal edema, the Tyndall phenomenon, iris edema, posterior synechiae, opacities in the vitreous body and lens, vitreous

fibrosis, retinal dystrophy, hospitalization duration, treatment-related complications, and intraocular pressure elevation.
Some parameters (acute symptoms, ocular injection, corneal edema, endothelial precipitates, Tyndall phenomenon, iris edema, posterior synechiae) were graded on a scale from 0 to 4, while others were rated from 0 to 1, with a maximum total score of 31. Based on the total score, patients were categorized into three severity groups:

- Severe (≥21 points): 4 patients
- Moderate (11–20 points): 10 patients
- Mild (≤10 points): 3 patients

All patients underwent standard ophthalmologic examinations, including visual acuity, tonometry, ophthalmoscopy, biomicroscopy, and perimetry when possible. Additional diagnostic methods included ultrasonographic echography and OCT as needed.
Consultations with a rheumatologist, phthisiologist, and immunologist were conducted.
Blood and tear samples were collected twice: on the first or second day of hospitalization and again between days 14 and 21, with timing variations due to human factors.
Laboratory tests included measurements of C-reactive protein and neopterin, along with immunoglobulin levels in both blood and tear samples.
The tests were conducted at Dr. Rödrega Laboratory, Limbach Gruppe.

- Neopterin levels were determined using an enzyme-linked immunosorbent assay (ELISA, EIA).
- C-reactive protein was measured using the radial immunodiffusion method.

Results
Neopterin Levels (nmol/L) (Normal reference value: <15 nmol/L)

1) First collection:

- Idiopathic uveitis: 78.0 ± 5 (range: 59.9–96.1, $p < 0.01$)
- Viral uveitis: 95.12 ± 6.8 (range: 83–107.24, $p < 0.05$)
- Toxoplasmic uveitis: 15.4
- Rheumatic uveitis: 13.1

2) Second collection:

- Idiopathic uveitis: 25.4 ± 1.5 (range: 21.7–29.1, $p < 0.01$)
- Viral uveitis: 18.9 ± 3.3 (range: 14.7–23.1, $p < 0.05$)
- Toxoplasmic uveitis: 4.8
- Rheumatic uveitis: 5.3

C-Reactive Protein Levels (mg/L) (Normal reference value: <5 mg/L)

1) First collection:

- Idiopathic uveitis: 25.5 ± 6.8 (range: 0.76–132, $p < 0.01$)
- Viral uveitis: 24.8 ± 5.8 (range: 0.5–73, $p < 0.05$)
- Toxoplasmic uveitis: 15.4
- Rheumatic uveitis: 13.1

2) Second collection:

- Idiopathic uveitis: 9.1 ± 1.5 (range: 2.76–25.26, $p < 0.01$)
- Viral uveitis: 6.7 ± 1.2 (range: 9.8–10.71, $p < 0.05$)
- Toxoplasmic uveitis: 4.8
- Rheumatic uveitis: 5.3

Conclusions
Neopterin levels were significantly elevated in idiopathic and viral uveitis, increasing 5- to 6-fold, whereas CRP levels did not reach critical values. In contrast, CRP levels were markedly elevated in microbial etiology uveitis, while neopterin levels increased only slightly. Neopterin may serve as a potential biomarker for distinguishing viral from microbial etiologies in uveitis, aiding differential diagnosis and guiding treatment.

An Energy Crisis: The Relationship Between Mitochondrial Genetics and Glaucoma

Memon D, Irnaten M, O'Brien C.
[1]Mater Misericordiae University Hospital, Dublin.
[2]University College Dublin.

Objectives
The objective of this study is to assess the role of mitochondrial genetic expression within lamina cribrosa cells in glaucoma. The hypothesis, constructed from previous single-cell RNA sequencing research, is that mitochondrial genes are over-expressed in lamina cribrosa cells of glaucoma populations. This would suggest a disorder in energy production of these cells which could be future targets for therapy.

Methods
Lamina cribrosa cells from normal and glaucoma populations were cultured in the laboratory and RNA extraction was performed. Complementary DNA was produced from this RNA. Several mitochondrial genes were chosen for this study: MT-ND3 and MT-ND6, MT-CYB, MT-CO3, and MT-ATP6, which are crucial to the function of Complex I, III, IV, and V of the electron transport chain respectively. Primers for these mitochondrial genes of interest were used in PCR analysis to assess the genetic profile of the cells.

Results
Preliminary results show significant over-expression of these mitochondrial genes in the glaucoma cell populations compared to the normal.

Conclusions
This study demonstrates the over-expression of mitochondrial genes crucial to the oxidative phosphorylation pathway within lamina cribrosa cells from glaucoma populations. This might indicate that issues in energy production are a key hallmark in the development of glaucoma and could be an area of interest for therapy in future research.

The Ophthalmologist's Dilemma: Navigating Non-Invasive and Invasive Diagnostics in the Time-Sensitive Battle Against Giant Cell Arteritis in the Royal Victoria Eye and Ear Hospital

Ahmed S[1], Horgan N[1], Fadelseed H[2], Kennedy S[2].
[1] Department of Ophthalmology, Royal Victoria Eye and Ear Hospital, Dublin.
[2] Department of Histopathology, National Ophthalmic Pathology Laboratory, Royal Victoria Eye and Ear Hospital, Dublin.

Objectives
This study compares the diagnostic accuracy of Doppler ultrasound against the gold-standard temporal artery biopsy in suspected Giant Cell Arteritis (GCA) patients, evaluating how non-invasive imaging can guide timely corticosteroid initiation while reducing reliance on invasive procedures.

Methods
This descriptive, hospital-based study included 56 patients (mean age 72.77 ± 11.28 years, range 32–96 years) who underwent both Doppler ultrasound and TAB at the Royal Victoria Eye and Ear Hospital, Dublin, between January 2017 and November 2024. Clinical presentations, fundoscopic findings, and inflammatory markers (ESR and CRP) were documented. Visual field deficits were evaluated, and the sensitivity and specificity of Doppler ultrasound were analyzed against TAB findings. The influence of ultrasound on steroid treatment timing and its relationship with biopsy results were also assessed. Data were analyzed using SPSS v26, with chi-square tests applied for hypothesis testing.

Results
Among the participants, 87.5% reported temporal headaches, 73.2% had vision problems, and 60.7% exhibited symptoms suggestive of Polymyalgia Rheumatica (PMR). Fundoscopic examination revealed optic nerve inflammation in 71.4% of cases, while 19.6% had other abnormalities, such as hemorrhages and cotton-wool spots. Visual field deficits were identified in 57.1% of patients. Elevated ESR (92.9%) and CRP (100%) levels were consistent with GCA in most cases. Doppler ultrasound demonstrated a sensitivity of 70% and specificity of 53.8% compared to TAB. Steroid treatment was initiated in 89.3% of patients, with Doppler findings significantly influencing the decision to start therapy ($p = 0.024$). Timing of steroid initiation had no significant impact on TAB findings ($p = 0.672$). Biopsy results confirmed GCA in 53.6% of cases, with 82.8% classified as active. These findings underscore the complex interplay between clinical presentation, imaging, and histopathology in GCA diagnosis and management.

Conclusions
From scalpel to sound waves the evolution of Giant Cell Arteritis diagnosis in the Pursuit of rapid, accurate vision preservation, this study reveals Doppler ultrasound as a game-changer in GCA management, offering rapid screening with 70% sensitivity. While temporal artery biopsy remains the gold standard, ultrasound significantly accelerates steroid initiation, potentially saving vision in critical cases. The surprising lack of impact of steroid timing on biopsy results empowers clinicians to treat aggressively when GCA is suspected. However despite debates and the rise of non-invasive techniques, TAB's role in GCA diagnosis persists due to its high specificity and ability to provide definitive histological evidence.

Efficiency in Eye-care, What can Rwanda Teach Us?

McGinnity K[1], Mikhail M[2], Earley O[3].
[1]**Department of Ophthalmology, Royal Victoria Hospital, Belfast,**
[2]**Department of Ophthalmology, Mater Hospital, Belfast,**
[3]**Kabgayi Eye Unit, Muhanga, South Province, Rwanda**

Objectives
Cost saving aspects of a Rwandan Eye Hospital were assessed and included maximisation of outpatient flow, theatre throughput, intensive up-skilling of Ophthalmologists in phacoemusification surgery and low carbon footprint of hospital waste management and instrument recycling.

Methods
An ST6 ophthalmology resident and two consultant ophthalmologists volunteered at Kabgayi Eye Unit in Rwanda, situated in sub-Saharan Africa for 2 weeks in March 2025. This is the largest Eye Unit in Rwanda, which has a population of 14 million and is one of two units which provides vitreoretinal services. With a complement of 5 Consultant Ophthalmologists, it caters for an average of 250 outpatient attendances and delivers up to 50 surgical procedures daily. Patients travel from within Rwanda and the surrounding African countries of Congo, Uganda and Burundi. One stop cataract surgery is offered with sequential second eye surgery the following day. Patients undergoing surgery are required to have an escort and basic accommodation is provided on site.

Theatre is open plan with 3 surgeons operating side by side. Cases range from anterior segment surgery- cataract and corneal, squint, to oculoplastic and orbital work. There is a separate VR theatre where capacity is 4-5 cases per list.

Ophthalmic clinical officers (OCO's) are allied health professionals with advanced diplomas who undertake clinical and technology examinations, refraction, as well as theatre assisting, ocular anaesthesia and minor operations. Ophthalmologists review upwards of 60 patients daily who are referred onward for an opinion by the OCOs.

Hospital waste management system reflects its high sustainability. Surgeons double glove and wear one gown per session. Top gloves and new eye drapes are changed per patient. Surgical gowns, drapes and sheets are laundered for re-use. Instruments including phacoemulsification cassettes and tubing are autoclaved or gas sterilised.

Residency training is 4 years and includes small incision cataract surgery with a caseload of about 2000 by completion. Phacoemulsification training is not currently on the residency curriculum. In 2024, two Ophthalmologists were trained in phacoemulsification surgery where they underwent intensive daily training. By one month they were able to operate independently. Over the course of a year, they each have completed 400 phacoemulsification surgeries, with little need for intervention by the senior colleague.

Results
High volumes of patients are seen and treated daily in Kaygayi Eye Unit. This is achievable through the support of the OCO's. Ophthalmologists manage more complex cases. The use of re-usable drapes and surgical gowns reduces the waste burden from theatre daily. There was a single case of post operative endophthalmitis following a VR procedure and no post-operative cataract surgical endophthalmitis encountered in the past 5 years.

Multiple surgeons operating in one theatre is beneficial in many ways. The junior ophthalmologists gain skills rapidly from high volume exposure and ready access to help from adjacent senior colleagues.

Music helps relax patients and creates a favourable ambience in this very busy environment.

Conclusions
Rwanda maximises its scant resources by driving efficiency without compromising patient care. Highly skilled staff work interchangeably between theatre and outpatients, ensuring no theatre cancellations. The Ophthalmology residents have exposure to intensive surgery and this accelerates their microsurgical skills acquisition. Teamwork between the Ophthalmologists and the OCOs underpins a highly efficient system facilitating high throughput, both in theatre and outpatients. Waste management is commendable both for instrumentation and consumables. Morale is high, with colleagues working in close proximity to give assistance to each other and this generates great work ethos in a setting which cultivates both high productivity and high standard of patient care.

Inner Blood-Retina Barrier Dysfunction in RPE65-Associated Autosomal Dominant Retinitis Pigmentosa

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[2]Royal Victoria Eye and Ear Hospital Research Foundation, Dublin.
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Objectives
Autosomal dominant retinitis pigmentosa (adRP) associated with an RPE65 mutation resembles choroideremia and is caused by a heterozygous mutation in the gene encoding the 65 kDa retinol isomerase. This study aimed to assess the permeability of the inner blood-retina barrier (iBRB) and to characterize the phenotype associated with this form of adRP.

Methods
Ten patients with adRP carrying an RPE65 variant were included in this study. Clinical assessments included visual acuity (VA), intraocular pressure (IOP), macular and peripheral optical coherence tomography (OCT), and fundus fluorescein angiography (FFA), with images acquired over a 10-minute period. Fluorescein signal intensity was quantified using specialized software (FOVAS) and compared with healthy, age-matched controls.

Results
Fluorescein signal intensity was significantly higher in patients with RPE65-associated adRP compared to controls, indicating increased permeability of the iBRB and suggesting disruption of the deep retinal venous plexus. Clinical findings varied among patients, reflecting differences in symptoms, disease severity, age of onset, and progression. Fundus examinations revealed a spectrum of changes, ranging from mild peripheral retinal pigment migration to extensive chorioretinal atrophy. OCT showed variable thinning of the outer retina and choroid, often accompanied by outer retinal tubulation in areas with relatively preserved retinal structure.

Conclusions
Patients with RPE65-associated adRP exhibit increased iBRB permeability, likely due to disruption of the deep retinal venous plexus, which may contribute to disease pathophysiology and progression. Despite variability in clinical phenotype and disease course, elevated iBRB permeability is consistently observed across different disease stages. These findings support the potential of FFA-based iBRB assessment as a biomarker and highlight iBRB restoration as a promising therapeutic target for inherited retinal diseases.

Lost in Translation- Evaluating the Impact of Language Barriers on Ophthalmology Care

Greenan E, Burweg X, Hickey Dwyer M.
University Hospital Limerick.

Objectives
To evaluate the accessibility and effectiveness of translation services for patients with "Limited English proficiency" (LEP) attending an ophthalmology department.

Methods
This cross-sectional study, conducted between September 2024 and March 2025, invited all patients with LEP attending the ophthalmology department to participate. Three interpreter categories were compared: professional interpreters, ad hoc interpreters (e.g., family), and translation apps. Patient and physician satisfaction, along with perceived communication accuracy, were assessed using a Likert scale questionnaire, provided in the patient's primary language. Open comment fields were available for patients, interpreters, and clinicians. Descriptive statistics and Fisher's exact test were used to analyze differences, with 'agree'/'strongly agree' and 'disagree'/'strongly disagree' responses combined. Statistical analyses were performed using GraphPad Prism.

Results
A total of 49 patients participated in the study (female: n = 24, 49.0%; male: n = 25, 51.0%), with a mean age of 54.9 years (±22.11). The most common nationality was Ukrainian (n = 24, 49.0%), followed by Polish (n = 6, 12.2%), Brazilian (n = 3, 6.1%), and Somali (n = 3, 6.1%). The most commonly spoken languages were Ukrainian (n = 24, 49.0%), Polish (n = 6, 12.2%), and Arabic (n = 5, 10.2%). Interactions primarily involved agency interpreters (n = 22, 44.9%), followed by translation apps (n = 18, 36.7%) and ad hoc interpreters (n = 9, 18.4%). In the ophthalmic emergency setting, translation apps were the most heavily relied upon (n = 7, 87.5%), whereas in the outpatient department, professional interpreters were the most frequently used (n = 11, 39.3%). A significant difference was observed in patient understanding of their condition ($p = 0.0045$), as well as in communication and accuracy between clinicians and interpretation methods ($p < 0.0001$), with professional interpreters being the most effective.

Conclusions
This study highlights the importance of effective translation services in the ophthalmology outpatient setting for patients with LEP. Patient understanding of their condition was significantly influenced by the type of interpreter used. Additionally, clinicians expressed dissatisfaction with the reliance on translation apps and ad hoc interpreters, emphasizing the critical role of professional interpreters. The findings suggest an increasing need for reliable translation services in clinical settings to enhance communication and improve care for LEP patients.

Do Adults Previously Treated with Retinal Laser for Retinopathy of Prematurity (ROP) Pass Visual Field Driving Standards - an Irish Cohort

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[2]Children's Health Ireland at Crumlin, Dublin.

Objectives
Retinopathy of Prematurity (ROP) is a disorder that affects premature infants, leading to abnormal retinal blood vessel development, and in severe cases, can lead to retinal detachment and blindness. Treatment for ROP typically involves retinal laser photocoagulation, which targets the peripheral retina where abnormal blood vessels are most likely to form. Although laser treatment for ROP can save the vision of many infants, it can also have long-term consequences for visual function, particularly in terms of peripheral vision. Given that driving requires an unobstructed visual field, a question arises as to whether adults who were treated for ROP in infancy, particularly with retinal laser, meet the visual standards required for driving. This study included an Irish cohort of ROP survivors treated with retinal laser and assessed whether they met the visual field criteria for driving.

Methods
Data was collected from the laser theatre logbook at CHI Crumlin for children that met the age criteria for driving. Children whose visual acuity did not meet the legal driving standard were excluded. Children with neurological or physical disability which prevented them from driving were also excluded. For the remaining cohort we collected data on birth weight, gestational age, most recent visual acuity and refractive error. Visual fields were performed by an experienced visual field technician at the Royal Victoria Eye and Ear Hospital for those who didn't already have a visual field performed by another hospital or optician. Visual field criteria for driving in Ireland are as follows: the horizontal visual field should be at least 120 degrees, the extension should be at least 50 degrees left and right and 20 degrees up and down.

Results
A total of 20 patients met the inclusion criteria and participated in this study.
The majority of these patients passed the visual field criteria for driving.

Conclusions
According to previous studies, the ability of adults treated with retinal laser for ROP to pass driving standards largely depends on the extent of their peripheral vision loss, the presence of refractive errors, and the specific visual field requirements set by local driving authorities. While central vision is often well-preserved in these individuals, the loss of peripheral vision is a significant barrier to meeting the visual field criteria for driving. Studies consistently show that many individuals treated for ROP with retinal laser therapy struggle to meet the 120-degree visual field requirement, often leading to disqualification from driving. However, our study demonstrated adequate visual field for driving standards in those treated with retinal laser for ROP. This study may be used to provide parents a visual prognosis at the time of treatment for long term visual development as it relates to driving. The driving standard for vision provides a useful benchmark for visual performance that can easily be understood by parents.

Outcomes from Iluvien Injections in RVEEH

Brennan I, Kilmartin D, Murphy C.
Royal Victoria Eye and Ear Hospital, Dublin.

Objectives
The aim of this study was to evaluate the long-term outcomes of Iluvien intravitreal injections in patients with non-infectious posterior segment uveitis at the Royal Victoria Eye & Ear Hospital. Specifically, we aimed to assess changes in visual acuity (VA), intraocular pressure (IOP), central subfield thickness (CST) on macular OCT, and the percentage of active patients over time.

Methods
Injections in 50 eyes from 38 patients were identified from pharmacy records of Iluvien prescriptions from 2021-2024. A retrospective chart analysis of patient outcomes was conducted, collecting data at baseline (last recorded visit pre-injection), then 1 month, 6 months, 1 year, and 2 years following injection. The primary outcome measures included VA (logMAR), IOP, CST and the percentage of patients showing active disease. Lens status and treatments for raised IOP were also documented.

Results
The percentage of active patients decreased dramatically from 62.2% at baseline to 13.6% at 1 month and remained low out to 2 years (8.3%). The average CST at baseline was 348.4 µm (95% CI: 45.1), which decreased by 26% to 258.5 µm (95% CI: 18.3) at 1 month, and remained stable at 251.5 µm (95% CI: 52.4) at 2 years. VA was broadly stable over the two year period, improving slightly from an average of 0.5 logMAR (95% CI: 0.1) at baseline to 0.5 logMAR (95% CI: 0.2) at 2 years, with small fluctuations at each interval. IOP remained stable, with an average of 14.0 mmHg (95% CI: 1.0) at baseline and 16.9 mmHg (95% CI: 1.7) at 1 month, showing minor fluctuations over time, with a return to baseline levels (14.5 mmHg, 95% CI: 2.5) at 2 years. Of those who were not pseudophakic before being treated with Iluvien, 45.8% (n=11) required cataract surgery following the injection. 13 patients required additional IOP-lowering treatment during the follow-up period; 10 of these patients were managed with drops alone, while 3 required surgical intervention. There were no cases of endophthalmitis.

Conclusions
Iluvien injections resulted in a significant reduction in CST and a reduction in the proportion of active patients, indicating effective long-term management of uveitis and macular oedema. Despite this, VA did not improve to the same degree. IOP remained stable throughout the study period. A considerable proportion of patients required additional IOP-lowering treatment, and nearly half of those who were not pseudophakic pre-operatively needed cataract surgery following the injection. These findings suggest that Iluvien is an effective treatment option for uveitis and macular oedema, early treatment may be warranted to preserve VA, and careful monitoring of IOP and lens status is necessary.

Wednesday PM 4pm to 5pm

Enhancing Medical Education: The Impact of Blended Learning in Ophthalmology

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[2]SIM Centre for Simulation Education and Research, RCSI, Dublin.
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Objectives
The objective of this study is to compare the perspectives and satisfaction of educational partners with a revised blended learning (BL) ophthalmology curriculum. This curriculum was introduced based on feedback from educational partners and the results of our initial evidence-based study, which compared traditional delivery (TD) and an online flipped classroom (OFC) model as an educational response to the pandemic.

The revised Blended Learning curriculum aimed to foster the development of higher-order cognitive skills (e.g., analysis, synthesis, evaluation) and clinical preparedness by aligning with Bloom's Taxonomy and principles of experiential learning. This study compares students' perceptions of the BL and OFC models and assesses the impact of these curricula on knowledge gain.

Methods
A non-randomized intervention study was conducted with fourth-year senior cycle medical students at RCSI during their ophthalmology clinical attachment (BL: 257 students, response rate = 23.0%; OFC: 114 students, response rate = 24.6%; TD: 129 students, response rate = 17.8%). Student and faculty perceptions were assessed using the validated Course Experience Questionnaire (CEQ36), which measures six key learning environment constructs: Good Teaching (GT), Generic Skills (GS), Appropriate Assessment (AA), Appropriate Workload (AW), Clear Goals and Standards (CG), and Emphasis on Independence (IN). Faculty perspectives on engagement and instructional effectiveness were also analysed. Additionally, exam scores were compared across cohorts to evaluate knowledge gain.

The transition from TD to OFC during the COVID-19 pandemic revealed challenges with self-directed learning and engagement. Faculty (n=5) also highlighted difficulties in maintaining student motivation and interaction. In response, a BL approach was introduced, integrating online content with in-person seminars and practical sessions.

Results
Overall, students indicated a strong preference for BL over OFC. The BL group found it easier to determine expected academic standards (77.42% vs. 60.71%) and reported significantly greater satisfaction with staff motivation (95.16% vs. 64.29%, $p < 0.001$) and feedback provision (74.19% vs. 46.43%, $p = 0.004$). Additionally, BL students reported increased satisfaction with learning autonomy (33.88% vs. 60.71%, $p = 0.31$) and assessment methods (59.68% vs. 89.28%, $p = 0.004$) compared to the OFC group.

While no statistically significant difference in exam scores was observed between the BL and OFC groups, we identified a statistically significant improvement in knowledge gain for BL students when compared to the previous gold-standard TD model. Furthermore, BL students perceived significant improvements in analytical skills (64.52% vs. 42.85%, $p = 0.023$) and teamwork abilities (69.36% vs. 25%, $p < 0.001$)—key attributes essential as they transition into practice as healthcare professionals.

Conclusions
Educational partner-driven curriculum design is crucial for optimising teaching and learning strategies. While digital learning enhances technological proficiency, in-person engagement remains essential for fostering higher-order thinking, teamwork, and clinical preparedness. Our research suggests that a blended learning (BL) approach is a scalable, evidence-based, and resource-efficient model that not only enhances knowledge gain but also supports the modernisation of medical education. This aligns with the growing policy priorities of the Medical Council and addresses the evolving needs of medical education, especially in the wake of the COVID-19 pandemic. By enhancing preparedness for practice, BL offers a solution to current educational challenges. Ultimately, it creates a dynamic learning environment that can adapt to the changing needs of both students and healthcare.

Prospective Analysis of Negative Dysphotopsia following Implantation of the Tecnis Eyhance Intraocular Lens following Cataract Surgery

Gallagher D[1], O'Brien P2.
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[2]Blackrock Clinic, Dublin.

Objectives
Negative dysphotopsia (ND) is a visual phenomenon that is relatively common after cataract surgery. It manifests as an arc-shaped shadow or line, located in the temporal part of the visual field, similar to a temporal scotoma. Incidence rates vary considerably (0% to 15%). This variance can be attributed to a multitude of factors from surgical technique, intraocular lens (IOL) design and individual anatomical variations. For the majority of patients, symptoms of ND all but disappear 6-12 months post-operatively. Our study aims to identify if certain specific variables are associated with an increased risk of ND with the use of the Tecnis Eyhance monofocal plus IOL.

Methods
There were 111 participants and a total of 149 consecutive uncomplicated cataract surgeries performed by a single surgeon. 35 (31.5%) male and 76 (68.5%) female subjects. 38 (34.2%) had surgery on both eyes. Groupings where according to their subjective perception of ND or absence at one month. Patients with pre-existing retinal or optic nerve pathology and those who endured a complicated cataract surgery were excluded. Pre-operative visual acuity, biometric measurements and surgical technique were recorded. Post-operative visual acuity, refraction, ND symptoms and ND scores were calculated.

Results
The average age at surgery was 74yrs (44 – 87 yrs). 51% of cataract surgeries were for the right eye. The surgeon operated on the steep axis in all cases. The post-operative review was at one-month. Biometry accuracy was comparable between the groups. There were non-significant differences in the nasal capsule overlapping the IOL in both groups (24.8% no ND group versus 25% in ND group). There was no significant difference in the post-operative spherical equivalent between the groups. The average visual acuity (VA) improvement in the group without ND (n=137, 91.9%) was 0.28 LogMAR, 108 (78.8%) cases achieving ≥ 0.1 LogMAR.
12 cases (8.1%) reported ND symptoms. 10 (83.3%) of these surgeries were for the left eye. Visual acuity improved on average by 0.47 LogMAR and 11 (91.7%) subjects achieved ≥ 0.1 LogMAR in this cohort. One patient who had bilateral surgery had ND symptoms in both eyes, four had bilateral surgery with one eye affected, the remaining six had only one eye operated on.5 (41.7%) of participants had moderate to severe symptoms.

Conclusions
ND is a relatively common occurrence, particularly in the first few weeks' post cataract surgery and is not associated with the level of VA obtained. This phenomenon usually subsides within 6-12 months post-surgery without intervention. Our study has concluded that it is more likely to occur in left eye surgeries and not influenced by nasal capsular overlap. The number of subjects reporting ND with the use of the Tecnis Eyhance monofocal plus IOL is not dissimilar to that reported with other standard monofocal IOL's. Limitations include sample size due to the relatively low occurrence of ND symptoms and duration of follow up.

Immediate Sequential Bilateral Cataract Surgery: The Mater Experience and a Model for the Future

McGrath R, Brennan N.
Mater Misericordiae University Hospital, Dublin.

Objectives
With an aging population, demand for cataract surgery in Ireland is projected to increase by 50% by 2035. Meeting this demand necessitates redesigning theatre processes to maximize output and efficiency, without cutting corners that compromise patient care. Immediate Sequential Bilateral Cataract Surgery (ISBCS) has been well described in other countries to provide excellent patient outcomes and faster recovery while increasing theatre efficiency. We describe our experiences of implementing this model in MMUH in Dublin.

Methods
We prospectively gathered data on the first 200 consecutive patients (400 consecutive eyes) undergoing ISBCS under local anesthesia in MMUH. Data was gathered on patient demographics, commuting distance to the hospital, theatre and intraoperative procedures and complications, visual and refractive outcomes, and theatre efficiency.

Results
58% of patients were female with a mean age of 72.3. The ISBCS model saved one theatre visit and one post-operative clinic visit each per patient, cutting the total patient journey from 5 visits to 3. The average distance commuted by patients to the hospital was 42km and the ISBCS model cumulatively saved patients ~30,000km of travel and 6 tonnes of CO2 emissions. 98% of patients were performed with topical or intracameral anesthesia only. Mean visual acuity improved from 0.42 logMAR to 0.16 logMAR (p <0.00001). 94.4% of eyes were >0.3 logMAR and 100% of patients had at least one eye >0.3 logMAR at one month. 98.1% of eyes were <1D from refractive target and 81.5% of eyes were <0.5D from refractive target. There were no cases of bilateral simultaneous endophthalmitis and only one case of bilateral postoperative cystoid macular oedema. Mean turnover time between patients was 13.8 minutes and mean turnover time between eyes was 3.6 minutes. 100% of theatre lists finished on or ahead of time and the ISBCS model has to date allowed lists of 10 phacos to be completed in under 3 hours.

Conclusions
ISBCS represents a safe, effective, and highly efficient means to optimise theatre efficiency , provide high quality patient care and help meet growing population demand. It has been successfully implemented into MMUH practice and could be adopted in other units across Ireland.

Evaluation Of Key Performance Indicators For Cataract Surgery At The Royal Victoria Eye And Ear Hospital, Dublin

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[1]**Ophthalmology Department, Royal Victoria Eye and Ear Hospital, Dublin.**
[2]**School of Medicine, Trinity College Dublin, Dublin.**

Objectives
This study examines the key performance indicators (KPIs) for cataract surgery at the Royal Victoria Eye and Ear Hospital, Dublin, from January 2021 to December 2024. The goal is to assess the quality, efficiency, and outcomes of cataract surgeries, identify trends, and evaluate the success of hospital protocols. The study was conducted at the Royal Victoria Eye and Ear Hospital, Dublin, the national referral centre for ophthalmology in Ireland.

Methods
Data was collected over the four-year period, January 2021 to December 2024, covering both pre-pandemic and pandemic periods, to assess performance trends. Data was analysed using the mediSIGHT audit tool. Four KPIs were assessed and compared to international benchmark standards: posterior capsule rupture (PCR) rate, with and without vitreous loss <1.95%; microbiologically confirmed endophthalmitis after cataract surgery <0.04%; biometry accuracy in cataract surgery, defined as deviation from predicted spherical equivalent within one dioptre >85%; good vision after cataract surgery, defined as visual acuity ≥ 6/12, excluding ocular co-pathology >90%.

Results
Data collected from the Hospital In-Patient Enquiry (HIPE) system showed that a total of 16,762 cataract surgeries were performed over the four-year period, January 2021 to December 2024. Of those, a total of 7,677 cataract surgeries had data available on the hospital electronic medical record (EMR) system, mediSIGHT, and were included for analysis. The overall PCR rate was 1.19%, which was within the international standard of <1.95%. The overall endophthalmitis rate was 0.01%, which was within the international standard of <0.04%. The overall biometry accuracy rate was 89.11%, which exceeded the international standard of >85%. The overall rate of good vision after cataract surgery was 91.66%, which exceeded the international standard of >90%. All four benchmarks were met in each year for the duration of the study period, aside from good vision after cataract surgery in 2021 (86.11%).

Conclusions
To our knowledge, this is the largest audit of cataract surgery in Ireland to date. The study found a steady surgical success rate throughout the period, despite the disruptions caused by COVID-19. The analysis highlighted areas of strength, such as low complication rates, while also identifying opportunities for improvement, such as in biometry accuracy. Our study demonstrates that only 45.8% of cataract surgeries were recorded on mediSIGHT, highlighting a significant opportunity to adopt surgical documentation via the EMR, in line with Sláintecare reform. The findings provide valuable insights into the performance of cataract surgery in Ireland and serve as a foundation for ongoing quality improvement initiatives, aiming to further enhance patient care, streamline surgical processes, and optimise overall performance in the future.

Imposter Syndrome in Ophthalmology Trainees – Are we our own Worst Enemies?

Monaghan M, Ford R.
Bristol Eye Hospital, Bristol, United Kingdom.

Objectives
Imposter syndrome (IS) describes the experience of feeling fraudulent or doubting one's achievements. Female physicians have higher rates of IS. Although explored in other surgical fields, there has been no research to determine prevalence within Ophthalmology residents. We aim to review prevalence of IS in Ophthalmology residents and understand if there are any characteristics linked to the expression of IS.

Methods
A cross-sectional study was performed utilising an online survey. Demographics were collected. The Clance Imposter Phenomenon Scale, a validated IS survey, was completed. Lastly, potential compensatory mechanisms including conferences/courses, academic articles read, and hours worked, were collected. Survey items were adapted from a previously published survey. Responses were anonymous. Ethical approval was obtained institutionally from the Head of School.

Results
12 of 26 ophthalmology residents completed the survey. (46% completion rate). 87.5% of female residents demonstrated moderate or frequent characteristics of IS, compared to 50% of male residents. 62.5% of female residents demonstrated frequent characteristics compared to 25% of male residents. There were no demonstratable additional characteristics linked to expression of IS characteristics.

Conclusions
IS is prevalent within Ophthalmology residents, and as found in other specialties, is heightened within the female cohort. IS can result in the downplaying of accomplishments and underestimation of abilities, which may lead to lower levels of recognition and slower career advancements. In addition, IS can be associated with higher levels of anxiety, depression, and stress. Further research is required to fully understand the origins of IS and its impact on the future surgical workforce, and to enable appropriate resources to be provided to mitigate its impact on equity of opportunity.

To Assess Cataract Surgical Outcomes from the First Week of Surgery at a Rural Eye Hospital in Kenya

Kilmartin D.

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[2]Royal Victoria Eye & Ear Hospital, Dublin.
[3]School of Medicine, University College Dublin.
[4]Fiat Lux Foundation, Palo Alto, California, US.

Objectives

Retrospective chart review. Visual acuity measured independently using a digital logMAR chart. Patients were listed for either phaco (6/60 or better vision) (Faros, Oertli, Instrumentate, Switzerland) or manual small incision cataract surgery (SICS) (worse than 6/60) over the first 7 days of eye surgery at a new eye hospital (Transcend Eye Hospital) in rural northwest Kenya by 4 surgeons. All phacos were teaching cases and partially performed by one experienced surgeon (DK) and SICS were performed by both experienced and trainee eye surgeons (HK, DK, PG, EN). Standard phaco or SICS sutureless techniques were used with insertion of a foldable monofocal hydrophobic acrylic IOL (Genphob, India) in phaco or a fixed PMMA IOL (Genvue, India) in SICS.

Methods

48 eyes of 47 patients underwent cataract surgery by either phaco (22 eyes) or SICS (26 eyes). Most patients were male (60%), mean age 66.7 years with pre-op duration of cataract diagnosis 3.0 years. Most had systemic co-morbidities (87%) but eye co-morbidities were less common (31%). Overall at 4 weeks post-op, 36 eyes (75%) achieved good (6/18 or better) unaided visual acuity (phaco 91%, SICS 62%) and 19 eyes (40%) achieved excellent (6/6) unaided visual acuity (phaco 60%, SICS 38%). Posterior capsule rupture was seen in 6 eyes (13%) (phaco 14%, SICS 12%). There were no major complications like endophthalmitis or dropped nuclei. Poor outcome (<6/60) (6%) was associated with either poor pre-op visual acuity or trauma.

Results

Outcomes achieve near WHO standards (80% achieving 6/18 or better visual acuity) and are better in phaco which may reflect a selection bias. SICS achieves acceptable safe standards and maintains a real role in developing countries due to cataract density/vision suitability and cost differential. Excellent visual outcomes in developing countries are similar to developed high income countries with appropriate equipment.

Thursday AM 9am to 10am

Assessing the Effectiveness of Pre and Post Cataract Surgery Medical Education Videos in a Single Cataract Unit

McCreery A, O'Regan A, Ng N, Horgan N, Lee P.
St Vincent's University Hospital, Dublin.

Objectives
Cataract surgery is the most commonly performed surgical procedure in Ireland, with over 33,000 cases in 2021. Patients typically spend an average of two hours at their pre-operative assessment, during which information is often repeated. To improve efficiency and reduce duplication, our cataract unit developed two concise, patient-facing educational videos tailored to the pre-operative and post-operative phases of care. Our primary aim was to assess the impact of these videos on patient understanding, satisfaction, and overall experience. With support from the HSE Spark Seed Grant (€5,000), we sought to further enhance the quality and delivery of these videos.

Methods
A series of short, engaging videos were developed to explain key aspects of the cataract surgery journey, including pre-operative preparation, the surgical procedure, and post-operative care. These were shown to patients attending cataract assessment clinics and provided for home viewing. Feedback was collected via patient questionnaires assessing comprehension, anxiety levels, and satisfaction.

Results
Our early survey of our patients who viewed the videos reported improved understanding of the procedure (91.3%) lower pre-operative anxiety (measured on a standardized scale), and higher overall satisfaction scores. 0ver 70% of the patients stated they understood the risks and complications of cataract surgery better after watching the video.
Staff also reported fewer repetitive queries and improved clinic flow. The videos were particularly valued by patients with limited literacy or non-English first languages due to the use of clear visuals.

Conclusions
Educational videos are an effective and scalable tool to enhance patient understanding, reduce anxiety, and improve overall satisfaction in the cataract surgery journey. Their integration into routine care can streamline communication and reduce the burden of repetitive information-sharing for clinical staff. Building on the success of this project, we aim to expand and refine our video library, with the long-term goal of making these resources accessible across all cataract units nationally. The initiative has been recognized as a finalist in the 2025 Irish Health Care Awards, further supporting its value in advancing patient-centered care.

Automated Retinal Vessel Analysis Reveals Early Treatment Effects of Acetazolamide in Idiopathic Intracranial Hypertension

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[4]Department of Ophthalmology, UT Southwestern, Dallas.
[5]Icahn School of Medicine, Mount Sinai, New York City.
[6]Department of Electrical and Computer Engineering, University of Iowa, Iowa.
[7]Department of Ophthalmology and Visual Sciences, University of Iowa Hospitals and Clinics, Iowa.

Objectives
Acetazolamide (ACZ) lowers cerebrospinal fluid (CSF) pressure and reduces retinal venule diameter in individuals with idiopathic intracranial hypertension (IIH). This study employed an automated vessel measurement technique to identify and quantify retinal vascular changes following ACZ therapy.

Methods
Fundus images from 165 IIH patients enrolled in a randomised clinical trial were evaluated. Participants received either ACZ or placebo in combination with weight management. Retinal vessels were analysed from baseline to the 6 month follow-up using the Automorph analysis pipeline. Venule diameters were standardised against corresponding arteriolar widths.

Results
At baseline, the average venule diameter was 139µm ± 27µm. After six months, those treated with ACZ showed a significantly greater reduction in venule diameter (-2.15µm, $p < 0.05$) compared to the placebo group (-1.39µm, $p < 0.05$). ACZ-treated participants also experienced an arteriolar diameter increase at two months (5.02µm, $p < 0.05$) versus placebo (2.8µm, $p = 0.14$). Standardising venule measurements by arteriolar width revealed significant reductions as early as one month post-treatment with ACZ.

Conclusions
Response to ACZ can be detected and quantified in patients with IIH via automated analysis of retinal vasculature.

The Successful Integration of Telemedicine into Paediatric Ophthalmology and Strabismus Practice

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Objectives
The aim of this study is to show that telemedicine can be a useful tool in aiding the diagnosis and management of various presentations in the field of Paediatric Ophthalmology and Strabismus.

Methods
Referrals were triaged to identify suitability for initial consultation.
Suitable patients included patients with lid lesions, tearing, strabismus surgical opinions in patients who had already received orthoptic/ophthalmic assessments and early postoperative strabismus management. Before the appointment, parents were given a time window for their appointment, instructions on the platform being utilised, and tips on how to ensure the child was focused at the camera of their device. Parents required good internet connection and appropriate technology such as mobile phone, desktop, or laptop.

In 2024 approximately 300 patients had teleconsultation of which the majority were postoperative strabismus management in the first week post-surgery. This visit allowed us to identify under or over corrections, infections, ability to manage post op drops, adherence to exercise limitations and answer questions without the need for family travel.
We assessed the family's ease and accessibility to remote consultation and used a variety of platforms including Teams, Zoom, and more recently Attend Anywhere.

Results
We found increasing ease of use of telemedicine for families over the course of the study due to improved overall familiarity with virtual platforms. A survey of strabismus surgery patients showed 98% satisfaction rate with the surgical journey, including the virtual post-operative consultation. Families were appreciative of the fact that they did not have to travel or take time off work.

Conclusions
Telemedicine in Paediatric and Strabismus practice has an important role to play in defined clinical scenarios. Its role in ROP is well established but its integration into everyday clinical practice can be expanded. Telemedicine allows us to deliver care without the need for children and parents to attend busy clinics, frees up waiting room space, reduces parental time out of work, and reduces carbon footprint.

Incidental Retinal Arterial Emboli detected during Diabetic Retina Screening – A 10 year review

Hanrahan G, Ahern E, Henry E.
University Hospital Waterford.

Objectives
Patients on the diabetic register undergo regular screening with the national Diabetic Retina Screening programme (DRS). In addition to identifying patients with Diabetic Retinopathy, this digital photographic screening provides an opportunity to detect other significant ocular abnormalities. Asymptomatic Retinal Arterial Emboli (RAE) are more common in diabetics and are associated with increased all-cause and stroke-related mortality. Current best practice advises carotid Doppler studies to identify the embolic source. The purpose of this study was to review 10 years of referrals of patients with possible RAE to the Diabetic Retina Treatment (DRT) clinic at University Hospital Waterford.

Methods
A retrospective review of all patients referred with possible RAE from the DRS to the DRT at UHW between 2013 and 2023 was performed. Data was collected on patient demographics, attendance at clinic, clinical findings, booking of carotid Doppler studies and Doppler findings, and any follow up treatment required.

Results
578 patients were referred with possible RAE to the DRT at UHW during this 10-year period.20.3% failed to attend. Of those who did attend, 49.4% were found not to have an RAE. The remaining 50.6 % had RAE confirmed either at the clinic visit or on review of the DRS images. 88.9% of those with RAE had Doppler studies booked. 11.1% did not undergo Doppler studies. This was due to 75.8% having had a recent stroke work up, 21.2% had known carotid disease and 3.03% were medically unsuitable for further investigation. Significant findings on Doppler studies including moderate to severe stenosis, plaque formation and intimal medial thickening, warranted onward referral to the Vascular Surgery unit at UHW.

Conclusions
Diabetic patients are at higher risk of stroke, cardiovascular disease and death compared to the non-diabetic population. This risk increases with the presence of RAE. The management of patients with RAE involves identification of risk factors and establishing treatment pathways which may include anti-platelet therapy or vascular surgical intervention. The detection of asymptomatic RAE at DRS provides an opportunity for health optimisation in this patient group. This review has led to the creation of a more formalised referral pathway for these patients.

A Ten Year Review of the Vitreoretinal Service at University Hospital Waterford

Ahern E, Doris J.
University Hospital Waterford.

Objectives
To describe the caseload and outcomes of a single surgeon led vitreoretinal (VR) service and correlate with available epidemiological data of the South-East health region of Ireland.

Methods
Retrospective analysis of all VR operations performed between 2015 and 2024. The total number surgeries performed per year was analysed with respect to the estimated population of the South-East health region according to Central Statistics Office data. Outcomes specific to retinal detachment surgeries were assessed.

Results
A total of 1852 VR surgeries were performed. 474 were retinal detachment (RD) surgeries, 189 were macular hole (MH) repairs with the remainder epiretinal and/or internal limiting membrane peels, delaminations and vitrectomy for vitreous haemhorrage or endophthalmitis. Regarding RD surgery, mean success rate defined by primary anatomical reattachment

was 85.51% and LogMAR VA of 0.3 or better was achieved in 52.6% of patients. The population of the South-East region of Ireland increased from approximately 415,600 in 2016 to 475,200 in 2024 marking a 14.34% growth. There was a 2.8% average annual increase in total number of vitreoretinal (VR) surgeries performed per year. RD surgeries performed per year increased by an average of 6.6% annually. MH surgeries performed per year increased by an average of 6.4% annually. A substantial number of emergency VR surgery was performed in emergency theatre outside of normal working hours.

Conclusions
Surgical success in RD surgery performed in University Hospital Waterford is in keeping with published international standards. An increase in the VR caseload was observed simultaneously with the increasing population of the health region. Restructuring of the South-East region VR service will be a necessity in future as the population increases beyond what is feasible for a single consultant led service.

Continuous Home Monitoring of Ocular Perfusion Pressure: A Pilot Study Demonstrating a Novel Methodology and its Implications

Fouda B[1,2], Woods B[3,4], Delaney Y[1], O'Brien C[1,2].
[1]**Department of Ophthalmology, Mater Misericordiae University Hospital, Dublin,**
[2]**UCD School of Medicine, Dublin,**
[3]**Department of Ophthalmology, Galway University Hospital.**
[4]**Physics Department, School of Natural Sciences, University of Galway.**

Objectives
Ocular Perfusion Pressure (OPP), calculated as the difference between Arterial Blood Pressure (BP) and Intraocular Pressure (IOP), is the pressure at which blood enters the eye ensuring adequate perfusion of ocular structures. Nocturnal dips in OPP, typically when an individual is in a supine position during sleep, are thought to be a significant factor in glaucoma progression. Currently, the clinical assessment of OPP relies on single-point measurements of IOP and BP taken in an upright position during daytime hours, which does not capture the dynamic changes in OPP that occur over a 24-hour period and longitudinally over multiple days. This pilot study offers a novel methodology, demonstrating the feasibility of continuous home-based monitoring of OPP.

Methods
Our proposed methodology combines the Aktiia cuffless wrist-based 24-hour BP monitor with the iCare HOME2 rebound tonometer to provide an estimate of OPP at 6 time points spaced throughout the day - four upright measurements starting in the morning, followed by two supine measurements in the evening and following morning.

Results
In this pilot study, we collected 7 - 10 days of circadian time-series data from 5 subjects (Aged 20-66; M:F 3:2), comprising 4 healthy volunteers and 1 Normal Tension Glaucoma (NTG) patient. Among healthy volunteers, across the 6 time points of interest, Average Mean Arterial Pressure (MAP) was 86.62, 87.76, 87.77, 85.32, 84.68, and 81.1 respectively while average IOP was 15.07, 14.86, 13.38, 12.43, 11.6, and 15.92 respectively. Average OPP was 42.67, 43.65, 45.14, 44.45, 44.85, and 38.16 respectively. In comparison, for the NTG patient average MAP was 95.92, 99.48, 96.75, 100.57, 97, and 95.548 respectively while average IOP 14.81, 13.07, 12.69, 10.07, 15, and 24.38 respectively. Average OPP was 49.13, 53.25, 51.81, 56.98, 49.67, and 39.32 respectively. In healthy volunteers we observed a MAP nocturnal dip of 4.58%, an IOP nocturnal dip of 1.24% and an OPP nocturnal dip of 5.62%. In contrast, the NTG patient displayed a MAP nocturnal dip of 1.94%, an IOP nocturnal rise of 55.5%, and an OPP nocturnal dip of 15.72%. The coefficients of variation of MAP, IOP and OPP in healthy volunteers were 2.94%, 12.09%, and 6.03% respectively, while in the NTG patient they were 2.07%, 32.83%, and 11.91% respectively.

Conclusions
This pilot study confirms the feasibility of our methodology to successfully capture circadian fluctuations in MAP, IOP, and OPP in healthy volunteers and glaucoma patients. This approach will enable monitoring of these key physiological parameters in future research and clinical practice.

Friday AM 9.30am to 10.30am

TINU syndrome- A Case Series

Farnan R, Casey R, Leavey S, Stokes J.
University Hospital Waterford.

Objectives
Tubulointerstitial nephritis and uveitis (TINU) syndrome, characterised by the co-occurrence of tubulointerstitial nephritis and uveitis in the absence of other systemic diseases, presents a diagnostic challenge due to its nonspecific symptoms. This case series aims to shed light on TINU syndrome's clinical features, underlying causes, and management strategies.

Methods
Through the analysis of five TINU syndrome cases, this case series provides insights into the clinical presentations, laboratory findings, and biopsy results of patients with TINU syndrome. The cases include individuals with associated systemic conditions such as asthma, psoriasis, hyperthyroidism.

Results
This paper presents five cases of TINU syndrome in a major teaching hospital in the south east of Ireland with consideration shown to each presentation, management and follow-up plans. The ratio of males to females reported was 4:1. Two of the patients in this case series presented with ocular symptoms initially while the other three presented with classical nephrology presentations. All five patients received histology input with renal biopsy reports definitely proving interstitial nephritis. From an ophthalmology standpoint, the clinical presentation was similar with four out of five cases reporting bilateral red eye on examination. All of the cases were diagnosed as having non-granulomatous anterior uveitis with no intermediate, posterior, pan uveitis in any of the cohort as diagnosed clinically by ophthalmologists.

Conclusions
In conclusion, TINU syndrome is a rare and likely to be under-diagnosed condition. The key learning point is the necessity to add in extra investigations in the clinical context of bilateral uveitis. Here, a serum creatinine and urea level in addition to β2 microglobulin are relevant markers as to consider a renal component to the disease state. This would prompt a close relationship between ophthalmology and other clinical specialties.

Trabeculectomy for Normal Tension Glaucoma: Outcomes Over 5 years in a Tertiary Referral Centre

Coman A, O'Connor J, Murphy R, Doyle A.
Royal Victoria Eye and Ear Hospital, Dublin.

Objectives
To evaluate the long-term outcomes of trabeculectomy in patients with normal tension glaucoma (NTG) over a five-year period in a single-centre cohort.

Methods
A retrospective electronic medical record (EMR) analysis was performed of 32 eyes from 26 patients in a tertiary referral Glaucoma service from January 2020 to February 2025 with a confirmed diagnosis of NTG. This study included all NTG patients who, despite max medical therapy were demonstrating progression on visual field analysis and underwent a trabeculectomy in a single institution.

Exclusion criteria included other open angle glaucoma diagnoses (POAG, PXFG).

Findings collected include patient demographics, eye laterality, pre-operative and post-operative IOP at 3 months, 6 months, 12 months and visual acuity, number of pre-operative medications. Bleb status, complications and requirement for further

surgical intervention was documented. Surgical success was defined as the need for a subsequent glaucoma procedure, including SLT, IOP >21mmHg at last outpatient visit or IOP reduction <20% from baseline or an increase in number of glaucoma medications prescribed from last visit.

Results
A total of 329 trabeculectomy surgeries were performed over the 4-year exam period, under the care of 3 glaucoma surgical consultants. Trabeculectomy in the setting of NTG represented 9.7% of all trabeculectomy surgeries.
The mean age at time of surgery was 68.9 years (56-81 years), three quarters of whom were female. Presenting VA ranged from 6/6 to CF. The mean pre-operative IOP was 14.3mmHg ±2.4mmHg. The average IOP at 12 months was 11.3mmHg ± 3.8mmHg. The average decrease in IOP was 5.4mmHg ± 2.7mmHg. Additionally, the mean number of medications required post-operatively was significantly reduced, with 70.4% (19/27)of patients requiring no drops at 12-month follow-up. Five patients were subsequently followed up in a different centres.
Eight eyes (25%) required reintervention during the exam period and these indications included raised IOP with an encapsulated bleb requiring bleb needling (15.6%), bleb revision (6.3%) and hypotonous maculopathy (3.13%). Trabeculectomy was deemed a success in 53.8% of cases. However, this figure is most likely under-representative of the cohort due to limited access to long term follow-up notes of patients discharged to alternative clinics.

Conclusions
Trabeculectomy provides an effective method for IOP control and a reduction in topical medication burden in the majority of NTG patients over a five-year period.

Our experience: The Response to Intravitreal Aflibercept-8mg in Previously Non-Responsive Wet ARMD Patients

Ng N, Hanrahan G, Henry E.
University Hospital Waterford.

Objectives
To assess the effectiveness of intravitreal Aflibercept 8mg in the management of wet neovascular age related macular degeneration (ARMD) in patients deemed non-responders to alternative intravitreal anti- vascular endothelial growth factor (VEGF) therapy.

Methods
32 eyes in 30 patients undergoing a treat-and-extend regimen of intravitreal anti-VEGF therapy for wet ARMD were deemed to be non-responders to existing therapy. Outcomes following change to Aflibercept-8mg therapy were assessed based on the following parameters: Pre- and post-treatment best corrected visual acuity (BCVA), pre- and post-treatment OCT findings including central retinal thickness (CRT), changes in intra-retinal (IRF) and subretinal fluid (SRF), and adverse events.

Results
Mean number of prior injections was 15.5 (range 4 – 41). Of those prior injections, 50.4% were with Aflibercept 2mg, 48.8% were with Avastin and the remainder Lucentis. 94.5% of patients responded to Aflibercept 8mg. There was no difference in mean BCVA from baseline, however, 39% of patients reported 1 line improvement in BCVA whilst only 13% had a worse BCVA. Of those positive responders, 82.3% had complete resolution of IRF, with the remaining demonstrating significant reduction in IRF. All responders demonstrated a complete resolution of SRF. Mean pre-injection CRT was 342.7µm (range 215-828); mean post injection CRT was 231.0 (157- 367) with a mean reduction in CRT of 107.8 (605-+65). No adverse systemic events were reported and 2 patients experienced elevation in intraocular pressure requiring further intervention.

Conclusions
Aflibercept 8mg provides a promising therapeutic alternative to patients with wet ARMD who have proved non-responsive to previous intravitreal therapy.

In Focus: Evaluating Limbal Relaxing Incisions and Toric Intraocular Lens Outcomes in a High Volume Cataract Unit

McElhinney K, Mongan A, McCloskey C, Mullaney P.
Sligo University Hospital.

Objectives
Cataract surgery aims to minimise refractive errors, yet postoperative astigmatism remains a challenge. Techniques to address this include limbal relaxing incisions (LRI) and toric intraocular lens (IOL) implantation. This study evaluates their efficacy in reducing astigmatism.

Methods
A retrospective review examined all patients who underwent cataract surgery in Sligo University Hospital between January to December 2024 – including those with refractive procedures performed (LRI or Toric IOLs). Parameters including pre- and post-operative refraction, keratometry, and unaided/best-corrected visual acuity were assessed. Our primary outcome compared pre-op keratometric astigmatism with post-op refractive astigmatism.

Results
1109 patients underwent cataract surgery in 2024 in SUH between January to December 2024. 109 patients (10%) received LRI treatments, pre-operatively these patients had a mean keratometric astigmatism of 1.48D (±0.33D)(Range 0.63D to 2.70D), and a mean astigmatism on refraction of 1.28D (±0.72D)(Range 0 to 3.25D). Post-operative refraction was available on 65 patients (60%). Mean astigmatism on refraction post-operatively was 1.12D (±0.56D)(Range 0 to 2.50D). The mean improvement in absolute astigmatism following cataract surgery with LRI in this cohort was 0.38D (±0.59D)(range 1.57D reduction to 1.04D increase in astigmatism). Astigmatism was reduced in 49 patients (75%) while astigmatism increased in 16 patients (75%).
Toric IOLs were implanted in 57 patients (5%), pre-operatively these patients had a mean keratometric astigmatism of 3.02D (±1.00D)(Range 1.92D to 6.36D), and a mean astigmatism on refraction of 2.24D (±1.20D)(Range 0 to 4.25D). Post-operative refraction was available on 41 patients (72%). Mean astigmatism on refraction post-operatively was 1.09D (±0.73D)(Range 0.00 to 4.00D). All Toric IOL implantation patients (100%) had reduced astigmatism - the mean improvement in absolute astigmatism was 1.80D (±1.09D)(range from 0 to 4.86D reduction in astigmatism).

Conclusions
Our study suggest that LRI is a cost-effective method for modest reduction in post-operative astigmatism, however results are variable. In our patient cohort, Toric IOL implantation consistently and reliably corrected high levels of astigmatism suggesting it can be safely and effectively incorporated into any cataract surgery list.

Retrospective Study of Postoperative Endophthalmitis and Sterile Postoperative Inflammation at the Royal Victoria Eye and Ear Hospital

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[1]Royal Victoria Eye and Ear Hospital, Dublin.
[2]Department of Clinical Microbiology, National Maternity Hospital, Holles Street, Dublin.

Objectives
To characterise the clinical presentation, visual outcomes, and complications associated with postoperative infectious endophthalmitis (POE) and severe sterile postoperative inflammation (POI). Additionally, to describe the microbiological results of POE cases and assess visual outcomes among culture-positive POE, culture-negative POE, and POI.

Methods
A retrospective chart review was conducted on all patients who underwent vitreous biopsy and/or anterior chamber paracentesis at the Royal Victoria Eye and Ear Hospital between 2012 and 2022. Patients diagnosed with POE or severe sterile POI were included. POE was defined as severe intraocular inflammation clinically attributed to infection following ocular surgery or invasive ocular procedures. Data collected included demographic details, presenting symptoms, clinical examination findings, microbiological results, initial and most recent LogMAR visual acuities (VA), and associated complications.

Results
To date, 34 episodes of POE (in 33 patients) and 10 episodes of POI (in 10 patients) have been identified. Among POE cases, 18 were culture-positive, and 16 were culture-negative. The most commonly identified organisms were Staphylococcus epidermidis (9/18), other Staphylococcus species (4/18), Streptococcus species (2/18), and other bacteria (3/18). Pain was reported in 94% of culture-positive POE cases, 80% of culture-negative POE cases, and 38% of POI cases. Median VA improved from 2.4 LogMAR to 2.1 LogMAR ($p = 0.2$) in culture-positive POE, from 2.4 LogMAR to 0.5 LogMAR ($p < 0.01$) in culture-negative POE, and from 0.6 LogMAR to 0.2 LogMAR ($p < 0.01$) in the POI group. One patient with culture-positive POE developed sympathetic ophthalmia.

Conclusions
Preliminary findings demonstrate a significant VA improvement in culture-negative POE and POI cases, and a non-significant improvement in culture-positive POE cases. Data collection and analysis are ongoing.

"Return to Lviv": A Collaborative Humanitarian Effort in Ophthalmic Care

Hughes D, Mc Loughlin W, Cackett P.
The Princess Alexandra Eye Pavilion, Edinburgh, Scotland.

Objectives
This presentation will highlight several key aspects of the project:
Planning and Execution: Details of the organisational framework, including partnerships with charities, healthcare providers, and local Ukrainian medical teams. The session will also discuss strategies for collecting and assessing the quality of donated equipment.
Logistics and Challenges: Insights into overcoming logistical hurdles such as cross-border transportation, customs clearance, and the challenges posed by operating in a conflict-adjacent zone.
Impact and Outcomes: A summary of the project's immediate and longer-term benefits, including how the delivered equipment has been utilized by ophthalmologists in Ukraine to restore essential services and improve patient care.
Lessons Learned and Future Directions: Reflections on the successes and challenges of the "Return to Lviv" project, including recommendations for future humanitarian initiatives in the field of ophthalmology or other medical specialisations.

Methods
The ongoing conflict in Ukraine has created widespread humanitarian challenges, including a critical strain on the country's healthcare system. In response to the pressing need for specialised medical equipment, the "Return to Lviv" project emerged as a collaborative initiative with a UK-based charity, aiming to support ophthalmic services in Ukraine. This presentation will outline the project's mission, execution, and impact, with the goal of sharing practical insights and inspiring similar efforts in crisis situations.

Results
The "Return to Lviv" project was developed in direct response to reports from medical professionals in Ukraine about shortages of ophthalmic equipment and supplies. The initiative involved the collection of vital equipment across the United Kingdom, including diagnostic devices, surgical instruments, and consumable supplies. Collaboration with healthcare providers, charitable organisations, and individual donors was instrumental in gathering the resources needed.
The logistical challenge of transporting sensitive medical equipment across international borders was a core component of the project. Once the equipment was collected, it was carefully packed and transported by a team of volunteers to the Poland-Ukraine border. Coordinating this delivery required navigating complex logistical, regulatory, and security concerns to ensure the safe transfer of equipment to Lviv and surrounding areas.

Conclusions
This presentation will offer attendees a deeper understanding of how targeted humanitarian efforts can be organised and implemented effectively under challenging conditions. It will also emphasise the importance of international collaboration, adaptability, and resilience in responding to the healthcare needs of conflict-affected regions.
By sharing the journey of the "Return to Lviv" project, we aim to inspire other healthcare professionals and organizations to leverage their skills and resources to make a meaningful impact in areas of need. The session will conclude with a discussion on the importance of sustained support and ongoing collaboration to address the evolving healthcare challenges in Ukraine.

POSTER SESSION

Enhancing Patient Care: A Close-Loop of an Audit of Updated Inpatient Referral Forms to Ophthalmology in University Hospital Limerick

Fels R, Coman A, Hickey-Dwyer M.
Department of Ophthalmology, University Hospital Limerick.

Objectives
The objective of the current audit was to close the loop of previous research done in University Hospital Limerick through analyzing the use and effectiveness of the updated in-patient referral forms. Particularly, the aim was to assess if the addition of a Snellen chart to the referral form increased the documentation of visual acuity.

Methods
An updated paper-based ophthalmology specific referral form was used from 1st November - 31st December 2024. As with the previous referral form, it was available throughout the hospital on the wards and in the ophthalmology outpatients department; completed by the primary referring team. All referrals were still discussed with the on-call ophthalmology doctor. New questions on the form included "Reason for the patient's admission"; "What is the patient's primary ophthalmic complaint?"; and "Is this an urgent referral". An expanded ophthalmic exam findings section was included as well which had visual acuity with a note to use the Snellen chart printed on the back of the form; pupil response to mark direct and indirect responses; ocular motility documented as either full or other and asked to describe if deemed abnormal; confrontation fields with diagrams to annotate if necessary; and fundoscopy.

Results
A total of 59 referrals were received between the months of 1st November and 31st December 2024. Of these, 42 (71%) were completed using the new form available throughout the hospital. Two (3%) were completed using the generic hospital referral form, and 15 (25%) were completed with the old ophthalmology form. Of the current patient cohort included in this audit, there were 37 females (63%), 19 males (32%), and 3 referrals had no patient identifiers. The average age was 47.9 years old (range 10 months to 90 years). Nine referrals (16.5) were from the paediatric department.

Fourteen specialties from both medical and surgical teams requested ophthalmology input for their patients; the most frequent were from general medicine (19%), nephrology (15%), paediatrics (15%), and endocrine (15%).

Three forms had no documented reason for referral. Twenty-seven (46%) had documented patient visual complaints. The most common documented patient complaints requiring a referral was for complaint blurred vision with 13 referrals (22%). Other reasons for referral included papilloedema assessment (16.5%), eye pain (7%), floaters/haemorrhages/retinal detachments (8%), trauma (5%), diplopia (4%), temporal arteritis (3%), herpes zoster/lid swelling (3%) as well as hallucinations, anisocoria, thyroid eye disease, bell's palsy, ptosis, and visual field defects. Fifteen percent of the referrals were for screening which included diabetic retinopathy, hypertensive retinopathy, pre-tuberculosis treatment, juvenile idiopathic arthritis, vitamin A deficiency, and Keiser-Flisher rings in the setting of Wilson's disease.

Urgency was marked as "yes" for 19 (32%) referrals; however, of those marked urgent, 2 did not have patient identifiers and 3 had no documented visual acuity. The forms that were marked urgent but did not have visual acuity documented were referred for blurred vision, herpes zoster ophthalmicus without documented visual complaints, and one had no documented reason for referral. Six (10%) referrals had non-urgent documented, and 17 (29%) did not document either response.

Visual acuity was documented on 35 referrals (59%) and all but one were recorded accurately. This is a 43% increase compared to the previous audit.

Pupils were recorded on 32 referrals (54%). Ocular motility was recorded on 27 referrals (52%). Confrontation fields were recorded on 29 referrals (49%) and funduscopy was documented on two referrals (3%). One referral form had "difficult to assess" noted under fundoscopy. There were two forms with "not applicable" documented under fundoscopy by the primary team. The reason for referrals of these two were for worsening diplopia and visual changes of floaters and blurriness in the setting of hypertension. A further three forms specifically documented no fundoscope available on the ward.

Conclusion
The current audit set out to close the loop on the assessment of efficacy for the inpatient referral forms used by the ophthalmology on-call services. The new forms set out to more clearly outline the information required by the on-call doctor to effectively triage these referrals, particularly by including an accessible visual acuity chart for the referring teams.

The results of this audit showed a significant increase of 43% in documented visual acuity compared to the previous ophthalmology forms, suggesting a significant benefit of providing the Snellen chart. There was a significant lack of fundoscopy information provided by the referring teams; however, around 50 percent of all referral forms had documented pupil reaction, ocular motility, and confrontation fields. While 29% of the forms collected for this audit were incorrect (i.e old ophthalmology or generic), it could be the case that more time is needed to phase out the old forms.

A limitation of this audit was the current inability to compare the visual acuities documented on the referral forms to the visual acuity obtained in the clinic as there was no retrospective chart review. Similarly, it was not possible currently to compare the accuracy of the reason for referral or patient complaint to the outcome after examination. Further research into this area could provide useful information on the level of understanding from other specialities in the hospital which may result in the need for further guidance from the ophthalmology department.

Endogenous Endophthalmitis Secondary to Systemic Ureaplasma Urealyticum: A Case Report

O'Leary E, Burke T.
Mater Misericordiae University Hospital, Dublin.

Objectives
The objectives of this abstract are to report on the first documented case of an endogenous endophthalmitis caused by Ureaplasma Urealyticum. It details the challenges in its diagnosis and to discuss the successful treatment and management of this bacterial infection.

Methods
N/A

Results
This 37-year-old female attended our eye emergency department with a right eye hypertensive panuveitis on the background of immunosuppression from relapse remitting multiple sclerosis and an inflammatory polyarthritis with, a later discovered, septic arthritic overlay. She initially had hand movements vision, raised intraocular eye pressure to 35mmHg with conjunctival injection, pigmented non-granulomatous keratic precipitates, moderate anterior chamber inflammation (2+ cells) and a limited fundal view. She underwent a vitreous and aqueous sampling procedure and intravitreal injections with vancomycin (1mg) and ceftazidime (2mg), however, these did not clinch a diagnosis. She subsequently underwent a vitrectomy but no further organisms were identified. Lastly, she underwent another vitreous biopsy which was sent for analysis with broad range polymerase chain reaction (PCR). This identified ureaplasma urealyticum as the potential cause. She gradually improved over the following weeks with systemic treatment of levofloxacin and doxycycline. 18 months following this she still remains to have 6/6 vision.

Conclusion
This case details the first recorded incident of an endogenous endophthalmitis caused by ureaplasma urealyticum. It discusses the challenging in the diagnosis of this bacteria and the successful management of same.

Clinical Outcomes of Evisceration Procedures: A Retrospective Review of Cases from University Hospital Waterford

Shah S, Mohamed M, Higgins G.
University Hospital Waterford.

Objectives
Evisceration entails the removal of all intraocular contents while preserving the scleral shell, extraocular muscles, and orbital adnexa. It is performed to relieve ocular pain in blind eyes, manage severe ocular trauma, or achieve cosmetic rehabilitation. Modern orbital implants have significantly improved both functional and aesthetic outcomes. This study reviews the cases performed at University Hospital Waterford, detailing the indications, types of implants used, and clinical results of evisceration

Methods
A retrospective review was conducted of 27 patients who underwent evisceration between 2021 and 2023. Data were collected on patient demographics, clinical indications, types of orbital implants used, post-operative complications, and patient satisfaction. All procedures were carried out by a single Consultant Ophthalmic Surgeon (Mr Gareth Higgins), specialising in corneal and oculoplastic surgery.

Results
- **Demographics:**
  Of the 27 patients, 74% were male, and 63% of procedures involved the right eye. Almost all patients (96%) had no perception of light pre-operatively.
- **Indications:**
  Painful blind eyes (63%), cosmetic concerns (30%), spontaneous perforation with uveal prolapse (4%), and self-inflicted injuries (4%). • Implants: Orbital implants were used in 81% of cases, comprising 7 porous polyethylene (EZYPOR) implants and 15 bioceramic (Billie Ceramique) implants.
- **Outcomes:**
  Post-operative complications were minimal. One patient experienced conjunctival dehiscence, and another developed ptosis, which was corrected successfully. Eighteen patients reported satisfaction with comfort and cosmetic results, two were dissatisfied with the cosmetic appearance, five could not be contacted, and two died during the follow-up period.

Conclusion
Evisceration remains an essential procedure in ophthalmic practice, delivering considerable advantages to patients with painful blind eyes or requiring cosmetic rehabilitation. This series from a tertiary care centre emphasises the procedure's value, demonstrating high patient satisfaction and minimal complication rates.

A Rare Case of Exogenous Fungal Endophthalmitis Following a Traumatic Corneal Insult

Farnan R, Farnan G, Nafees N, Rhatigan M.
University Hospital Galway.

Objectives
To report a first of its kind case of exogenous endophthalmitis caused by Rhizomucor miehei following traumatic corneal injury.

Methods
A detailed review into the clinical notes was conducted for this specific patient and took several clinical parameters into account allied with close follow-up.

Results
A 70-year-old gentleman with a recent history of trauma to the left eye involving a barbed wire two months previous presented with reduced visual acuity amid reported ocular pain. He had received appropriate treatment for uveitis in the immediate aftermath of his monocular traumatic injury involving topical steroid and cycloplegic therapy. B scan (Ultrasound

of the eyeball) and CT orbit excluded the presence of an intraocular foreign body. Blood results were unremarkable for Full Blood Count, ESR, ANA, Lyme serology, Toxoplasmosis, syphilis and bartonella. The patient then underwent an anterior chamber tap and inject. He was treated with intravitreal antibiotic therapy implicating ceftazidime and vancomycin with antifungal voriconazole. Clinical examination illustrated a quiet anterior chamber bilaterally, no visible lens artefact, ghost vessels in the left fundus along with clumps in the vitreous on the left side with suspicion for exogenous fungal endophthalmitis. Presenting visual acuity to the left eye was 6/36. Pinhole improvement optimised this to 6/30 and normal intraocular pressure was apparent following assessment. Ophthalmic history was notable for previous right-sided cataract surgery and cystoid macular oedema to the left eye. We commenced a course of oral voriconazole and arranged a follow-up review one week thereafter. At the follow-up review, a clinical decision to admit the patient and perform a core vitrectomy was made. A diagnostic vitrectomy was performed - under local anaesthetic - and vitreous samples were extracted. The vitreous culture revealed the rare Rhizomucor species as the causative organism. Susceptibility testing proved sensitivity to the Amphotericin B pharmaceutical.

Conclusion
Fungal presentations are rare compared with their bacterial counterparts, and there is a dearth of level 1 evidence on the topic of fungal causes. Hence, the purpose of this review is to update the literature on the initial diagnosis and management of this sight-threatening condition.

Rare Case of Ocular Cicratizing Pemphigoid with IgM Positive Biopsy

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Objectives
The main objectives of this case report are to draw attention towards the clinical features associated with the extremely rare entity of IgM associated ocular cicratizing pemphigoid.

Methods
A retrospective review was conducted into this case study and detailed a series of interesting findings as discussed below.

Results
A 71 year old lady was referred to the ophthalmology service with an ongoing complaint significant for bilateral gritty eyes spanning a 6 week duration and a clinical query relating to the presence of a left eye pseudo-membrane. Her medical background is significant for psoriatic spondyloarthritis, psoriasis, osteoporosis and hypertension. Her ophthalmological history is significant for bilateral cataract surgery. Initial clinic review revealed inferior superficial punctuate erosions bilaterally with no symblepharon or entropion detected. Intraocular pressure lay within the acceptable range in each eye.

Subsequent clinic review at the four month follow-up revealed a new left lower lid cicatrizial entropion secondary to subconjunctival fibrosis with bilateral dry eye. At this point, bilateral symblepharon was noted and conjunctival biopsies were taken from each side. A decision was made to proceed to left lower lid entropion repair with median spindle under local anaesthetic. Three months post left entropion repair, a recurrence of entropion on this left side was noted.

Conjunctival biopsy investigation revealed linear positivity for IgM and linear deposition of IgA and IgG along the conjunctival basal lamina. The presence of IgM positivity coincided with the clinical picture of ocular cicatrizial pemphigoid. At this point, a discussion between rheumatology colleagues prompted cessation of adalimumab monoclonal antibody therapy and commencement of rituximab infusion therapy. A revision left lower lid entropion procedure was subsequently performed. Six months post- revision surgery, clinical examination findings were negative for entropion, symblepharon and triachiasis respectively. Salient findings included bilateral inferior superficial punctuate erosions with unremarkable posterior segment exam and normal intraocular pressures. In this report, we present a proven case of the rare clinical entity of IgM positive ocular cicratizing pemphigoid.

Conclusion
Recurrent entropion is a common theme among treated patients. Progressive symblepharon is a hallmark feature of OCP. IgM associated OCP is a rare clinical entity. The role of rituximab cannot be underestimated in complex treatment resistant OCP cases.

Surgical Management of Corneal Hydrops with Keratoconus Post Cross-Linking

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Objectives
Corneal hydrops is a rare and incompletely understood complication of keratoconus. It develops when there is a split stromal oedema owing to aqueous leakage in a defect in the Descemet membrane. It has been associated with rapidly progressive keratoconus. Typically, spontaneous resolution is achieved within 2-4 months of initial presentation but infection and perforation are noteworthy complications. It can often produce significant scar pathology accompanied with decreased visual acuity with a potential requirement for corneal transplantation. The objective of this case is to detail the story of a gentleman with severe bilateral keratoconus and left corneal hydrops requiring keratoplasty.

Methods
A retrospective review was conducted into this niche and interesting case of corneal hyrdops in keratoconus requiring keratoplasty.

Results
The most recent clinic follow-up revealed a left visual acuity of 0.5 LogMAR with no improvement with pinhole from initial baseline of 'hand movements' and normal intraocular pressure bilaterally. Relevant exam findings revealed a clear corneal graft in each eye. On the left side, the sutures were found as distended but remained tight. There were no appreciable clinical concerns here and the patient was stabilised on topical prednisolone therapy at a frequency of four times daily. Clinically, the patient asserted a favourable response to therapy claiming an absence of eye pain and photosensitivity accompanied with a significant improvement in visual acuity and a full return to baseline function.

Conclusion
The presence of hydrops in keratoconus is a rare yet clinically significant entity.
There is no established gold standard treatment approach available in the literature.
The importance of early intervention and time to surgery increases the likelihood of favourable visual outcomes.

Metastatic Oesophageal Carcinoma Masquerading as Acute Retinal Necrosis: A Case Report and Review of the Literature

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Objectives
To describe a unique case of metastatic oesophageal carcinoma masquerading as acute retinal necrosis.

Methods
Background: Gastrointestinal metastases to the eye is rare in its occurrence, quoted at 4%. In addition, its presentation can be non-specific thus leading to delayed diagnosis and initiation of treatment.

Results
This case report details the complex clinical trajectory of a 65-year-old male patient with metastatic stage 4 gastrointestinal malignancy, chronic neovascular glaucoma, and an array of subsequent ocular complications. The patient's ocular symptoms, marked by blindness, intense pain, and progressive inflammation, underwent a series of interventions culminating in enucleation. Post-operative histopathology confirmed the presence of metastatic esophageal cancer.

Conclusion
This report underscores the importance of recognising systemic malignancies as potential etiological factors for severe ocular manifestations, even without initial ocular findings indicative of metastatic involvement. Early fundoscopy and B scan Ultrasonography (US) is crucial for detection of a choroidal mass which heralds prompt identification of the underlying pathology.

Neurofibromatosis Type 1 and Ophthalmic Outcomes: Findings from a Multidisciplinary Clinic Audit at CHI Crumlin

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Objectives
Neurofibromatosis Type 1 (NF1) is a genetic disorder affecting approximately 1 in 3,000 individuals, often associated with ophthalmic manifestations such as Lisch nodules, choroidal abnormalities, and optic pathway gliomas (OPGs). Early detection of OPGs is critical in preventing irreversible vision loss. A multidisciplinary model of care has been established at CHI Crumlin Children's Hospital to ensure systematic ophthalmic surveillance and timely intervention for affected patients. This audit evaluates the clinical and imaging findings of children attending the NF1 multidisciplinary clinic since its inception in November 2024. The aim is to assess service provision, identify trends in ophthalmic involvement, and guide improvements in screening and management.

Methods
A retrospective review of patients with NF1 attending the multidisciplinary clinic was conducted. Data on demographics, anterior and posterior segment findings, visual function, optic nerve status, and imaging results were analysed. Key indicators such as the presence of Lisch nodules, choroidal abnormalities, optic nerve changes, and OPG prevalence were assessed.

Results
A total of 43 patients (51.2% male, 39.5% female) aged 6 to 16 years were reviewed. Lisch nodules were present in 69.8% of patients, while choroidal abnormalities were observed in 50%. Optic nerve pallor was detected in 13.95%, and OCT findings revealed retinal nerve fiber layer (RNFL) and ganglion cell layer (GCL) thinning in 20.93%. Notably, 20.93% of patients were diagnosed with OPGs, highlighting the importance of surveillance. Follow-up recommendations included annual reviews (41.4%), four-month follow-ups (6.9%), and additional neuroimaging or specialist referrals in select cases.

Conclusion
The audit underscores the high prevalence of ophthalmic involvement in NF1 patients and the critical role of multidisciplinary surveillance in early detection and management. Given the significant proportion of patients with OPGs and optic nerve abnormalities, continued ophthalmic assessments and structured follow-up pathways are essential in preserving visual function. This model of care provides a standardised framework for NF1 surveillance in Ireland, ensuring comprehensive patient monitoring and timely interventions.

Neuroretinitis. A Case Report and Discussion of Investigations and Differential Diagnosis

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Objectives
To present a case of a 24 year old lady presenting with a ten day history of significant visual decrease whose ocular examination was consistent with bilateral neuroretinitis.

Methods
This case report is supported by OCT, retinal photographs, an MRI scan, and systemic investigations.

Results
The retinal photographs and OCT were consistent with the clinical diagnosis. The MRI scan showed abnormalities consistent with inflammatory change. The systemic investigations were mainly within normal limits.

Conclusion
This case presents the clinical picture and discusses the differential diagnosis, investigations, the wider picture of cerebral inflammatory involvement, and the management of patients presenting with ocular changes consistent with neuroretinitis.

An Audit of the Rapid Access Clinic in MMUH

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Objectives
The goal of this audit was to analyse referral source, assess the frequency of nAMD diagnosis and to assess adherence to the Royal College of Ophthalmology (RCOphth) guidelines.

Methods
Data collection was done retrospectively using the EED email, the RAC calendar cross compared with the Mater internal software 'Mater Patient Centre' – 'patient documents' and 'EED attendance by date' for the time period up and including 20.07.2022 until 05.07.2023.

Results
A total of 85 patients attended clinic during this time period all within one week of referral. Within this cohort, 47 (55%) patients were diagnosed with wAMD and 41 (87%) of these patients received an intravitreal injection within one week of the clinic. All patients seen with wAMD and were offered treatment within two weeks.

Conclusion
The RAC is an excellent pathway for the timely detection and intervention for wAMD. About 87% of patients received their first injection within one week of review in the RAC and 100% within one week of referral which is in-keeping with the RCOphth guidelines. Unfortunately, 6 patients were unable to receive their injection within this timeframe, however, this was largely due to external factors such as patient availability or active infection/medical conditions precluding them from attending and they were all offered timely treatment. Unfortunately a large proportion (45%) of the clinic were not found to have wAMD.

Eyelid clinic pathway between HSE Dublin Midlands, HSE Dublin South East and CHI at Crumlin

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Objectives
Timely management of common paediatric ophthalmic conditions, such as eyelid cysts and nasolacrimal duct obstruction (NLDO), is essential for preventing unnecessary specialist referrals and optimising healthcare resources. A newly developed Lids and Watery Eyes Clinic in Community ophthalmic clinics in South and West Dublin aims to enhance collaboration between community and hospital care in Ireland, ensuring efficient, standardised assessment and management of these conditions.

Methods
A structured care pathway was established, enabling children over 12 months with eyelid cysts or epiphora due to NLDO to be assessed and managed conservatively within community clinics. Referral criteria were defined to ensure appropriate specialist intervention:

- Eyelid Cysts: Referral for excision and curettage if persistent beyond six months despite conservative treatment.
- NLDO: Referral for lacrimal syringing and probing if symptoms persist beyond 18 months.

A standardised clinic proforma and patient information leaflets were introduced to ensure consistency in documentation and patient education. A one day staff training clinic was supervised by a Paediatric Ophthalmologist from CHI Crumlin. Initially, optometrists and orthoptists will review all cases with a doctor until deemed competent by a Consultant Ophthalmologist working in the CHO.

Results
This integrated model enhances accessibility and reduces unnecessary referrals to hospital ophthalmology services. By shifting initial assessments to community-based care, children receive timely, evidence-based treatment while ensuring specialist input when necessary. The structured referral pathway optimises resource utilisation, minimises patient wait times, and fosters interdisciplinary collaboration.

Conclusion
The Lids and Watery Eyes Clinic represents a novel, standardised approach to managing common paediatric ophthalmic conditions in Ireland. This initiative improves service efficiency, ensures timely specialist referrals, and enhances patient-centered care through a streamlined community-hospital partnership. We hope such an initiative can be rolled out in other HSE health regions in the future.

Hypertensive Disorders of Pregnancy and the Long-Term Risk of Maternal Retinal Disease: a Systematic Review.

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Objectives
Previous studies have established an association between hypertensive disorders of pregnancy (HDP) (e.g. preeclampsia, gestational hypertension) and maternal cardiovascular disease, renal disease, and cerebrovascular disease. There is relatively little known about the association between HDP and maternal retinal disease outcomes, and findings from existing research are inconsistent. This systematic review synthesises the available evidence on HDP and long-term risk of diagnosed retinal disease and other forms of ophthalmic disease.

Methods
A systematic search of PubMed, Embase, Web of Science, and Cochrane Library was conducted until end of September 2024. We included observational studies of women with a diagnosis of HDP (including preeclampsia, gestational hypertension) and where measures of association with clinically-diagnosed maternal retinal disease or other ophthalmic disease were reported, at least 6 months postpartum. Two authors independently reviewed titles and abstracts of eligible studies, extracted data using pre-defined, standardised tools, and assessed the quality of each study.

Results
The search yielded 5,080 unique results. Of these, only 10 articles met inclusion criteria, covering 6 unique study populations (2,176,574 participants). Follow-up ranged from 5 to 23 years after delivery. Only 5 studies reported effect estimates for HDP and retinal disease diagnosis. Women exposed to preeclampsia were reported to be at significantly higher risk of developing retinal detachment, diabetic retinopathy, and non-diabetic retinopathy during follow-up. Preeclampsia-exposed women also appear to be at increased risk of other ophthalmic diseases, including non-infectious uveitis and choroidal neovascular age-related macular degeneration, although few studies examined these outcomes. No studies provided adjusted risk estimates for gestational hypertension and retinal or other ophthalmic disease.

Conclusion
There is mounting evidence that HDP are associated with long-term risk of a range of chronic diseases, and that this information should be harnessed for secondary prevention opportunities. However, there has been little research conducted internationally on the long-term risk of clinically relevant maternal retinal or other ophthalmic disease.

Bosch-Boonstra-Schaff Optic Atrophy Syndrome: A Rare Recently Reported Genetic Disorder

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Objectives
Bosch-Boonstra-Schaff optic atrophy syndrome (BBSOAS) is a rare, recently reported, autosomal dominant disorder, caused by alterations in nuclear receptor subfamily 2 group F member 1 (NR2F1), resulting in optic atrophy with intellectual disability and developmental delay1-2. Other common phenotypic features include hypotonia, thinning of corpus callosum, seizures, oromotor dysfunction and autism spectrum disorder (ASD)2. Recent reports have further expanded the behavioural and visual phenotypes, and suggested a milder phenotype is associated with mutations outside the DNA binding domain (DBD) of NR2F13.. Here we present a 42 year old male with a mild phenotype, features of the expanded phenotype, and a heterozygous nonsense alteration in NR2F1 c.694G>T, p.(Glu232*). This conforms with and further supports recent reports examining genotype-phenotype correlations. To the best of our knowledge this alteration in NR2F1 has not been reported in literature or in disease variant databases.

Methods
The patient was enrolled and consented to the Target 5000 inherited retinal disease (IRD) clinical research program at the Mater Misericordiae University Hospital Dublin, Ireland, As part of this process clinical analysis was conducted, including detailed family history, medical history, physical exam, visual acuity (VA), colour vision, dilated slit lamp biomicroscopy, and multimodal imaging. Additional investigations included electrodiagnostic testing and MRI brain and orbit with gadolinium enhancement. The patient was seen by a genetic counsellor who provided a three generation pedigree and also provided further counselling following genotyping. Genetic testing was conducted using Blueprint Genetics (Espoo, Finland) retinal dystrophy plus panel (351 genes with mitochondrial genome). Upon completion of clinical analysis the patient was discussed at the Target 5000 dedicated ophthalmic genetics multidisciplinary team meeting, to ensure genotype-phenotype correlation

Results
The patient is a 41-year-old male of Irish descent. He was first referred to ophthalmology in 2017 from community optometry services, with a 4 year history of gradual unexplained decrease in left eye (LE) visual acuity from 6/7.5 to 6/24, and a history of right eye (RE) amblyopia.

On examination he was found to have visual acuity of RE 6/30 and LE 6/24, bilateral horizontal nystagmus and bilaterally reduced colour vision of 1/15 on Ishihara 15 plate test. Fundal assessment identified bilaterally pale, atrophic optic nerve heads, consistent with optic atrophy. Anterior segment assessment was unremarkable. OCT scans of the optic discs demonstrated bilateral thinning of the retinal nerve fibre layer, and macular OCT revealed thinning of the ganglion cell layer. Background medical history revealed that the patient had delayed developmental milestones, mild intellectual disability, features of autism spectrum disorder and a history of attention deficit hyperactivity disorder (ADHD). Detailed history gathering elucidated a noteworthy love of music, high pain threshold, good long term memory and a longstanding diagnosis of depression.

EDT revealed a poor visually evoked potential in both eyes, with preserved pattern electroretinogram P50 component, and normal full-field electroretinogram, pointing to optic nerve dysfunction. MRI revealed no structural brain abnormalities. Genetic testing identified a heterozygous nonsense alteration in NR2F1 c.694G>T, p.(Glu232*), a previously unreported variant, which was considered to be likely pathogenic and is consistent with BBSOAS. Following genetic counselling, this was determined to be a likely de-novo alteration, with no family history or similar presentation within the pedigree.

Conclusion
The clinical presentation of bilateral optic atrophy, developmental delay, ADHD, ASD, and the genetic findings of an alteration in NR2F1, are consistent with a diagnosis of BBSOAS as originally described1-2. Recent literature has expanded the ocular phenotype to include optic disc pallor, optic nerve hypoplasia, nystagmus and alacrima3. Clinical findings in this patient correlate well with the above.

The behavioural phenotype for BBSOAS has also been expanded, based on subjective reports from twenty-seven patients.3 Behavioural findings documented include a love of music (which was present in all patients), an unusually good long-term memory, a high pain tolerance, sleep difficulties and sensitivity to touch3. Interestingly the patient presented in this case did

indeed subjectively reported a noteworthy love of music, high pain threshold and good long term memory. Sleep difficulties and sensitivity to touch were not present.

Research into genotype-phenotype correlation in BBSOAS has demonstrated that missense variations in the DNA Binding Domain (DBD) result in the most severe phenotype, with marked intellectual disability and lower functional ability noted in such variants2-3. Changes within the DBD have been shown to completely abolish transcription activity2,3,5.

In contrast to this, milder intellectual impairment was noted in variants located outside this domain and within the ligand binding domain (LBD)2-3.. The variation detected in this patient, NR2F1 c.694G>T, p.(Glu232*), is within the LBD and was classified as likely pathogenic by the testing laboratory. It is predicted to result in loss of protein function either through protein truncation or nonsense-mediated mRNA decay. To the best of our knowledge this alteration has not previously been reported in medical literature or disease variant databases.

As discussed, the variant identified in this patient is located within the LBD, and would be expected to manifest a milder phenotype, findings which are supported by this case. The patient has a diagnosis of mild intellectual disability, and despite delayed developmental milestones he attended a mainstream education and holds a position of full time employment.

BBSOAS is associated with structural changes in the brain, such as thinning of the corpus callosum and reduced hippocampal volume5. Abnormalities in brain MRI have been noted more frequently in those with variants within the DBD, 76% vs 43% in those with an alteration outside the DBD3. MRI findings in this patient did not identify any structural cerebral abnormalities, which correlates with our patients mild phenotypic presentation. Interestingly, despite this patients normal MRI report, it has been noted that even subtly altered hippocampal structure, reported in BBSOAS mouse models, may not be easily detectable in human patients due to lack of sensitivity in MR imaging, and that changes such as these are associated with neuropsychiatric disorders, such as depression5,6. This is noteworthy in the context of our patient's diagnosis of depression.

In summary we present a phenotypically mild case of BBSOAS. The clinical features and findings documented here support and add to the recently reported genotype-phenotype correlations in this condition, as well as the features of the expanded behavioural phenotype, which, due to the rarity of the disease was assessed in a small cohort of patients. Furthermore, our findings bolster the body of evidence which demonstrated a milder phenotypic association with genetic variants located outside the DBD. Finally, the previously unreported genetic variant identified in this patient can be added to medical literature in the study of BBSOAS

The Creation of a New Rapid Access Macular Service for Patients with Neovascular Age-Related Macular Degeneration at University Hospital Waterford.

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Objectives
Age related macular degeneration (ARMD) is the leading cause of severe irreversible vision loss in Ireland. For those with neovascular ARMD (nARMD), earlier intervention with intravitreal anti-VEGF results in better outcomes. There has been a 26 fold increase in the demand for this service in Ireland in the last decade resulting in demand outpacing the current established pathway in our centre. The Royal College of Ophthalmologists Commissioning Guidance states that treatment for nARMD should be offered within 14 days of referral.

Methods
A retrospective analysis of the pathway to treatment for 103 patients currently attending the Macular Unit at UHW for treatment of nARMD was carried out. Data collected included wait times from date of referral to date of clinic visit and first treatment, along with source of referral and number of visits prior to initiating treatment. A new Rapid Access Macular Service (RAMS) was then introduced whereby opticians could refer suspected newly diagnosed nARMD via telephone consultation directly to the dedicated appointment slots in the macular service. This service was prospectively audited, again collecting data including wait times from referral to treatment.

Results
111 eyes of 103 patients were included in the retrospective review. The mean wait time from referral to appointment was 67.3 days and to treatment was 135.1 days. Following the introduction of RAMS, the prospective audit showed a mean wait time of 5.8 days from referral to clinic and 15.8 days from referral to treatment. This represented a 7.8 fold decrease in time waiting from referral to first injection.

Conclusion
The initial audit highlighted the heterogeneity of referral pathways and lengthy wait times for treatment in the existing service. In the interventional re-audit, newly diagnosed nARMD patients were streamlined to a single clinic avoiding unnecessary delays in diagnosis and treatment. The intervention of the RAMS resulted in dramatically reduced wait times from referral to clinic assessment and first anti-VEGF injection treatment for patients diagnosed with nAMD in line with auditing standards for macular services set by the Royal College of Ophthalmologists

Evaluation of Glaucoma Service Referrals from Diabetic Screening

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Objectives
The aim of this audit was to evaluate outcomes of glaucoma referrals from the Diabetic Retinopathy Screening (discharge vs follow-up in glaucoma services).

Methods
Two hundred fifty-one overdue glaucoma referrals were booked to a regional glaucoma service with attendance of 69% (172). Audit of the first 100 completed visits was carried out. Virtual glaucoma clinic assessment (by non-specialist nurse) included: Kowa disc photography, iCare intraocular pressure (IOP) measurement, and visual field testing (if it deemed necessary), followed by a review of the above by a glaucoma consultant.

Results
Median age of the cohort was 74 years (range 40–90) with only 30.90% aged over 80 years old. Nearly half of the patients were discharged (47%), while only 10% of referrals required follow up in a consultant outpatient clinic, 11% in nurse-led and 5% in community clinics. A disc haemorrhage was identified as a reason for a glaucoma referral in 21% of patients, in 12 cases (57%) without suspicious discs. Assessment by a glaucoma expert revealed 44 patients with normal optic nerve heads (tilt, peripapillary atrophy-PPA, large disc without rim thinning).

Conclusion
A high false-positive referral rate (47%) reflects a need for redefining of current referral criteria. An ongoing collaboration between glaucoma and DRS experts has already resulted in the exclusion of an isolated disc haemorrhage from the referral criteria. The virtual glaucoma clinic plays a key role in optimal triage and timely management of suspected glaucoma cases.

Bilateral endogenous endophthalmitis in a patient with oesophageal melanoma and immune related colitis necessitating bilateral vitrectomy with Intravitreal antifungal therapy

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Objectives
To present a unique case of bilateral fungal endophthalmitis which was managed promptly saving patient from bilateral total blindness

Methods
A retrospective review of fungal endophthalmitis cases managed in GUH over the last year was performed and the case was selected for presentation

Results
A 71 year old lady was referred to eye emergency with complaint of left eye redness and blurring of vision for three days. She was being managed for immune mediated colitis which she had developed after being treated with multiple biologics for her oesophageal melanoma. She had no past ocular history. Examination revealed a dendritic keratitis in her left eye with anterior chamber(AC) inflammation and a dense vitritis with no fundus view. Her right eye was normal on initial exam. She underwent a left vitrectomy with intravitreal(IVT) Amphotericin-B, Vancomycin and Ceftazidime. Two days later she noticed blurred vision in her right eye and exam revealed a premacular
haemorrhage with adjacent retinitis. She had two more bilateral IVT amphotericin B injections.Subsequently vitrectomy was performed in her right eye with bilateral IVT voriconazole which was repeated 3 days later. Vitreous sample initially sent for testing grew Aspergillus Fumigatus but blood cultures were negative for aerobes and anaerobes. She underwent a second vitrectomy in her left eye with intravitreal Voriconazole and silicone oil.

Conclusion
1) Vitritis in the context of a dendritic keratitis is not necessarily viral and other causes should be suspected as well.
2) Fungal endophthamitis rather than bacterial should be suspected in an immunocompromised patient but investigation with culture and PCR is critical for optimal treatment.
3) Advances in vitreoretinal surgery allow us to undertake early vitrectomy in endophthalmitis cases which provides with a good culture specimen, reducing antigen load and clearing ocular media.
4) The choice of systemic and ocular antifungal agent in such cases should always be made after consultation with Infectious Disease colleagues.
5) Patients with fungal endophthalmitis need close monitoring even after vitrectomy with some requiring several intravitreal injections keeping in mind that visual prognosis could still be poor.

Comparison of Pain Scores in Patients Receiving Povidone-Iodine vs. Aqueous Chlorhexidine for Ocular Antisepsis in Bilateral Intravitreal Injections

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Objectives
To compare the pain scores of patients receiving bilateral intravitreal injections (IVI), with povidone-iodine (PI) used for antisepsis in one eye and aqueous chlorhexidine (AqCHX) in the other.

Methods
Before bilateral IVI, one eye received PI, while the other eye received AqCHX, with the antiseptic randomized between eyes for each patient. The antiseptic was applied to each eye immediately before its respective injection. Patients were unaware of which eye received which antiseptic. Following each injection, patients were asked to rate their pain using the Visual Analog Scale (VAS).

Results
Twenty-five patients were included. Of these, 17 (68%) were female and 8 (32%) were male. The mean patient age was 83.3 years ± 8.2 years. The overall mean VAS pain score in both groups was 2.2 ± 1.8. The mean score in the PI group was 2.4 ± 2.0, while in the AqCHX, it was 2.0 ± 1.9. No correlation was observed between pain scores and gender or age. Although there was no statistically significant difference between the two groups (p-value = 0.23), 60% of patients subjectively preferred the eye treated with aqueous chlorhexidine. No complications occurred in either group.

Conclusion
No statistically significant difference was observed between the pain scores in eyes treated with either antiseptic during bilateral IVI. Gender and age did not appear to influence reported pain. Although most patients subjectively preferred AqCHX-treated eyes, PI remains an appropriate standard antiseptic option, particularly in the absence of significant patient intolerance.

Ocular Manifestations of the SDCCAG8 (BBS16) Gene Mutation causing Bardet Biedl Syndrome: a Case Report

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Objectives
Bardet Biedel syndrome (BBS) is a multisystem disorder. It is caused by genetic mutations in proteins critical to the function of the cilium, important in the function of many organ systems throughout the body. The disease is typically inherited in an autosomal recessive pattern with over twenty genes identified.

A clinical suspicion of BBS is made following the identification of features including central obesity, rod-cone dystrophy, postaxial polydactyly, renal impairment, hypogonadism and cognitive impairment. There is no therapy to treat the cause of BBS, but multidisciplinary care is required to treat disease manifestations.

The photoreceptors share many similar proteins to the cilium and are therefore dysfunctional in BBS manifesting as a rod cone dystrophy. Clinically this typically appears as a retinitis pigmentosa type presentation with progressive nyctalopia followed by colour and central visual loss. Visual prognosis is often poor with many legally blind early in life. Reduced scotopic followed by photopic ERG responses can help confirm the diagnosis.

Methods
This case of Bardet Biedel syndrome describes the ocular manifestations of a female in her third decade with two mutations in the SDCCAG8 (BBS16) gene. c.484C>T, p.Gln162* and c.696T>G, p.Tyr232*. This is one of the rarer gene mutations in BBS.

Results
A 28 year old female first reported the onset of nyctalopia approximately 3 years ago. She has end stage renal failure, for which she is awaiting kidney transplant. She also had a raised BMI >30. There was no evidence of polydactyly or intellectual disability. She has a male sibling who also has renal impairment but denies ocular symptoms and has received no genetic testing.
Her ocular examination revealed visual acuity of 6/12 in the right eye and 6/6 in the left. She is myopic. Wide field colour and autofluorescence fundal images revealed a hyperautofluorescent ring at the macula, peripheral patchy diffuse RPE atrophy and pigmentary bone spicule type changes consistent with a rod/cone dystrophy phenotype. OCT of the macula showed a granular appearance to the ellipsoid zone, but with generally well-preserved architecture consistent with her clear central vision. Her ERG showed reduced scotopic and photopic responses consistent with a rod/cone dystrophy pattern.

Conclusion
Interestingly, this patient presented with early renal failure and absence of polydactyly previously hypothesised as a characteristic of the SDCCAG8 gene mutation cohort. This genetic mutation appears to favour a milder BBS ocular phenotype with preserved central vision well into the third decade of life.

Analysing 'Did Not Attend' Appointments in Ophthalmology – Insights and Actionable Improvements to Optimise Outpatient Departments

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Objectives
This complete cycle audit of the SVUH 'Rate of "Do Not Attend" appointments in Ophthalmology; reasons and space for intervention to optimise outpatient departments' audit, aimed to assess progress to date and identify further areas of actionable improvement to optimise attendance at the outpatient clinic.

Methods
This is a prospective cohort study of patients who did not attend outpatient appointments ('DNAs'). We aimed to achieve a random sample of at least 100 DNA patients. DNA patients were identified each week. Data was collected from patient charts, telephone conversations with patients, and DNA lists. DNA patients were telephoned to assess the nature of their non-attendance and asked whether they received a notification about their appointment.

Results
From the sample of DNAs (n=105), the majority of patients had just one DNA (65%), but a significant portion had two or more (35%). The majority of patients (82%), and most of those with two or more DNAs (65%), were given a new appointment.

Of those contactable by telephone (n=85), 42% stated they had not received a letter, while 62% said they had not received a reminder text. The most common reasons cited for missing appointments included: the patient did not know about the appointment (38%), the patient cancelled/rebooked the appointment (or attempted to) (22%), the patient was ill, hospitalised, or recently discharged from hospital (15%), the patient is now attending a private hospital / another hospital (12%), the patient forgot they had an appointment (10.5%).

Conclusion
The two most common reasons for DNAs relate to administrative or communication error. Many patients were unaware of their appointment. The results of the audit illustrate that further improvements are needed in ensuring patients are notified about their appointments and that requests to cancel/reschedule appointments are processed in a timely manner. We aim to adopt the recommended SMS reminder text message template which was deemed to be the most effective in the Department of Health's 'Better Letter Initiative'.

Postoperative Multiple Eccentric Macular Holes After Pars Plana Vitrectomy for Epiretinal Membrane: A Case Report

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Objectives
To present a case of multiple eccentric macular holes (MHs) formation after pars plana vitrectomy (PPV) for epiretinal membrane (ERM) and to discuss potential mechanism for the formation of the eccentric MHs.

Methods
Case report

Results
73 year old female underwent pars plana vitrectomy and internal limiting membrane peeling for epiretinal membrane in her left eye three years ago. Patient visited an optician for a routine eye check-up. During the examination, the optician discovered multiple macular holes, leading to a referral to the eye clinic for further evaluation. The patient is asymptomatic and reports no symptoms of metamorphopsia or scotoma. The visual acuity was 6/7.5 in the left eye. A fundal examination revealed five

macular holes in the temporal region of the macula, ranging in size from half disc diameter to one disc diameter. Optical coherence tomography (OCT) confirmed the presence of multiple full thickness macular holes. A previous OCT, taken one year after surgery, did not show any macular holes at that time. This suggests that the occurrence of these holes likely developed between the second and third year after surgery, presenting much later than the eccentric macular holes typically described in published literature.

Conclusion
Eccentric macular hole formation is a rare but potential complication following PPV with ILM peeling for the treatment of epiretinal membrane or macular holes. While the exact pathogenesis of postoperative eccentric macular holes remains unclear, several theories have been suggested. These macular holes are typically managed conservatively through observation.

Challenges in Management of Severe Chemical Eye Injuries and their Outcomes: A Case Series Analysis

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Objectives
To demonstrate novel management approaches necessitated by challenging cases of severe chemical eye injuries and their outcomes.

Methods
Data was collected through retrospective chart review and 6 eyes from 3 patients that sustained severe lime chemical injuries were included in this case series analysis. The logMAR scale was used to record vision.

Results
Patient 1 sustained severe lime chemical injury to both eyes resulting in Roper-Hall (RH) grade III chemical injury OD and grade II chemical injury OS. On first presentation, best corrected vision (BCVA) was OD 0.60, OS 0.34. There was brisk recovery with BCVA restored to 0.10 OS, but there was significant disimprovement OD, including developing bacterial keratitis and corneal perforation during week 5-20 post-injury. Multiple interventions including corneal glueing, tectonic penetrating keratoplasty and modified conjunctiva Gunderson flap failed to treat persistently Seidel positive focal area of cornea.Finally, a novel technique of ab-interno DSAEK corneal graft temponade to stop the focal corneal leak proved successful and the eye became Seidel negative.

Patient 2 had RH grade III OD and grade IV OS lime chemical injury with presenting BCVA of 0.7 OD and hand movements OS. While full recovery was observed OD, significant limbus-involving corneal calcific plaques developed OS, making corneal grafting unpredictable. Nevertheless, removal of calcific plaques and penetrating keratoplasty with unusually larger size graft proved successful.

Patient 3 sustained RH grade III lime chemical injuries OU with BCVA of 1.3 OD and 1.4 OS. Both eyes underwent amniotic membrane transplantation but both eyes developed endothelial failure and underwent sequential combined phaco-IOL and DSAEK procedures with vision restored to 0.3 OD and 0.1 OS.

Conclusion
This case series showed a spectrum of challenging complications of severe chemical eye injuries and the need for varied interventions, including novel techniques like ab-interno DSAEK corneal graft temponade for successful treatment of persistently Seidel positive corneal defect.

Neovascular Glaucoma Post Carotid Artery Stenting; A Narrative Review

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Objectives
The objective of this study is to review and analyze cases of neovascular glaucoma (NVG) occurring after carotid artery stenting (CAS). It aims to highlight the rarity of this complication, identify risk factors, and emphasize the importance of early detection through preoperative ophthalmologic screening and postoperative monitoring.

Methods
NVG as an ocular complication post (CAS) is an extremely rare phenomenon with very few cases reported in the medical literature over the years. All of the cases include males of similar age group and co-morbidities who were symptomatic and underwent carotid artery stenting.

Results
The cases reviewed highlight the potential for (NVG) to be developed post-carotid stenting, particularly in patients with co-morbidities related to ocular ischemia. The underlying mechanism often involves the ischemic process leading to the release of VEGF, stimulating neovascularization in response to inadequate blood supply.

Conclusion
Patients with risk factors for development of glaucoma could receive pre-operative ophthalmologic screening prior to carotid revascularization, more importantly in the routine setting. Additionally, routine bedside tonometry may be a useful tool after CAS, especially in those with predisposing risk factors for ocular hypertension and glaucoma. Monitoring and collaboration between vascular surgeons, neurology specialists and ophthalmologists is imperative in managing these patients effectively

Discharge Planning from ROP Screening

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Objectives
Current guidelines recommend that infants born at ≤31 weeks gestational age or with a birth weight of ≤1500 grams undergo serial ROP screening to monitor for the development of this potentially blinding condition. However, not all screened infants show evidence of retinopathy of prematurity (ROP). There is currently no clear guideline on the management of these babies once they have been discharged from hospital screening.

We sought to evaluate the cohort of premature infants who underwent ROP screening but did not present with any signs of the disease. By evaluating current practices and identifying potential areas for improvement, this audit seeks to ensure that these infants transition safely and effectively from hospital care to follow-up monitoring or safe discharge.

A recent development at CHI involves discharging babies who did not develop treatment-requiring ROP from hospital services to Community Ophthalmic Clinics. Under the current pathway, these babies are reviewed in Community Ophthalmic Clinics at ages 1 and 2. Once unilateral vision is established, they can be discharged to school screening. This approach alleviates pressure on hospital services, allowing them to focus on more complex cases. Studies have shown that premature infants are at a higher risk of developing strabismus, refractive errors, and amblyopia.

Methods
A retrospective chart review of all of the babies that have been screened for ROP in Crumlin and Temple Street since June 2024 was conducted.

Results:
There are differences in the discharge planning for babies screened in Crumlin and babies screened in Temple Street.
Results:
TSH Data:
Babies Screened: 112
Diagnosed with ROP: 14
Discharged to Community: 61
Crumlin Data:
Babies Screened: 60
Diagnosed with ROP: 3
Discharged to Community: 18

Conclusion
There is no guideline in place for the discharge pathway for babies who were screened for ROP but who didn't develop any disease. The protocol in place in CHI is not a national one. The results from this audit underline the need for refining follow-up protocols, ensuring that at-risk infants are appropriately monitored beyond the initial screening period. A national approach needs to be adopted to ensure the discharge pathway is streamlined and standardized. In the UK, the follow-up care for premature infants who have been screened for Retinopathy of Prematurity (ROP) but did not develop treatment-requiring ROP is guided by recommendations from the Royal College of Paediatrics and Child Health (RCPCH). According to the RCPCH's 2024 guideline update, once ROP screening is complete, it is important to inform parents and carers about the potential for the development of refractive errors and/or strabismus later in childhood. This emphasises the need for ongoing monitoring of visual development, even in infants who did not require treatment for ROP. Hence in the UK these childnre are not formally followed up in eye clinics. This begs the question about whether our practice is advised. Future research should focus on identifying specific clinical predictors that could help further stratify follow-up schedules, minimizing unnecessary screenings while still providing vigilant care for those at risk. Ultimately, maintaining a balance between effective screening, resource allocation, and minimizing the risk of missed diagnoses is key to enhancing the long-term health outcomes for premature infants.

The Genetic Basis of Rhegmatogenous Retinal Detachment

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Objectives
To highlight the role of genetic eye conditions as a risk factor for the development of rhegmatogenous retinal detachment

Methods
A review of the literature detailing the leading causes of hereditary rhegmatogenous retinal detachment and their incidence was carried out. This was supplemented by a review of patient data stored on an inherited retinal degeneration registry in the Mater Misericordiae University Hospital. Demographic data such as age, sex, and history of retinal detachment (where applicable) was extracted. Fundal images were also reviewed.

Results
Several genetic conditions have been implicated in the pathogenesis of rhegmatogenous retinal detachment. These include vitreoretinopathies such as Stickler syndrome, Wagner syndrome and Knobloch syndrome. Advance knowledge of the underlying genetic causes has aided surgeons in planning the subsequent interventions either prophylactically or peri-operatively.

Conclusion
Genetic eye diseases are a risk factor for the development of rhegmatogenous retinal detachment. These detachments may also occur at an earlier age and recur more often than would be seen in the baseline population. Hence it is crucial that those with a genetic predisposition to RRD be identified and provided with appropriate preventative treatment and education regarding any warning signs which would require presentation to emergency eye care services. In the case of Stickler syndrome, prophylactic cryotherapy has been shown to be highly effective in the prevention of rhegmatogenous retinal detachment

An Audit of First Line Treatment Options in Open Angle Glaucoma in Sligo University Hospital; SLT versus Medical Treatment

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Objectives
Since the publication of the LiGHT (Laser in Glaucoma and Ocular Hypertension) trial, Selective Laser Trabeculoplasty (SLT) has emerged as a viable and safe alternative first-line treatment for patients with open-angle glaucoma (OAG) or ocular hypertension (OHT) to conventional intraocular pressure (IOP) lowering drops. This audit aimed to examine the frequency of SLT being offered as a first-line treatment in newly diagnosed OAG or OHT patients.

Methods
A single-centre audit of practice at a glaucoma clinic \was conducted. A retrospective review of electronic patient records using the inhouse database 'Medisoft' of a cohort of new referrals to glaucoma clinic who were diagnosed with OAG or OHT requiring treatment between January and September 2024 was performed. Data on whether SLT was offered as first-line therapy and whether the patient accepted the recommended treatment was analysed. The clinician's role (consultant or trainee) in offering SLT was recorded.

Results
Eighteen patients were included in this audit. Eighty eight percent (n=16) were diagnosed with OAG, and twelve percent (n=2) of patients had a diagnosis of OHT that required treatment. Fifty percent (n=9) of patients were documented to have been offered SLT as a first-line treatment. The other fifty percent (n=9) patients were commenced on IOP lowering therapy. Forty-four percent (n=4) of patients who were offered SLT were done so by a consultant ophthalmic surgeon. Seventy eight percent of patients (n=7) of patients who were offered SLT opted to proceed with SLT as a first line therapy, whilst twenty two percent (n=2) chose IOP lowering drops. The patient reasons for choosing IOP lowering drops instead of SLT were not documented. One patient subsequently changed their mind and opted to proceed with SLT at their next outpatient visit.

Conclusion
Fifty percent of newly diagnosed OAG or OHT patients were offered SLT as a first line therapeutic option. Future directions include exploring patient concerns regarding SLT, improving the rate at which SLT is documented to being offered to newly diagnosed OAG patients, and examining the role of clinicians in the decision making process.

Transitioning to an Electronic Medical Record System

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Objectives
The transition to an electronic medical record (EMR) system presents unique challenges and opportunities to enhance patient care, streamline workflows and improve data management. This study outlines the steps taken by the Ophthalmology Department at the Mater Misericordiae University Hospital (MMUH) to prepare for successful EMR implementation. The study aimed to provide a preliminary guideline toward a comprehensive, centralised framework for managing ophthalmology devices, imaging systems and patient information.

Methods
A multi-phase approach was undertaken at MMUH to assess all inventory, IT integration capabilities and lifecycle & compliance management. All clinical ophthalmology equipment with local storage capacity and or connectivity capability was identified, chronicled and assessed for data storage practices and data migration planning. Key performance indicators (KPIs) were identified, and a phased rollout strategy was developed to minimize disruptions. Additionally, integration with diagnostic imaging and decision-support tools was evaluated.

Results
We organised all equipment and systems into five distinct tables on an Excel sheet. This categorisation helped to clearly identify and manage the different roles and dependencies of each device and system, allowing for more effective operational planning, maintenance, and integration. We identified and chronicled 26 ophthalmic devices with local or cloud storage, such as OCT, fundus imaging, ultrasound, biometry, visual fields assessment and autorefractors. We located existing network integration with 10 devices, while 15 devices were deemed compatible to be networked and would require additional effort with the remainder.

Conclusion
Successful EMR implementation relies on thorough preparation. This requires a strategic, phased approach with strong stakeholder engagement among clinicians, clinical engineering and IT department. Identifying and chronicling clinical equipment, imaging software and patient information systems is the first step to an integrated and standardised EMR. This will optimise workflows, ensure seamless integration of new technologies, reduce compatibility risks, and ultimately improve patient care.

A Urology Inpatient Diagnosed with Refractory Rubeotic Glaucoma

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Objectives
A 56 year old gentleman presented to MMUH ED with a one-day history of severe right testicular pain and acute urinary retention. He had a background of poorly-controlled insulin-dependent diabetes and peripheral vascular disease with right toe and a left below-knee amputations. His most recent HbA1C was 77 and he had never attended diabetic retinal screening.

Prior to admission, he was diagnosed with bilateral conjunctivitis by his GP and was started on topical chloramphenicol drops. During his inpatient stay, it was found by our team that his vision was deteriorating and he had bilateral painful red eyes. An ophthalmology consult was requested. He was diagnosed with rubeotic glaucoma secondary to proliferative diabetic retinopathy.

Diabetic retinopathy occurs to some extent in 99% of those with T1DM, 60% of those with T2DM. Risk factors for more severe proliferative diabetic retinopathy include longer duration of diabetes, poor control, hypercholesterolaemia, smoking. Sight loss occurs through diabetic macular oedema, capillary non-perfusion and complications such as vitreous haemorrhage, tractional retinal detachment, or rubeotic glaucoma

The aim of this case report is to illustrate that ocular symptoms and ocular pathology can run the risk of being overlooked, not only by general practitioners, but by non-ocular specialists in tertiary care. It is important to identify high risk symptoms of sight-threatening eye diseases (STEDs) and report them for timely intervention.

Methods
Case report conducted.

Results
Having been discharged from urology following a treatment of IV antibiotics and successful trial without catheter, this patient was treated with medical treatment in the form of emergency bilateral intravitreal avastin and IOP-lowering drops, and surgical treatment in the form of a right preser-flo and a left cyclodiode. He later developed suicidal ideation on discharge and re-presented to ED following an attempted insulin overdose.

Conclusion
This case also highlights that sight-threatening pathologies can be a marker of poorer than expected health outcomes later on. If overlooked, these patients could deteriorate quite quickly threatening both ocular and nonocular health. A retrospective study by Cehelyk et al shows that the 10-year, all-cause mortality rate for rubeotic glaucoma patients with tube shunts is greater than 50% with median survival <10 years.

STEDs like rubeotic glaucoma pose a heavy burden on patients mental health. A 10-year cohort study by Ha et al surveyed over 2.9 million patients found that the incidence risk ratio of suicide in people with STEDs is 1.49, and this figure increases with multiple diseases and more severe vision loss.

Ocular pathologies can be difficult to manage for non-ocular specialists in both general practice and tertiary care. Often there is a lack of awareness of eye conditions, and when they are diagnosed prior to presentation they might not be second-questioned. There could be scope for educating GPs/GP trainees/NCHDs about worrying red flag ocular presentations such as painful red eyes, sudden loss of vision, flashes/floaters/field defects.

Audit of Patient Follow up and Referral Criteria in Diabetic Retinopathy Treatment Clinic

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Objectives

1. The primary aim of this audit was to assess whether NPDR patients' follow-up appointments meet the AAO guideline, currently standard in RVEEH.
2. To assess the number of patients referred with R2 screening photographs, which tend to include both moderate or severe NPDR, and the number of patients who progressed to PDR within the first AAO-mandated follow-up period and who therefore would have had delayed treatment should the NICE guidelines be followed in RVEEH.
3. Review patients referred as urgent with R3 screening photographs to see if they did actually have PDR.

Methods

A retrospective audit of all new patients referred to the DRTC in the year 2023 was conducted, and their clinical examination results were accessed through MediSight, and collated in Excel. Firstly, comparison of appointment dates and follow-up intervals given by the clinician reviewing new patient with NPDR was compared to AAO and NICE guidelines. Secondly, referrals classified as urgent were reviewed to assess whether the level of urgency was clinically accurate.

Results

Over the year 2023, 623 new patients were referred from the DRS programme and community optometrists and were booked for review in the DRTC in RVEEH.

86 new patients were referred with NPDR R2, of whom 4.7% showed evidence of progression between 4 and 6 months post initial review, who would thus have been picked up later should the NICE guidelines have been followed. Regarding follow-up appointments planned by the DRTC doctors, 83.8% met the AAO and 99.6% met the NICE guidelines, and 98.9% of the appointments could have been made at longer intervals and still meet the NICE guidelines.

The patients' appointments took place in accordance with the AAO guidelines in only 61.3% of cases, indicating appointments are being pushed out due to lack of availability

Of the urgent, R3, referrals only 47% were diagnosed with PDR.

Conclusion

This audit depicts that most of the follow-up intervals recommended by the DRTC doctors meet the AAO guidelines. However, patients' appointments are often conducted at longer intervals due to the finite clinic appointments available.
Furthermore, appointments could be given at longer intervals, following the NICE rather than AAO recommendations, allowing for the finite clinic time to include a greater number of patients on the growing waiting list. Moreover, the significant proportion of patients with R3 photographs that did not have PDR highlights the potential for more accurate referrals.
This audit provides actionable results for streamlining of the DRTC by switching to the NICE guidelines for follow-up from the AAO guidelines would still provide safe care to patients with NPDR, while ensuring clinic resources are fairly distributed to review patients in a timely manner based on their clinical needs.

Eye Patients in General Emergency Departments: A Study of Wait Times and Resource Allocation

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Objectives

Emergency departments (EDs) in Ireland are under increasing pressure with larger numbers attending each year and limited resources resulting in long delays. Ophthalmic presentations to these services are a significant burden and often require onward referral dedicated eye emergency services.

Understanding the patterns of eye-related presentations in EDs is crucial for improving patient outcomes, optimizing resource allocation, and informing policy recommendations for better integration of ophthalmic care into emergency medical services.

The Mater Misericordiae University Hospital (MMUH) has both a large ED and a dedicated Eye Emergency Department (EED). The EED undertakes 20,000 patient consultations per year. Restructuring of the EED took place during Covid. Patients are referred directly to the EED from primary care, optometry, emergency departments and out of hours services. Referrals are triaged and patients are allocated times to attend for review depending on severity of condition. Referrals to EED are deemed appropriate if the EED receives an email referral about the patient prior to presentation. This enables better resource allocation for patients at high risk of more severe / sight threatening pathologies.

The aim of this study was to assess the patterns of ophthalmic presentations to the ED in MMUH both in terms of referral routes, conditions and outcomes.

Methods

A retrospective audit over a two-month period was conducted assessing eye presentations to the ED in MMUH. Presenting symptoms, length of stay in ED, referral source, presence or absence of appropriate referral and final diagnosis were recorded.

Results

151 patients presented to ED during the study period with eye complaints. 139 of these (92%) had not been referred to the EED when they presented to ED. Their lengths of stay were on average 52 minutes longer than appropriately referred patients (200 vs 252). 48% (72/151) of presentations were self-referrals. 30% (46/151) of referrals were GP referrals. 93% (42/46) of GP referrals were inappropriately made. 110/151 of these underwent consultation in EED. Of the inappropriate referral group with documented diagnoses, the most common presentations were corneal foreign body, conjunctivitis, subconjunctival haemorrhage and corneal abrasion. Of the appropriate referral group, diagnoses included acute angle closure glaucoma, posterior vitreous detachment, CNVI palsy and haemorrhagic retinal detachment.

Conclusion

Direct referral to EED is safe and effective. Patients presenting to ED generally are self-referrals of low acuity issues or are inappropriately referred there rather than to the EED. These patients have longer wait times in ED. Patients that are triaged appropriately prior to arrival have more severe pathologies and their waiting times are shorter. Appropriate referrals to EED would positively impact ED, preventing subacute cases from presenting unnecessarily to hospital, and allowing better resource allocation for those in need.

Early Detection of Ankylosing Spondylitis and Related Forms of Spondyloarthritis in Patients Who Present With Acute Anterior Uveitis to Eye Casualty in The Belfast Trust Health and Social Care Trust

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Objectives

Acute anterior uveitis (AAU) is frequently associated with systemic inflammatory diseases, particularly ankylosing spondylitis (AS) and related spondyloarthropathies (SpA), with up to 40% of patients presenting with idiopathic AAU having undiagnosed SpA (1). Early detection of AS/SpA in patients presenting with AAU can improve outcomes through timely rheumatological intervention. This audit aimed to assess whether patients presenting with AAU to Eye Casualty in Belfast Health and Social Care Trust (BHSCT) received appropriate musculoskeletal (MSK) screening and HLA-B27 testing to identify potential undiagnosed cases of AS/SpA, and to implement a rapid screening tool based on the DUET criteria (2) to improve adherence to best practice guidelines.

Methods

A retrospective audit was conducted using Symphony electronic records, identifying 453 eye casualty attendances coded as anterior uveitis between June 2023 and June 2024. A consecutive sample of 50 patients was selected, and case notes were reviewed from the initial to the final attendance at Eye Casualty. The audit evaluated whether a relevant MSK history was documented, whether HLA-B27 testing was considered or performed, and how many visits occurred before further investigation was initiated. The audit was benchmarked against the DUET Study (2), which demonstrated high sensitivity (96%) and specificity (97%) for SpA detection with targeted screening.

Following the initial audit, a standardised rapid two-question screening tool was developed and deployed via the new province wide digital healthcare record system, Encompass. Clinicians were prompted to ask AAU patients: 1) if they had lower back pain beginning before age 45 lasting at least 3 months, and/or 2) if they experienced joint pain requiring GP consultation in the past 3 months. If either answer was positive, HLA-B27 testing was recommended. A re-audit was prospectively conducted over a two-week period (13–26 January 2025) to evaluate the impact of the intervention.

Results

In the initial audit, MSK history was documented in 18 out of 50 cases (36%) and 7 out of 18 had a positive MSK presentation (38%). HLA-B27 testing was sent in 9 out of 50 cases (18%) but only 3 out of the 7 cases with a positive MSK history had HLA-B27 testing sent (43%). The median number of Eye Casualty attendances was 2 (1-26). However, 24% had more than 3 attendances and 14% had more than 5 attendances. During the audit period following the introduction of the rapid screening tool, 28 AAU cases presented to Eye Casualty. The proportion of patients with a documented MSK history increased from 36% to 57%. Clinicians used the rapid screening proforma in 44% of cases, while 56% documented findings in free text. Clinicians sent HLA-B27 testing appropriately for those with a positive MSK history in 100% of cases from 43%. One case had a positive HLA-B27 and has been referred to rheumatology for further treatment and investigation.

Conclusion

The initial audit highlighted the need to improve systemic disease screening for individuals presenting to Eye Casualty in BHSCT with AAU. The introduction of a simple, time-efficient screening tool embedded in the electronic record system meaningfully improved screening for underlying rheumatological disease in this patient cohort. The intervention demonstrates the effectiveness of holistic, evidence based, low resource solutions can enhance clinical practice within busy acute care settings which could be easily deployed in other centres in Ireland.

Clinical Audit of Attendances to the Mater Ophthalmology Surgery Day Unit over a 3-month Period

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Objectives
To identify: the number of procedures carried out each day over a 3-month period, the number of patients rescheduled, the number of patients cancelling prior to procedure date, the number of patients cancelling on day of surgery and the reasoning for non-attendance

Methods
A retrospective review of ELIZDSU (St. Elizabeth's Day Surgery Unit) attendances from January to March 2024 was carried out using patient centre software and the ELIZDSU diary.

Results
Over this 3-month period, 1084 procedures were carried out on ELIZDSU. There were 173 cancellations over this period (15.9%), of which 24 cancelled on day of surgery (2.2%). 77 procedures (7%) were rescheduled. Of those who's procedure was cancelled, the primary reasons for non-attendance included illness (n=49), patient change of mind (n=24), surgery no longer being indicated (n=10), falls (n=2), DNA to pre-operative assessment (n=3), communication issues (n=1), transportation issues (n=1), need for interpreter (n=2), outsourced prior to surgery date (n=1) and RIP prior to surgery date (n=2).

Conclusion
This audit highlighted the importance of having "back-up" patients for late cancellations. Late cancellations were often high volume one-stop cataracts. Rescheduling of procedures and replacement of late cancellations presents a significant burden to administrative staff. Excellent communication of surgery time/date was demonstrated with only 1 from 1084 patients citing communication as their reason for non-attendance. Overall, there was an extremely low rate of DNA on day of surgery (2.2%). To minimise their risk of non-attendance, patients should have a good understanding of their procedure prior to listing. It is important to identify if an interpreter is required for patient's consent process and this should be highlighted on the booking form. Up-to-date records of outsourced patients should also be kept.

Role of Rho Kinase Inhibition on Extracellular Matrix Gene Production and Proliferation in Human Lamina Cribrosa Cells

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Objectives
Glaucoma, the second leading cause of worldwide blindness, is characterized by optic nerve head (ONH) cupping, loss of retinal ganglion cells (RGC) and a progressive form of visual field loss. Elevated intraocular pressure (IOP), resulting from increased resistance to aqueous humor outflow, is a major risk factor for the development and progression of glaucoma. Elevated IOP is associated with increased accumulation of extracellular matrix (ECM) proteins in lamina cribrosa (LC) through which the optic nerve fibers pass. Histologically, there is remodelling of ECM in the LC region leading to fibrosis of the LC connective tissue in the ONH, which is driven by pro-fibrotic growth factors such as transforming growth factor-beta (TGFβ). Among the most promising new pharmacologic candidate is Rho kinase inhibitor netarsudil, also named netarsudil. This proposal aims to evaluate the role of netarsudil to overcome current weaknesses in glaucoma management. Treatment of human glaucoma LC cells would reduce ECM gene production leading to a reduction in ECM fibrosis in the optic neuropathy. Through this lead target, we will utilise TGFβ to drive ECM gene expression and various quantifiable in vitro assays to produce a novel therapeutic approach to halt enduring optic nerve cupping thereby significantly enhance long-term patient outcomes and quality of life.

Methods
The effects of RhoA and Roc1 blockade (with netarsudil) on ECM gene expression rates were evaluated using both reverse transcription-quantitative polymerase chain reaction (RT-qPCR) and western blotting in the human NLC and GLC cells. The effect of netarsudil on proliferation rate in normal and glaucoma LC cells was using MTS assay. F-actin expression was compared between normal and glaucoma LC cells using fluorescent microscopy.

Results
Our findings demonstrate that netarsudil pre-treatment significantly ($p<0.05$) reduced the TGFβ-induced ECM pro-fibrotic gene expression (a-SMA, Col1A1 and fibronectin), altered expression of some of the key components involved in the regulation of RhoA kinase signaling pathway, including RhoA, ROCK1, and also significantly reduced the proliferation rate in both control and glaucoma LC cells.

Conclusion
This study represents the first report of such findings in a model of glaucoma and we believe that it may identify an important target area for further investigation, all of which may provide a platform for treating fibrosis associated glaucoma.

When the Eyes Speak: Bilateral CRVO as a Rare Prelude to Waldenström Macroglobulinemia

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Objectives
This case highlights the importance of a thorough systemic evaluation in bilateral CRVO, emphasizing the need for early recognition of underlying hematologic disorders such as Waldenström macroglobulinemia.

Methods
We report a case of a 41-year-old woman presenting with sudden onset, painless bilateral blurring of vision. Comprehensive ophthalmological and systemic evaluations were conducted, including optical coherence tomography (OCT), fundus examination, laboratory tests, and hematologic workup.

Mrs. PC, a previously healthy 41-year-old woman with underlying anemia, presented with two days of bilateral painless vision loss. There were no associated symptoms such as redness, floaters, or flashes. Examination revealed bilateral optic disc swelling, retinal hemorrhages, Roth spots, and macular edema. OCT imaging showed significant central subfield thickness (535–734 µm) and papilledema with elevated retinal nerve fiber layer thickness. A provisional diagnosis of bilateral CRVO with macular edema was made, and she was referred for systemic workup. Laboratory results revealed hyperviscosity, prompting hematology referral. Further investigations confirmed Waldenström macroglobulinemia. She was urgently transferred for plasmapheresis and initiated on chemotherapy.

Results
The patient underwent emergency plasmapheresis and received the first cycle of chemotherapy at a tertiary center. She is currently undergoing six planned cycles of chemotherapy at three-week intervals, with improvement in systemic symptoms and close ophthalmic monitoring.

Conclusion
This case underscores the importance of considering hematologic malignancies in young patients with bilateral CRVO. Prompt multidisciplinary collaboration enabled timely diagnosis and management of Waldenström macroglobulinemia, potentially preserving vision and improving prognosis. Early identification of rare systemic causes is vital in guiding appropriate treatment pathways.

The Impact of Intravitreal Anti-Vascular Endothelial Growth Factor Injections on Intraocular Pressure

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Objectives
To evaluate the impact of intravitreal anti-Vascular Endothelial Growth Factor injections on intraocular pressure

Methods
This was a prospective study where IOP's were recorded pre- and post-injection in a cohort of patient attending the injection suite in University Hospital Waterford over a defined period. All patients had undergone previous intravitreal therapy. Patients with ocular hypertension or primary open angle glaucoma were excluded from the study. IOPs were recorded prior to injection and 10 minutes after using an iCare IC200- tonometer

Results
64 eyes of 55 patients were included in this study. Mean age was 77.39 years. 72.7% of patients had a diagnosis of Age-Related Macular Degeneration, 23.6% had Diabetic Macular Oedema and 3.6% had macular oedema secondary to Retinal Vein Occlusion. 58.1% received an injection of bevacizumab (Avastin) and the remainder received Aflibercept 2mg. 14.0% underwent bilateral injections.

The mean pre injection IOP was 15.0 mmHg (range 9.4 to 24.1 mmHg). The mean post injection IOP was 21.4 (range 8.0 to 54.1 mmHg). Mean change in IOP was 6.43 mmHg (range -9.2 to +39.9 mmHg). 10.9% of eyes had reduced IOP following injections. `Of the 57 eyes who demonstrated an increase in IOP following injection, 59.6% had a rise of more than 6 mmHg, 26.3% of more than 10 mmHg rise and 3.5% had a more than 20 mmHg rise. Of those patients undergoing bilateral injections, mean IOP change in the right eye was 3.1 mmHg (range -0.4 - +7.3) and in the left eye was 4.85 mmHg (range 0.3 – 15.2). No patients complained of increased pain and none experienced loss of vision immediately after the injection.

Conclusion
The findings of this study show that the majority of patients experience an increase in IOP with intravitreal injections. Whilst no patient in this study experienced any symptoms arising from this rise, repeated spikes in IOP in those undergoing long-term injection therapy could have a detrimental effect.

Assessing the Impact of Waiting Times on Glaucoma Progression: A Retrospective Study of Patients Referred from Cork University Hospital to Ballincollig Primary Health Care Centre

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Objectives
To assess the timeliness and effectiveness of glaucoma management in patients referred from Cork University Hospital (CUH) to Ballincollig Primary Health Care Centre, focusing on the impact of long waiting times on the severity of the disease and the evolution of visual field parameters over time.

Methods
This audit entails a retrospective analysis of 352 glaucoma patients who were seen at Cork University Hospital (CUH) and subsequently referred to Ballincollig Primary Health Care Centre (BPHC). The analysis included patients whose first VF test at CUH was between December 11, 2001, and September 6, 2023, and last seen at BPHC between December 14, 2021, and September 20, 2023. After applying inclusion and exclusion criteria, primarily based on the availability of Visual Field (VF)

data from both institutions, 246 patients were eligible for analysis. These patients were then segmented and categorised based on their visual field loss severity".

Inclusion Criteria:
Patients diagnosed with glaucoma and referred from CUH to BPHC between December 11, 2001, and September 6, 2023

Exclusion Criteria:
Lack of Visual Field data from the last visit at CUH (n=77)
Lack of Visual Field data available from Ballincollig (n=27)
Patients who passed away during this study (n=2).
After applying the exclusion criteria, a total of 246 patients were included in the analysis.
Data Collection: The following data was collected for each patient: The date of each patient's most recent VF at CUH, and the date of initial VF at Ballincollig using the Humphrey Field Analyzer 3. For each VF the Mean Deviation (MD) and Pattern Standard Deviation (PSD) were recorded for each eye.
Additionally, we noted if no VF data was available for either the right eye (OD) or left eye (OS) at either location.
35 patients had missing VF data for either OD or OS at CUH.
11 patients had missing VF data for either OD or OS at Ballincollig.

Statistical Analysis:
The time between the VF at CUH and the next follow-up VF at Ballincollig was determined for each patient. The severity of glaucoma at CUH and at follow-up was determined for each eye, where better than -6dB was considered 'early', between -6dB and -12dB was considered 'moderate' and worse than -12dB considered 'advanced' VF loss according to commonly used glaucoma grading criteria. The number of eyes where there was a significant loss of VF was recorded. The number of patients who were "fast progressors" was determined based on the rate of change of VF over time, with loss of > 1dB per year of MD considered fast progression based on published criteria.
Cases with illogical waiting times (where the VF test at Ballincollig appeared to be done before the last VF test at CUH) were corrected before analysis.

Results
The median age of patients included was 64 years at baseline VF at CUH and 72 years at first VF in Ballincollig.
The waiting time between the last VF test at CUH and the first VF test at Ballincollig ranged from 2.28 months to 20.15 years with a median of 6.51 years (mean 7.8 years, SD 2.75). Time to follow-up VF was 6 months in 2.4% of patients, 6 to 9 months in 0%, 9 to 12 months in 0.41%, 12 to 18 months in 0%, between 18 months to 2 years in 0%, over 2 years in 97.2%, over 3 years in 97.2%, over 4 years in 96.8%, over 5 years in 83.7%, over 6 years in 59.4%, over 7 years in 43.1% and over 8 years in 35.0%.
The median rate of VF loss was -0.174 dB/year, with an IQR of 0.665.
13.0% of patients (32/246) were classified as fast progressors (loss of > 1dB MD per year).
The severity of Glaucoma at CUH vs. Ballincollig in terms of VF loss based on the worse VF of each patient.

At last VF in CUH:
Early VF loss: 79.7% (196/246)
Moderate VF loss: 9.4% (23/246)
Advanced VF loss: 10.9% (27/246)
At VF in Ballincollig:
Early VF loss: 64.2% (156/243)
Moderate VF loss: 16.1% (39/243)
Advanced VF loss: 19.8% (48/243)

Conclusion
This audit aimed to evaluate the management of glaucoma patients with long waiting times and the impact on the severity of their condition. The results highlight a significant variance in waiting times, with a median waiting time of 6.5 years between baseline and follow-up VF. The analysis of VF metrics indicates a significant proportion of these long-waiter patients had advanced VF loss at baseline, for such patients frequent VF are recommended to allow intervention to prevent vision loss. Another significant portion of patients progressed to advanced loss while waiting for a follow-up VF, emphasising the need for timely follow-up and intervention in managing this chronic condition. Future strategies should focus on reducing waiting times and ensuring regular monitoring to allow early detection of glaucoma progression and intervention to prevent irreversible visual loss.

Clinical Audit of Intravitreal Treatment Consents in the Mater Ophthalmology Department over a 3-month period

Mater Misercordiae University Hospital
Mark Forristal, Brian O'Tuama, Prof Paul Connell, Mr Tomas Burke

Objectives:
To identify:

1. The number of injections carried out over a 3-month period
2. The number of patients requiring new consents
3. The number of patients requiring consent renewals
4. Source of new consents / consent renewals by subspecialty

Methods
A retrospective review of intravitreal injections which took place on St. Elizabeth's Day Surgery Unit, from September to November 2024, was carried out using patient centre generated day case injection lists.

Results:
Over a 3-month period, 2818 injections were carried out on St. Elizabeth's day surgery unit, including 1938 single injections and 420 bilateral injections. 205 patients required consent renewals over this period, while 37 patients required new consents. Sources of consent renewals by subspecialty included Vitreoretinal (n=115), Medical Retina (n=30), Diabetic Retinal Treatment Service (n=83), Eye Casualty (n=1), Glaucoma (n=1), Uveitis (n=3) and other (n=7).

Conclusions:
High volume services such as VR / DRT represent the largest portion of consent renewals. Consent renewals / new consents being carried out in OPD setting would significantly reduce the burden on all injection list staff. The current protocol of consents being carried out at OPD / EED visit should be re-emphasised on each NCHD changeover. The current policy is for 2-yearly consent re-validation. However, there is currently no legal limit on consent form validity. RCOphth guidelines suggest consent renewal intervals should reflect service capacity and should be pragmatically periodically renewed based on local agreement of consent form validity.

The Impact of Intravitreal Aflibercept 8mg Injections on Intraocular Pressure

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Objectives
Increase in intraocular pressure (IOP) is common after intravitreal injection of older anti-vascular endothelial growth factor (anti-VEGF) agents which are administered in a volume of 0.05ml. Aflibercept 8mg is administered in a higher volume of 0.07mL. The purpose of this study was to evaluate the impact of the new intravitreal agent, Aflibercept 8mg, on IOP.

Methods
This was a observational prospective study where IOP's were recorded pre- and post-injection in patients with wet Age-Related Macular Degeneration (wARMD) undergoing intravitreal injections with Aflibercept 8mg. Patients with Ocular Hypertension or Primary Open Angle Glaucoma were excluded from the study. IOPs were measured with the iCare IC200-tonometer pre-injection and at 15mins post-injection.

Results
40 eyes of 36 patients were included in this study. All patients had a diagnosis of wARMD. Mean age was 77.3 years (range 57 to 96 years). 5 patients underwent bilateral injections. Mean pre-injection IOP was 13.1 mmHg (range 6.1 to 20.8 mmHg). Mean post-injection IOP was 21.4 (range 10.4 - 50.1 mmHg). Mean change in IOP was +8.3 mmHg (range -3.6 to +32.6 mmHg). 7.5% of eyes had a reduction in IOP following injection. Of the 37 eyes who demonstrated an increase in IOP following injection, 59.4% had a rise of more than 6 mmHg, 35.1% of more than 10 mmHg, and 1 eye (2.7%) had a greater than 20 mmHg rise. Of those patients undergoing bilateral injections, mean IOP change in the right eye was 5.5mmHg (range -3.6 – to +7.3) and in the left eye was 13.9 mmHg (range 4.9 to 32.6). 1 patient complained of pain and reduced vision immediately after injection and underwent anterior chamber paracentesis. This patient had undergone bilateral injections and demonstrated a post-injection reduction in IOP in the fellow eye.

Conclusion
The findings of this study show that the majority of patients experience an increase in IOP following intravitreal injection of Aflibercept 8mg in a volume of 0.07mL.

Prepared to block? Anaesthetists' knowledge and confidence in periocular anaesthesia.

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Objectives
To evaluate current practices and challenges related to regional anaesthesia for ophthalmic surgery among anaesthetic-trained doctors in a large, academic tertiary care centre.

Methods
All anaesthetic doctors [consultants and trainees] were invited to complete an anonymous, electronic survey.

Results
The survey was sent to 93 members of the Department of Anaesthesia, with 39 responses received (response rate: 41%). Respondents included 16 consultants (41%), 10 junior registrars (25.6%), 7 senior registrars (17.9%), and 6 SHOs (15.4%). Among respondents: 46.2% reported performing ophthalmic blocks very rarely (none in the past two years), 35.9% rarely (a few per year), 10.3% often (monthly), and 7.7% frequently (fortnightly or more).

Regarding sub-Tenon's blocks, 53.8% performed none in the past year, 25.6% fewer than 10 and 17.9% greater than 10. Confidence levels for sub-Tenon's blocks were as follows: 12.8% very comfortable, 20.5% comfortable, 38.8% some hesitation and 28.2% uncomfortable. Confidence was highest among those regularly participating in ophthalmic lists. Among consultants, 62.5% reported being comfortable or very comfortable with sub-Tenon's blocks, whereas 81.25% of SHOs and junior registrars reported either hesitation or discomfort.

Key barriers included the perceived complication risk (e.g., globe perforation) at 25.6%, negatively impacting surgery (e.g., chemosis) – 28.2%, Time constraints – 23.1%, Inexperience – 38.5%. a lack of training opportunities – 20.5% and limited exposure due to preference for ophthalmology trainees – 48.7%

Conclusion
Most anaesthetic-trained doctors in our centre perform very few ophthalmic regional blocks, with confidence levels particularly low among junior trainees. These findings are consistent with recent larger international studies. Common barriers—limited exposure, lack of formal training, and fear of complications—highlight a widespread challenge in training anaesthetists in ophthalmic regional techniques. A cross-specialty combined approach using simulation-based and hands-on training with closer collaboration with ophthalmologists is recommended. These results underscore the importance of maintaining structured opportunities for anaesthetists to develop and refine ophthalmic block skills.

Assessing Patient Understanding of Selective Laser Trabeculoplasty Before and After a Patient Information Leaflet

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Sligo University Hospital.

Objectives
Patient apprehension before ophthalmic procedures can influence decision-making and overall experience. Patient education is crucial for informed decision-making. This study assessed patients' understanding of selective laser trabeculoplasty (SLT) before and after receiving a standardised patient information leaflet (PIL). It evaluates the effectiveness of a PIL on patients' apprehension levels and understanding of SLT for glaucoma treatment prior to intervention.

Methods
30 patients scheduled for SLT were included and divided into two groups. The control group (n=15) received standard verbal counselling at their clinic visit, while the intervention group (n=15) received a PIL explaining SLT prior to their appointment. All participants completed a questionnaire assessing their baseline understanding and level of apprehension, both scored using a standardized scale. The questionnaire was repeated following counselling or review of the PIL, and the difference in scores was assessed between the two groups.

Results
Patients exhibited varying levels of initial apprehension and understanding. Those who received the PIL prior to their visit showed differing trends in score changes compared to those who received only verbal counselling. Some patients demonstrated increased confidence and improved comprehension, while others had minimal change. Overall, there was a trend suggesting that providing structured information in advance may influence patient perceptions.

Conclusion
A standardised patient information leaflet significantly improves patient understanding of SLT, which may lead to greater confidence and willingness to proceed with treatments. These findings highlight the importance of structured educational materials in pre-procedure counselling. Future studies should explore the long-term retention of knowledge and the impact on treatment adherence. A patient information leaflet delivered before an appointment may help improve understanding and reduce apprehension before SLT. Further studies with larger cohorts could provide clearer insights into its effectiveness in optimising patient preparedness for ophthalmic procedure.

Evaluating the Long-Term Efficacy of Selective Laser Trabeculoplasty in Managing Patients with Open Angle Glaucoma.

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Objectives
The aim of this audit was to evaluate the long-term efficacy of Selective Laser Trabeculoplasty (SLT) in managing intraocular pressure (IOP) in glaucoma patients over a 1-year period in a single centre.

Methods
The electronic medical record (EMR) of 78 eyes underwent SLT in 2022 at a tertiary ophthalmic centre was analysed. This study included patients with a diagnosis of Ocular Hypertension (OHT), Primary Open Angle Glaucoma (POAG), Pseudoexfoliation Glaucoma (PXFG) , Pigmentary Glaucoma (PDG), Normal Tension Glaucoma (NTG) and Glaucoma Suspects. Exclusion criteria included any patients with narrow or closed angles. All patients had been previously treated with topical medical therapy. Data collected included patient demographics, baseline IOP, post-treatment IOP at 6 weeks, 12-18 months and 24-36 months, medical agents used pre-treatment and post treatment at the same time interval.

Results
A total of 49 patients (78 eyes) who underwent SLT were included in the analysis. POAG (57.7%) was the most common underlying diagnosis, followed by OHT (8.9%) and NTG (7.7%). The average IOP pre-SLT was 20.5mmHg ± 4.5mmHg. 73% of eyes treated experienced an IOP reduction from baseline at six weeks and the mean IOP reduction six weeks post-treatment was 5.5mmHg. This IOP reduction was sustained at the 12-18 month interval (-6mmHg) and again at the 24-36 month interval (-5.6mmHg). 5% of patients experienced a significant IOP spike (>5mmHg) 6 weeks post-treatment. The mean number of agents pre-treatment with SLT was 2.6 ±0.97 and the mean number of agents post-treatment was 2.3 ±1.1, showing there was no significant change in the number of agents used post-procedure. 51% of cases experienced a significant IOP reduction at the 6 week interval but only 24% of cases experienced a sustained long-term IOP reduction. This figure is likely highly under-representative of the true figure due to poor patient attendance to clinic for long-term follow-up and follow-up in alternate centres.

Conclusion
SLT is an effective long-term treatment option for reducing IOP in glaucoma patients, demonstrating a sustained therapeutic effect for a substantial portion of patients at 6 weeks. Further studies need to be conducted to evaluate the long-term effect of SLT. On IOP control.

Horner's Syndrome: A Case Series of Patients Presenting to the Eye Casualty with Ophthalmic Manifestations

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Objectives
This case series aims to highlight the ophthalmic manifestations of Horner's syndrome, emphasizing the role of clinical examination in early diagnosis and the importance of thorough systemic evaluation to identify potentially serious underlying causes.

Methods
Two patients who presented with ophthalmic manifestations of Horner's syndrome were evaluated. Clinical findings, pharmacological testing results, and imaging studies were reviewed to determine the underlying etiology.

Results
The first patient, a 37-year-old male, was diagnosed with Horner's syndrome secondary to carotid artery dissection, confirmed by MRI and CT angiography. The second patient, a 67-year-old male, exhibited anisocoria and ptosis, but the underlying cause remained undetermined due to clinical deterioration and subsequent passing. Pharmacological testing with apraclonidine confirmed Horner's syndrome in both cases, demonstrating the diagnostic utility of pupil testing.

Conclusion
This case series describes 2 patients with new diagnosis of Horner's syndrome. Ophthalmic manifestations of Horner's syndrome should prompt immediate investigation for underlying neurological or systemic conditions. This case series underscores the role of careful clinical assessment and targeted diagnostic testing in guiding appropriate management and improving patient prognosis.

Audit of the Paediatric Myopia Service in HSE Dublin and Midlands: Current Practice and Opportunities for Improvement

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Objectives
Early and effective management of myopia in childhood is essential to reducing the risk of long-term ocular complications, future visual impairment, and the associated burden on the healthcare system. This audit aimed to evaluate current myopia management practices in the community-based paediatric myopia clinic in HSE Dublin/Midlands by comparing them with clinical guidelines and identifying opportunities to improve the quality of care and access to treatment.

Methods
A retrospective audit of patient records was conducted, with 30 cases analysed to date (target = 100). Data collected included patient demographics, cycloplegic spherical equivalent refraction at the initial visit, axial length and keratometry measurements, presence of key myopia risk factors, and current treatment status.

Results
Of the 30 patients reviewed, 43% were female (13/30) and 57% were male (17/30), with an average age of 5.8 years (median: 6.0). Risk factors were common: 97% had an onset of myopia before 9 years of age, 67% had a first-degree relative with myopia, and 10% were born prematurely. Notably, 10% of patients (3/30) presented with all three major risk factors. Cycloplegic spherical equivalent refraction at the initial visit had a mean of –2.58 D and a median of –1.63 D. Axial length was recorded in 77% of cases (23/30), averaging 23.73 mm (median: 23.55 mm). Twelve-month follow-up axial length data was available for 17% of patients (5/30), showing an average increase of 0.33 mm. Only 37% of patients (11/30) were receiving any form of myopia control treatment: 33% (10/30) used myopia control spectacle lenses, and one patient received combined treatment.

Conclusion
Preliminary findings demonstrate good adherence to key clinical practices, particularly in the identification of risk factors and biometric monitoring. However, several challenges were identified, including delayed referral to the service, as indicated by the relatively high degree of myopia at initial presentation, and limited treatment uptake, with cost likely acting as a barrier to access and adherence. The small proportion of patients with 12-month follow-up reflects the relatively new and evolving nature of the clinic. Additionally, some aspects of myopia management remain supported by emerging evidence, underscoring the need for continued research and evaluation. Future efforts should include strategies such as funding support or policy adjustments to improve access to evidence-based interventions. A key goal moving forward is to develop a standardised protocol for managing paediatric myopia and to re-audit the service to assess its impact on outcomes and care delivery.

An Emergency Experience: Audit of an Ophthalmology Emergency Department in the North West of Ireland

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Sligo University Hospital.

Objectives
The purpose of ophthalmic emergency appointments is to provide timely intervention for urgent conditions that cannot wait for routine outpatient review. This audit evaluates the performance of an ophthalmology emergency department (Eye ED) against the Royal College of Ophthalmologists' 2024 Emergency Eye Care in Hospital Eye Units and Secondary Care guidelines and the Health Service Executive's (HSE) 2014 Management of Patients Who Fail to Attend for Scheduled Outpatient Appointment guideline.

Methods
A retrospective review was conducted of all patients scheduled for Eye ED appointments over a seven-day period (25/11/2024 – 01/12/2024). Appointment records and electronic health records were reviewed to collect data on patient demographics, referral sources, presenting complaints, diagnoses, and outcomes. Non-attendance (Did Not Attend—DNA) documentation was also assessed to determine compliance with HSE guidelines.

Results
A total of 131 appointment were reviewed within our chosen time period. There was even gender distribution with a mean age of 52.5 years [range 5-94]. The most common presenting complaint was eye pain [n=36, 43%], with the most common diagnosis being keratitis [n=25, 19%]. Referral sources were varied, and made mostly by general practitioners (GPs) and internal hospital referrals, followed by optometrists and self-referrals. The most common outcomes of appointments included discharge with reassurance (40%), referral to a specialist clinic (30%), and immediate intervention or treatment (20%).Comparison with the Royal College of Ophthalmologists' 2024 guidelines showed that the Eye ED met most standards for emergency eye care.

Conclusion
The Eye ED reviewed a large and varied cohort of patients. It largely adhered to national emergency care guidelines. To ensure compliance with HSE standards, improvements should be made in documenting non-attendance and establishing a clear follow-up process. This audit should be repeated in additional centres to support quality improvement in emergency eye care in Ireland.

Immune Compromise, Malignant Surprise: A Case of Orbital Lymphoma

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Objectives
To describe a rare case of orbital extranodal marginal zone lymphoma (EMZL) - a slow-growing form of non-Hodgkin lymphoma in association with common variable immunodeficiency (CVID) - a heterogeneous group of primary immune deficiencies characterised by reduced serum levels of immunoglobulin (Ig), absent or impaired specific antibody production and recurrent infections.

Methods
Descriptive poster with images.

Results
A 35-year-old female presented with diplopia and left lower eyelid swelling. Her medical history was significant for CVID for which she received weekly subcutaneous IgG replacement.
On examination her visual acuity was 6/6 and 6/9 from her right and left eyes respectively. There was left periorbital oedema but no proptosis. Limited left eye depression was apparent. Cover test identified left hypertropia.
Computed tomography (CT) sinuses followed by magnetic resonance imaging (MRI) of the orbit revealed a 2.6cm ovoid, soft tissue mass in the left inferior rectus. Histopathological examination of a biopsy sample of the lesion confirmed a diagnosis of extranodal marginal zone lymphoma (EMZL). PET-CT demonstrated thoracic and abdominal lymphadenopathy with an additional likely lymphomatous deposit in the abdominal wall musculature.

Given the already greater risk of future malignancy in the setting of CVID, orbital radiotherapy was deemed unsafe, and this patient was treated with six doses of intravenous Rituximab, each separated by three weeks.

Her orbital symptoms and signs resolved. Post-treatment MRI orbit demonstrated a reduction in the left inferior rectus mass. Follow-up PET-CT showed no metabolically active lymphoma elsewhere.

Conclusion
Common variable immunodeficiency (CVID) is associated with an increased risk of malignancy, but involvement of the orbit is extremely rare. Patients with new orbital and/or adnexal disease in the setting of a primary immunodeficiency should undergo biopsy to aid diagnosis. Radiotherapy is often the treatment of choice for localized, low-grade, orbital lymphoma, but the patient's immunocompromised state complicated its use in this case.

"His Eyes They Shone like Diamonds": Developing Use of Diamond Tip Burr for Removing Corneal Foreign Bodies in Eye Casualty

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University Hospital Waterford.

Objectives

1) Introduce a new technique of corneal foreign body (CTB) and rust ring removal, the Algerbrush II (The Alger Company Inc., Texas, USA) in an eye casualty setting.
2) Investigate if Algerbrush use can decrease consultation time compared to hypodermic needle use.
3) Investigate if Algerbrush use can decrease the number of follow up appointments in patients presenting with corneal foreign bodies and analyse the potential impact this has on carbon footprint.

Methods
A prospective study of the introduction of the Algerbrush for removal of CFB and rust rings to the University Hospital Waterford Eye Casualty service. This study compared using a hypodermic needle versus the Algerbrush in a simulated training session on model eyes and during eye casualty consultations in patients with CFBs. Outcomes measured included: length of consultation, number of follow-up visits required, and estimated carbon footprint generated by eye casualty patients from follow-up visits due to the inability to fully remove CFB/rust rings in the first visit.

Results
The simulation training session showed the Algerbrush to be on average faster in removing CFB/rust rings (40 seconds) than the hypodermic needle (63 seconds). In Eye casualty, 55 patients were reviewed. The removal of CFB with the Algerbrush had shorter average consultation times (4.5 minutes) and less follow up required than when a hypodermic needle was used (8 minutes). No follow up visits were required when the Algerbrush was used on its own. Patients treated with a hypodermic needle or a combination of both needle and Algerbrush were more likely to require a follow up visit. The number of follow-ups needed before and after the simulation session decreased, leading to lesser carbon footprint produced.

Conclusion
The Algerbrush has shown to be more efficient in removing CFBs and rust rings by reducing clinic consultation time and follow ups in Eye Casualty. Simulation training was useful in providing a standardised training regime to allow eye casualty doctors to safely and quickly learn a new skill. Use of the Algerbrush reduced the need for further eye casualty follow up thereby reducing the carbon footprint from patient follow ups.

Comparison of a Refractive Outcomes between a New Toric Extended Monofocal Vision IOL to a Standard Toric Monofocal IOL

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Objectives
The aim of this study was to compare refractive outcomes and residual astigmatism in patients having uncomplicated cataract surgery and toric IOL implantation using a new EMV toric IOL (Tennis Enhance, J&J) with a monofocal toric IOL (Zeiss CT 719 Torbi).

Methods
We performed a review of an electronic medical record database of all patients undergoing toric IOL insertion, performed by a single surgeon (POB) from January 2023 to January 2025. Pre-operative demographics including patient age, eye for surgery, target refraction, pre-operative refractive sphere, cylinder and spherical equivalent (SE), lens size (SE) and cylinder on IOL, cylinder measured on IOLMaster and target refraction. The following data from the postoperative visit was also recorded; date of follow up visit, post-operative refractive sphere, cylinder and spherical equivalent (SE).

Results
There were 158 Zeiss Torbi lenses (Group 1) inserted in patients with an average age of 75 years (range 51-95). There were 43 Tennis Enhance EMV lenses (Group 2) inserted in patients with an average age of 69 years (range 36-87).
The pre-op SE and refractive Cylinder in Group 1 were -0.69DS (range -18.5 - +6.0) and -2.39 DC (range -7.25 - -0.5).
The pre-op SE and refractive Cylinder in Group 2 were -0.17DS (range -18.0 - +7.5) and -1.84 DC (range -4.5 - -0.5).
The mean cylinder on IOLMaster was 2.28 (gr1) and 2.03 (gr2).
The post-op difference from target aim SE and actual SE and refractive Cylinder in Group 1 were 0.01DS (range --1.13 - +1.25) and -0.66 DC (range -5.5 - 0).
The post-op difference from target aim SE and refractive Cylinder in Group 2 were -0.08DS (range -1.25 - +0.8) and -0.62DC (range -2.25 - 0).
66% of patients in Gr1 and 77% of patients in Gr2 had 0.75DC or less residual astigmatism after surgery.

Conclusion
The newer Enhance Toric IOL has similar refractive stability and seems as effective at reducing residual astigmatism as previously used monodical toric lenses from Zeiss. The newer lens should have an additional benefit in providing more intermediate vision.

Outcomes of iStent Inject Device Combined with Phacoemulsification for the Treatment of Glaucoma and Ocular Hypertension: 6 & 12-Month Results

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Objectives
This study aims to audit the effectiveness and safety of micro-invasive glaucoma surgery (MIGS) using iStent inject® W (Glaukos, Inc, San Clemente, California) in combination with phacoemulsification for patients with glaucoma and ocular hypertension.

Methods
A retrospective chart review was performed on all patients who underwent iStent surgery between November 2022 until March 2024. Primary outcome measure was the percentage reduction in intraocular pressure (IOP). Secondary outcome measures were the reduction in eye drops burden, type of drop reduced, best-corrected visual acuity (BCVA), surgical complications, and the need for further procedures. Patients with less than six months follow-up available in our records were excluded. Patients with previous trabeculectomy surgery were also excluded.

Results
Twenty-seven eyes of 25 patients are included. Mean patient age was 75.4 years (range 59 to 88). Indications for iStent indications were primary open-angle glaucoma (POAG, 52%), primary angle-closure glaucoma (PACG, 18.5%), ocular hypertension (OHT, 18.5%), pseudoexfoliation glaucoma (PXFG, 7.4%), and pigment dispersion glaucoma (PDG, 3.7%). The mean preoperative intraocular pressure (IOP) was 20.5 ± 6.4 mmHg. At 6 months and 12 months postoperatively, the mean IOP reduced to 14.0 ± 2.9 mmHg and 13.5 ± 2.8 mmHg, respectively. This represents a mean IOP reduction of 6.5 mmHg (31.6%) at 6 months and 7.1 mmHg (34.4%) at 12 months ($p < 0.001$). The average medication burden decreased from 2.67 pre-operatively to 2.00 at the final visit, an absolute reduction of 0.67 medications (p=0.0019). No patients required additional procedures. One case had only one iStent inserted due to dislodgement and failure to re-insert. There was one case of post-operative transient IOP spike in a patient with PXF, which resolved with a short course of Diamox. There were no other intra-operative or post-operative complications.

Conclusion
iStent inject® W with phacoemulsification was safe and effective, with outcomes comparing favourably to published international studies of both phacoemulsification /iStent and phacoemulsification alone. Cataract surgery is an opportunity for glaucoma intervention without additional burden to the patient. Withdrawal of beta-blockers was prioritised where possible due to potential systemic side effects. Ophthalmic surgeons can consider iStent at the time of cataract surgery for patients with glaucoma and ocular hypertension.

The Preparedness of Ophthalmologists to Manage an Anaphylactic Reaction post Fluorescein Angiography

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School of Medicine, University College Cork.

Objectives
Anaphylaxis following intravenous fluorescein angiography is a rare but potentially fatal complication of this diagnostic test. Prompt recognition and treatment can be lifesaving. We performed a questionnaire-based study to access the competency of ophthalmic physicians in treating a case of anaphylaxis.

Methods
A cross sectional quantitative questionnaire was developed and delivered to all ophthalmic physicians working in an ophthalmic department at a university hospital. The questionnaire accessed doctor's experience and competency in managing an anaphylactic reaction.

Results
16 doctors completed the questionnaire. 18.75% had experience in treating an anaphylactic reaction in the past. The majority of doctors (66.6%) had not completed a Basic Life Support course within the recommended timeframe and only one doctor had completed an Advanced Life Support Course within the last two years. No doctor labelled the management steps of anaphylaxis in the correct order as stated in the Irish Association for Emergency Medicine (IAEM) guidelines. Less than half of respondents (41.6%) identified the correct dosage and route of Adrenaline administration.

Conclusion
These findings highlight significant deficiencies in anaphylaxis preparedness among the ophthalmologists surveyed. Only a small proportion had prior experience with anaphylaxis. Most lacked up-to-date life support training, and none correctly identified the IAEM-recommended management sequence. These findings indicate a need for targeted education and training to ensure safe and effective emergency response.

Laser-Induced Maculopathy: Unintended Retinal Damage and the Need for Vigilance

Khalid MA, Ahern E, Doris J.
University Hospital Waterford.

Objectives
To report two cases of macular injuries caused by laser exposure, highlighting clinical presentation, imaging findings, and visual outcomes.

Methods
Two young patients with a history of recent unintentional laser exposure presented with sudden-onset central vision disturbances. First patient was a 16 year old boy who presented with visual disturbance following exposure to laser pointer in the right eye. . The second patient was a 13 year old male who presented with sudden decrease in central vision after his friend shone laser light into his right eye as they were playing a video game. Comprehensive ophthalmologic evaluations optical coherence tomography (OCT) and fundus photography was performed.

Results
Visual acuity at the time of presentation was 0.42logMAR and 0.92 logMAR for first and second patient respectively. Both patients exhibited characteristic macular damage clinically. OCT of the macula showed foveal disruption of ellipsoid zone and retinal pigment epithelium changes in both eyes. On follow up, one patient demonstrated partial visual recovery while the other had persistent central scotoma.

Conclusion
Laser-induced maculopathy can result in significant visual impairment and permanent structural damage to the macula. Low-powered lasers (Class 1 and Class 2 lasers) can cause irreversible retinal damage if misused and are commonly found in everyday items such as laser pointers and toys which are widely available via online platforms. More powerful lasers (Class 3 and Class 4) pose even greater risks. Increased awareness about the dangers of these lasers and the importance of using them safely is essential to mitigate the risk of accidental retinal injuries. Patient and parent/guardian education on laser safety are crucial in preventing such injuries.

The Impact of Elective Surgery Cancellations on Ophthalmology Waiting Lists

Greenan E , Hurley C.
Department of Ophthalmology, Nenagh Hospital, Tipperary.

Objectives
To evaluate the impact of elective surgery cancellations on ophthalmic waiting lists in Nenagh Hospital.

Methods
Publicly available National Treatment Purchase Fund (NTPF) data on ophthalmology waiting lists at Nenagh Hospital was analysed in relation to dates of cancelled elective surgeries. Correlation analysis and linear regression were conducted using GraphPad Prism, with additional graphing performed in Excel. A p-value of < 0.05 was considered statistically significant.

Results
Between January 2024 and February 2025, elective ophthalmic surgery was cancelled on 21 days, with 18 days, (85.7%) attributed to &"UHL Surge/Escalation" or "Service Re-Alignment" and the remaining 3 days (14.3%) due to technical issues related to surgical equipment. Tuesdays were the most affected (9 cancellations, 38.1%), followed by Thursdays (7 cancellations, 33.3%), Wednesdays (4 cancellations, 19.0%), and Mondays (2 cancellations, 9.5%).

Between January 2024 and February 2025, the waiting list grew by 194 patients (33.6%). The number of patients waiting less than six months decreased from 541 to 442, a reduction of 18.3%. Meanwhile, the number of patients waiting 6–12 months increased by 252, a 681.1% rise. The 12–18 month waitlist grew from 0 to 38, and those waiting more than 18 months rose from 0 to 3. Overall, the total number of patients waiting more than six months grew by 293, an increase of 791.9%, and those waiting over 12 months rose from 0 to 41. The largest increases occurred in September 2024 (134 patients, 24.4%), January 2024 (96 patients, 19.9%) and November 2024 (75, 12.0%). The number of patients exceeding the Sláintecare 12-week target rose from 326 (43.6%) in January 2024 to 507 (65.7%) by February 2025.

No significant correlation was found between monthly cancellations and changes in waiting list size ($r = 0.06$, $p = 0.85$, $R^2 = 0.00$), the number of patients exceeding Sláintecare targets ($r = 0.05$, $p = 0.86$, $R^2 = 0.00$), or the number of patients waiting over 12 months ($r = 0.06$, $p = 0.85$, $R^2 = 0.00$). Similarly, when analysing cancellations due to "UHL Surge/Escalation" or "Service Re-Alignment" no significant associations were observed with changes in waiting list size ($r = 0.04$, $p = 0.88$, $R^2 = 0.00$) or the number of patients exceeding Sláintecare targets ($r = -0.02$, $p = 0.95$, $R^2 = 0.00$). However, a significant positive association was found between cancellations and the number of patients waiting over 12 months ($r = 0.54$, $p = 0.04$, $R^2 = 0.30$), indicating that cancellations are linked to an increase in long-wait patients.

Conclusion
Frequent cancellations of elective ophthalmic surgeries do not significantly impact overall waiting list size or the number of patients exceeding Sláintecare targets. However, they are associated with a rise in the number of patients waiting over 12 months. This suggests that cancellations – particularly those due to "UHL Surge/Escalation" and "Service Re-Alignment" – contribute to prolonged wait times. These findings underscore the need for alternative strategies to manage hospital surges without disproportionately affecting elective ophthalmic surgeries, ensuring timely access to care.

Ischaemic Bilateral Retinal Vasculitis and its Diagnostic Challenges

Krezel A, Goodchild C.
Royal Victoria Eye and Ear Hospital, Dublin.

Objectives
Retinal vasculitis is the inflammatory condition affecting retinal blood vessels leading to their occlusion and hypoperfusion. It can be either idiopathic or of systemic origin. Discovery of the underlying cause enables its effective management. To describe a case of persistent bilateral retinal vasculitis with ischaemia and neovascularization in a 32-year-old African woman and details diagnostic challenges along the way during and post pregnancy.

Methods
This is a case report of a 32-year-old African female who presented in our eye casualty with floaters and photopsia in the right eye (vision 6/6 both eyes). Examination revealed mild vitreous haemorrhage, bilateral peripheral retinal ischaemia, right supero-temporal neovascularization, hyperaemic discs, and occasional vitreous cells in the left eye. An epiretinal membrane was noted. The patient had a history of pregnancy-induced hypertension, which resolved postpartum.

Results
A series of ophthalmic (OCT, FFA) and systemic investigations were conducted. Systemic workup included QuantiFERON, haemoglobin electrophoresis, autoimmune, infectious disease panels, HLA-B51 and HLA-B27. Initially considered as a possible case of sickle cell trait, excluded post haematological consultation. Ruling it out was hindered by deferring information from the patient and lab results. Other systemic investigations were reported as negative. The patient has been started on oral steroids, followed by bilateral laser photocoagulation on suspicion of inflammatory cause and a possible diagnosis of IRVAN.

Conclusion
This report illustrates the complexity of retinal vasculitis diagnostics. Despite initial suspicion of sickle cell trait, the cause remains elusive. Ongoing investigations are necessary, to unveil possible systemic causes and prevent further complications.

Cemiplimab, a Programmed-cell-death-1(PD-1) Protein Inhibitor, for the Treatment of Locally Advanced and Metastatic Cutaneous Squamous Cell Carcinoma of the Head and Neck – Real World Data.

Naughton A, Clarke H, Donnelly O.
Portsmouth University Hospitals NHS Trust, UK.

Objectives
To evaluate the effectiveness cemiplimab for the treatment of locally advanced/metastatic cutaneous squamous cell carcinoma (LAMCSCC) of the head and neck in a real world setting.

Methods
Retrospective review of electronic clinical records of all patients undergoing cemiplimab immunotherapy to treat LAMCSCC of the head and neck at a tertiary treatment unit from 2019-2023. Primary outcomes were treatment response and duration of remission. Secondary outcomes were incidence of disease relapses during remission, and treatment related adverse events.

Results
The review included 42 patients treated with cemiplimab for LAMCSCC of the head and neck at a single centre, since it was first NICE approved in 2019. 83% were male. Median age was 78.5 years (range 60-95). Indications for treatment with Cemiplimab included primary treatment of CSSC (21%) and treatment of recurrent disease (79%). Of the patients with

recurrent disease, 94% had undergone previous surgical excision with curative intent, 45% of which had received adjuvant radiotherapy. The median duration of treatment was 7 months (range 2-24). Overall treatment response rate was 59.5%. Complete response was reported in 23 (58%) patients, partial response in 2 (4.8%), and stable disease in 3 (7.1%) patients. Eight patients (19%) had disease progression despite cemiplimab and subsequently died. 7 patients (16.7%) stopped treatment due to adverse effects including arthritis (n=3), hepatitis (n=2), myopathy (n=1), and rash (n=1). All adverse events were treated with corticosteroids and subsequently resolved. Of those that have completed a course of cemiplimab and remain under active follow-up (n=13), the median time in remission is 7 months (range 1-44). 1 patient has suffered a recurrence of their SCC at 27 months post completion of cemiplimab.

Conclusion
This is a large review of patients treated with Cemiplimab for advanced and/or recurrent cutaneous SCC of the head and neck. Our data supports its use as an effective, well tolerated, treatment option with a complete response rate of 58% in a challenging patient cohort, where radical surgery and/or radiotherapy is more likely to result in unacceptable treatment related morbidity.

We prospectively examined 50 patients with Type 2 diabetes who underwent routine phacoemulsification between January and November 2019 at a single site. Follow up diabetic retinopathy grading was assessed for progression of retinopathy at 5 years post- su

This study included 24 females (48%) with a mean age of 73.4 years (SE: 3.45) and 26 males (52%) with a mean age of 75.8 years (SE: 1.50), resulting in an overall mean age of 74.7 years (SE: 1.11).

Baseline characteristics between males and females such a
The weak positive correlation between pre- and post-operative diabetic retinopathy and macular oedema indicates that phacoemulsification may have limited impact on the progression rate of diabetic retinopathy following routine cataract surgery. This shoul

Five-year Outcomes of Intravitreal Bevacizumab Injections for Neovascular Age-Related Macular Degeneration (nAMD) Using a Treat and Extend Regimen at a Single Macular Treatment Centre.

Naylor A, Surzhenko I, Baily C, Ryan, A.
Royal Victoria Eye and Ear Hospital, Dublin

Objectives
The aim of this study is to determine visual outcomes, fellow eye involvement and the proportion of patients still undergoing active treatment with intravitreal bevacizumab for nAMD over a five year period in The Macular Treatment Centre (MTC) in The Royal Victoria Eye and Ear Hospital (RVEEH). A treat and extend (T+E) regimen was implemented for all patients included and their current treatment interval was assessed. For patients no longer receiving treatment, the reason for discontinuation was documented. The data from the MTC will be compared to international data.

Methods
The electronic medical records (Medisight and Docman) of 109 contiguous patients who commenced intravitreal bevacizumab treatment for nAMD under the care of the MTC in 2018 and 2019 were analysed. Visual acuity was measured in ETDRS letters. The data collection is currently still underway and further patients will be included in this study. Inclusion criteria were as follows: T+E treatment with intravitreal bevacizumab for nAMD (all subtypes); patients under the care of two medical retinal consultants and treatment-naïve patients. Exclusion criteria: patients with a follow up period of less than twelve months from first treatment and those whose treatment had commenced under the care of another consultant. Data was collated and statistical analysis undertaken in Microsoft Excel.

Results
As data collection is still underway these represent provisional results.

A total of 109 patients (159 eyes) were included in the analysis. 50 patients (46%) had bilateral nAMD, of these 12 patients (11%) had bilateral nAMD at presentation and 38 patients (35%) developed fellow eye involvement during follow up.

61 eyes of 57 patients (52% of initial cohort) had a follow up duration of at least 5 years. Within this group, 46 eyes of 42 patients were actively being treated with bevacizumab (39% of total patients). 35% of these eyes were receiving treatment at 4-weekly intervals, 59% at ≤ 6-weekly and 23% at ≥ 12-weekly. This represents 14%, 23% and 8% of the total 109 patients respectively.

The average VA at presentation was 58 letters (range: count fingers- 89 letters). At five years, 11% of eyes had a ≥ 3 line gain in VA, 34% had a ≥ 3-line loss and 30% maintained VA within driving standard. There was an average loss of 8.8 letters in all patients at 5 year follow-up, however, those on active treatment only lost an average of 2.2 letters.

53 patients were no longer receiving treatment. 45% were lost to follow-up (either too unwell to attend, RIP or did not wish to continue treatment), 21% developed end stage fibrosis or geographic atrophy, 22% successfully completed a T+E protocol and 11% had their care transferred to a private hospital.

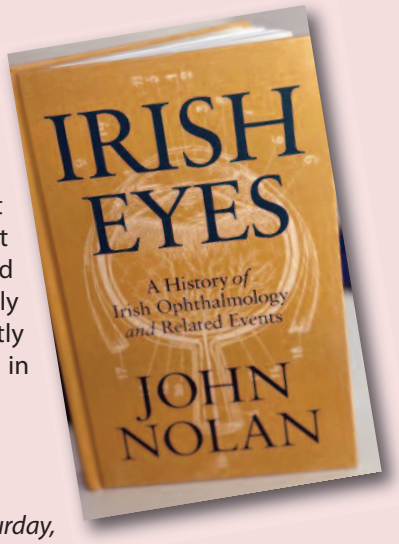
Conclusion
Given our increasingly aging population, the demand for treatment of nAMD continues to grow and exceed service capacity. The MTC in RVEEH performed 18,322 intravitreal injections in 2024 which represents a 69% increase from 2021. Furthermore, frequent attendances to the eye clinic represents a financial and social burden on patients and their caregivers. A significant number of patients (39%) are still undergoing treatment for nAMD at 5 years, notably almost a quarter of patients are still receiving injections at least every 6 weeks.

Irish Eyes: A History of Irish Ophthalmology and Related Events

John Nolan
President of the Irish College of Ophthalmologists 1995-1997

John Nolan started his *History of Irish Ophthalmology* during lockdown, when prevented from cycling his regular 10km per day. He was nearly 90 at the time. Whilst most of us baked, and ate, our body weight in banana bread, he turned his mind to loftier things, pulling an ophthalmological thread that took him back to Antiquity and brought him, ultimately, to the end of lockdown. The research and writing of the book fascinated and diverted him, not least because of the generous and enthusiastic help he had along the way from friends and colleagues, old and new. He was immensely grateful to everybody who helped and advised him.

In a typically humble way, in his book John glossed over his own rich contribution to Irish (and British) Ophthalmology, from taking his Medical degree from Trinity College Dublin in 1956, to his years at the Edinburgh Royal Infirmary and St James's Hospital, Leeds before his settling in Galway in 1975 and building the Ophthalmology Department that thrives there today. He has given only scant mention to the fact that he and Professor Peter Eustace RIP were the first Irish Ophthalmological representatives on the UEMS (wining and dining across Europe with their Continental counterparts) and to him being part of the group that founded the Irish College of Ophthalmologists in 1992.



John loved the ICO meetings and only the ill health of advanced age kept him at home in recent years. His book - whilst never taking the place of a kind, wise and beloved man and doctor – will hopefully engage, educate and entertain you. Exactly as John himself would do were he here in person today.

On behalf of the Nolan Family

John Nolan sadly passed away on Easter Saturday, April 19th, this year. The College extends our deepest condolences to Annie and family at this time.

Pictured at the ICO Centenary Gala Dinner at the RCSI, November 16th, 2018 were; Mr Desmond Archer, Mr Patrick Condon, Ms Amy Archer, Dr Alison Blake, Ms Annie Nolan, Mr Max Graham, Ms Evelyn Graham, and Mr John Nolan.

Eye Healthcare – 90 Years of Progress

Patrick Condon

TOPICS COVERED IN THE BOOK

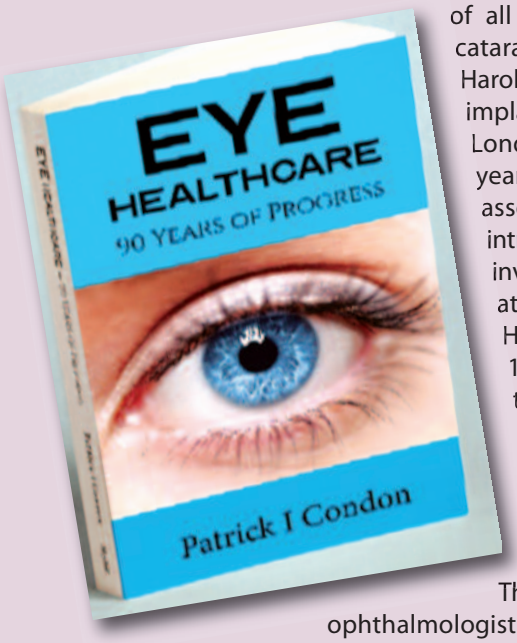
This book describes the memoirs and personal experiences encountered in the training and careers of two successive generations of ophthalmic surgeons from the 1930's to the present day with reference to the major progress in the standard delivery of eye healthcare in Ireland over the years.

Sir Harold Ridley

EYE TRAUMA AND IRISH FIGHT FOR SIGHT CAMPAIGN

The recognition by Dr. John Blake et al. at St. Vincents Hospital, Dublin on "road blindness" prompted the government to introduce mandatory laminated windscreens in all motor vehicles in the 80's. At the same time, a serios rise in eye trauma throughout the country, prompted the impetus by major industrial, agricultural and sporting organisations to form the Irish Fight for Sight Campaign charity dedicated to eye protection and prevention of blindness programmes related to glaucoma and diabetic retinopathy.

MIRACLE OF SIGHT AND CATARACT SURGERY



Possibly the most incredible advance of all has been in the history of cataract surgery, which outlines Harold Ridley's first intraocular lens implant at St Thomas's Hospital in London in November 1949, 75 years ago and the history associated with the success of intraocular lens implantation. The invention by Dr. Charles Kelman, at the Manhattan Eye and Ear Hospital in New York in the early 1970s, in which he pioneered the development and technology of using ultrasound energy to emulsify the cataract through a tiny keyhole incision in the eye, was yet another milestone. The incredible assistance to Irish ophthalmologists in the early 1980's by US cataract surgeons and the UK Intra Ocular Len Implant Society is recorded.

CORNEAL TRANSPLANTATION AND NATIONAL EYE BANK

The development of corneal transplantation in Ireland was initially dependent on deceased independent personal eye donations with a short-term hypothermic storage system. This was significantly improved with the opening of the National Eye Bank Ireland in 1994, funded by the charity based Irish Fight for Sight Campaign and the Dept of Health, offering longer term storage of certified organ cultured donor corneas for Irish eye surgeons. Due to the threat of possible vCJD infection, the Eye Bank was closed in 2004.

BECOMING AN EYE TRAINED SPECIALIST OPHTHALMOLOGIST

The training of young doctors undergoing a career in ophthalmology with specific reference to the intense basic study required and the necessary learning skills, are divided into whether a medical practitioner or surgical career is chosen. The evolution of the St. Thomas' Hospital Sth. London Group specialty during the 50-year period from 1930's to 1970 is reviewed.

EYE HEALTHCARE

INTEGRATION OF SERVICES:

The formation of the area health boards with the increase in the regionalisation of services, stimulated the integration and reorganisation of ophthalmic services throughout the country. With a population of half-million people in the south-east of Ireland, the integration of eye healthcare was targeted with the amalgamation of community care facilities and hospital eye healthcare services. Hospital staff were encouraged to provide their services in conjunction with community care medical staff with specific reference to the care of children with sight threatening conditions and their surgical management. Stronger links with general practitioners throughout the area were established with updated information through IMO and society meetings.

OPHTHALMIC MEDICAL PRACTITIONERS (OMP)

Following a submission from OMP's to the Irish Medical Organisation (IMO) concerning their conditions of work and differing contracts with

county boards as medical officers with no degree of permanency of employment, the Irish Faculty of Ophthalmologists in conjunction with the IMO, arranged a meeting with Mr Charles Haughey, Minister for Health at the Department of Health offices in Dublin in the mid-70s. After a rather tense meeting, it was finally agreed that OMP's could be included as medical officers in the community care sections of the newly formed area health boards and employed by them on the same structure.

"GETTING RID OF GLASSES" AND REFRACTIVE SURGERY

The rapid development of refractive surgery worldwide was reflected in Ireland where the Russian operation of Radial Keratotomy (RK) was abandoned for surface Photo Refractive Keratectomy (PRK) with the Excimer laser. Subsequently, Irish eye surgeons were among the first in Europe and the UK to proceed to the more sophisticated Lasik procedures.

TREATMENT OF KERATOCONUS

In 1994, Prof Theo Seiler, in Zürich, develop the technique of cross-linking of the cornea in the earlier stages of patients with progressive keratoconus. This treatment strengthens the cornea preventing progression of the condition. In more advanced cases, corneal transplantation may be required.

EUROPEAN AND INTERNATIONAL INCLUSION OF IRISH OPHTHALMOLOGY - ESCRS HQ DUBLIN:

The decision by the European Society of Cataract and Refractive Surgeons (ESCRS) to locate its Head Office in Dublin in 1990 for a period of 30 years, provided an opportunity for Irish ophthalmic surgeons to play a major part in the affaires and scientific research activities of both European and International societies

RIDLEY EYE FOUNDATION

Ridley Eye Foundation (REF): The Foundation was formed by Sir Harold Ridley in 1966 with the establishment of the International Intraocular Implant Council (IIIC). The Foundation recently celebrated the 75th Anniversary of the First Intraocular Lens Implant in 1949 by Sir Harold. All profits generated through the sales of this book will be donated to the REF which supports the provision of cataract surgery by visiting volunteer eye surgeons and nursing staff working in eye camps situated at high altitudes in the poorer areas of Nepal.

All profits from the sale of this book will go to the Ridley Eye Foundation (REF) whose mission is to provide funding for the sustainable delivery of surgery for the needy people of the developing world who suffer from cataract blindness.

The current focus of the REF is on poor patients who live above 2,000 m in the foothills of the Himalayan mountains in Nepal. REF aims to become the UK's leading high-altitude cataract surgical charity by 2027, and to be able to provide up to 30 surgical camps per year in all five Himalayan provinces by 2032.

For book enquiries, contact
Mr Patrick Condon
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+353 876479717
Book will also be available via amazon in May 2025

The ICO wishes to thank the following industry partners for their support at this year's ICO Annual Conference

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IRISH COLLEGE OF OPHTHALMOLOGISTS

About the ICO

Established in 1992, the Irish College of Ophthalmologists (ICO) is the recognised training and professional body for medical and surgical eye doctors in Ireland.

The ICO is a registered Irish charity. We are committed to the advancement and improvement of eye health and patient safety and work to protect, enhance and promote the highest standards in the delivery of eye care.

The delivery of healthcare requires a lifelong commitment to learning and the ICO's goal is to provide and support education and learning for ophthalmologists in training, in practice and those who work alongside them as they deliver care to patients.

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