



Paying attention to the key fundamentals of the eye exam

Good case history

- Ocular and medical
- Detailed and organized exam addressing the key elements
 Skipping any steps can result in missing a key finding
 Use technology as an adjunct to the exam
- But do NOT substitute technology for doing the examMake sure the clinical findings explain and fit the
- "Assessment/Plan"

55 yo Caucasian Male

- Presents with sudden onset of floaters RE
- "Feels like I am looking through an oil slick or water"
- BCVA: 20/20 each eye

- CVF: FTFC OU
- Dilated patient with 1% Tropicamide, 2½% Neo
- Examines with 90 D and peripheral retina with BIO and 20 D lens
- Notes Weiss Ring and attached retina













the detached rotina, a helpful sign in detecting the presence of a rotinal detachment. Scheal depression may be needed to detect small, asymptomatic peripheral rotinal detachments. The biomicroscope can be used to search for breaks in detachments using a mirrored fundus contact lens, a hand-held precenteal fundus lens, or a wide-field fundus contact lens. A search for all possible retinal breaks should be performed, and

65 yo Caucasian Male PVD

The rest of the story...

- · Patient return about 5 weeks later complaining he can't see out of his right eye for th past 4 days
- Has a macula-off RD
- RD repaired but VA 20/200



PVD Avoiding Malpractice Suites • You have to be able to explain why the vision is not 20/20 · More common in women - Amblyopia is a diagnosis of exclusion More common following • When in doubt do an automated visual field intraocular surgery IOP should be done on all visits · More common following · Make sure patients understand how to take care of their inflammation contact lenses · More common in aphakes



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Exam of a Pt with Symptomatic PVD

- Should have a high suspicion of detecting Weis ring
- Should have a high index of suspicion of a possible retinal break
- · Clinical exam should be conducted with these suspicions

Clinical Exam of a Patient with A Symptomatic PVD • All the testing and procedures that you would normally do with any patient • Dilated fundus exam • Look specifically at the anterior vitreous • Note presence or absence of pigment or cells in the anterior vitreous • tobacco dust, schafer's sign • Peripheral extended ophthalmoscopy including scleral depression 10 20





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Predictive Factors for Poor Visual Outcome

- Initial presenting visual acuity worse visual acuity
- Duration of the macular detachment - Longer the mac-off RD -> worse the visual outcome · Height of the retinal detachment



- Best visual outcomes are when the surgery is performed within 7 days of the macular detachment
- Meta-analysis have shown that a delay of more than 3 days was associated with statistically worse final visual outcome
- Eyes that had surgery within 3 days averaged a final visual acuity of around 20/30
- Eyes that were operated between 4-7 days averaged a final visual acuity of around 20/70.



























































































4-....







How Affective are AREDS Supplements?

- Intermediate AMD -> 50% progression to CNV ~ 10 years
- AREDS reduced the risk by 25%

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- So risk of progression goes down from 50% to 40% conversion
- So overall AREDS reduce the risk by 10%

AREDS Results Arch of Ophthalmol Oct 2001 • AREDS was unable to determine potential treatment benefits among early AMD pts • Slow progressive trend • Not likely to progress to an advance stage of AMD • These groups make up a large number of our pts



























































Papilledema Optic Disc Edema with Optic Nerve Dysfunction · Intracranial mass • AION Hydrocephalus Optic neuritis · Idiopathic intracranial hypertension · Leber's hereditary optic neuropathy · Meningitis or encephalitis · Intraorbital optic nerve compression · CNS granulomatous or malignant · Infiltrative optic neuropathy transformation · Toxic optic neuropathy 123 124







- + 14–51% of children with ONHD have VF defects on automated testing
- VF defects more severe with visible ON Drusen
 Arcuate, nasal steps, enlarged blind spots, generalized constriction
- Progression can occur -> very slowly and earlier in life
 Limited data exists on natural history
- Isolated case reports of significant VF

