

Optometry DistList

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Saturday, 18 March 2017

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Date: 22 February, 2017

From: Deepika R. (deepikakommanapalli@gmail.com)

Subject: **New Surgery May Fix Need for Reading Glasses**

The Raindrop Near Vision Inlay is the first implantable device that changes the shape of the cornea to help vision, according to a U.S. Food and Drug Administration, which announced its approval in a news release on June 29 2016.

"This is the Holy Grail of refractive surgery," said Dr. Mark Whitten of Whitten Laser Eye. "It's the thing that we've been looking for years to help people get rid of their reading glasses."

Losing near vision, presbyopia, is part of the normal age process and begins for most people in their 40s or 50s. Using bifocals or reading glasses is a common way to address it. Whitten and his partner Dr. Shilpa Rose are among the first doctors in the nation to perform Raindrop Near Vision Inlay.

"So far, we've never had a laser type procedure that can do reading vision without losing some of the distance correction," Whitten said. "Now, they can get both done at the same time."

For the complete article and video, please visit: <http://wtop.com/health-fitness/2017/02/new-surgery-fix-need-reading-glasses/>

Date: 12 March, 2017

From: Muthulakshmi (muthu.gowri@gmail.com)

Subject: **A New Eye-Hand Coordination App**

The School of Optometry and Vision Science (SOVS) at UNSW Australia has just released an iPad app to test eye-hand coordination in a games-like manner with proven appeal to children and adults.

The “L-R Eye-Hand Coordination App” overcomes a number of issues with existing EHC tests and provides objective reporting of time taken and number of errors made tracing various shapes using a stylus. The app was conceived by Kiseok Robin Lee during his PhD candidacy with us and designed by Malcolm Ryan from the School of Computing Science and Engineering at UNSW, with support from Catherine Suttle, Barbara Junghans and Sieu Khuu at SOVS.

The app’s repeatability/reliability and degrees of difficulty for the various levels have been verified on adults and children. Importantly, there is preliminary evidence that performance on the L-R EHC Test differentiates amblyopes from normals.

As the visual pathway and its interactions with other centres in the brain is complex, this app may be useful to optometrists, ophthalmologists, orthoptists, paediatricians, neurologists, psychologists, rehabilitation specialists and remedial educationalists.

For the complete article, please visit: <https://www.optometry.unsw.edu.au/research/new-eye-hand-coordination-app>

Date: 12 March, 2017
From: Rahul R. (rroy3333333@gmail.com)
Subject: **Children Get Headaches Too**

Published studies in Sweden and Britain have shown that approximately 40% of children have experienced a headache by seven years of age, and this number increases to 70% by 15 years of age.

In the vast majority of pediatric headaches, clinicians are able to assure the child and family that the headache is not a sign of a serious illness.

Types of headaches

Migraine and tension-type headaches are the most common types of headache seen in children. The underlying cause is unknown. About 10% of school-going children experience migraine. During a migraine, children can have nausea, vomiting, or be sensitive to light or sound.

Headaches that are associated with underlying neurological diseases are uncommon, while those due to a brain tumor are even rarer. It is estimated that for every child with a headache due to a brain tumor, there are around 2,000 children with migraine.

A good history-taking, together with a careful physical and neurological examination can diagnose the headache.

Important red flags to know the cause are:

- A short history of severe headaches for a few weeks.
- Headaches that are increasing in frequency and worsening in severity.
- Headaches that occur from sleep or first thing in the morning before getting up from bed.
- Headaches that are made worse when lying down, bending or coughing.
- Associated with unexplained vomiting during sleep or before waking up.
- Associated with other neurological problems including confusion, change in personality, muscle weakness, vision problems and seizures.

A general physical examination along with neurological examination and retina evaluation is important.

Management strategies

It is important to know the cause of child's headache. A non-pharmacological approach is the first-line treatment strategy for headache.

In addition to this, some children may require pain-relief medication like paracetamol or ibuprofen.

For the complete article, please visit:

<http://www.star2.com/health/wellness/2017/03/12/children-get-headaches-too/>

Date: 13 March, 2017

From: S. Padhmanaaban (padhmanaaban.iv@gmail.com)

Subject: **Hyderabad Sees Spurt in Glaucoma Cases**

Fifteen new Glaucoma patients are diagnosed every day at the L V Prasad Eye Institute (LVPEI) and according to conservative estimates about 30 new cases come to light every day in the city.

Dr G Chandra Sekhar, Vice Chair, LVPEI says, "It is common for doctors to direct patients to get themselves tested for diabetes and blood pressure but not for Glaucoma. Majority of patients are unaware that the disease is persistent in them."

Glaucoma is said to be a silent killer as there are no symptoms including redness of the eye or pain. There are one crore Glaucoma patients in the country out of which 10 lakhs are blind in one eye or both eyes.

"Currently, in India, every eighth individuals either have Glaucoma or is at risk of developing the disease, 40 million aged 40 or older coming under in this category. 11.2 million Indians suffer from the disease with 1.1 million blind, including children," said Dr Sirisha Senthil, Consultant, VST Centre for Glaucoma Care.

Explaining further why Glaucoma is a sneak thief of eyesight, Dr Sirisha says, “A person adjusts to loss of vision. For instance, if a person is unable see an object they move their position and see it. In fact without adjusting their position they should be able to see. People keep on adjusting and do not get a test done. As the deterioration is slow by the time they get a test done, they lose 60-80 % sight.”

For the complete article, please visit:

<http://www.thehansindia.com/posts/index/Telangana/2017-03-09/Hyderabad-sees-spurt-in-Glaucoma-cases/285677>

Date: 13 March, 2017

From: Sandhya Rani (sandyuoh@gmail.com)

Subject: **International Women’s Day Special: Does Pre-Eclampsia during Pregnancy Increase Risk to Mothers’ Eyes?**

A study published in *Obstetrics and Gynecology* suggests that pre-eclampsia may be associated with retinal disease in the mother later in life.

The American Academy of Ophthalmology has concerns about the way this research was conducted and its conclusions. At the moment there is no reason to suggest any change to eye health care for pregnant women or follow-up care for women who have had pre-eclampsia in the past.

Pregnancy can cause temporary changes in vision for mothers including dry eye and slight near-sightedness. Pre-eclampsia occurs in 3 to 5 percent of pregnant women.

The American Academy of Ophthalmology's recommendations are unchanged: Expectant mothers or those with a history of pre-eclampsia should be aware of changes in their vision and contact their doctor if they have concerns. Retinal disease may be signaled by symptoms including:

- blurred vision
- spots in vision or areas that are black or gray
- flashes of light -loss of color vision
- loss of central or side vision
- curtain or shadow over vision
- complete loss of vision

All women should get a baseline eye exam from an ophthalmologist by age 40. Women with diabetes should be examined yearly for retinal and other ocular disease, regardless of age.

For the complete article, please click here

<https://www.sciencedaily.com/releases/2017/03/170301084725.htm>

Date: 02 March, 2017
From: Sridevi Sunderarajan (sridevi@vision2020india.org)
Subject: **Inviting Applications for Travel Fellowship**

Vision 2020: The Right to Sight – INDIA offers travel scholarship for students to attend our annual conference. The travel fellowship is offered to postgraduate students or clinical fellows of ophthalmology or a final year optometry student or optometry fellow. The selected applicant/s will be given travel passage to the venue of the conference at the lowest fare either by train or bus. Four to five scholarships are offered subject to certain conditions.
The scholarship has been made possible by a grant given by Dr GN Rao, Chairman, LVPEI.

Eligibility

Who can apply

- Postgraduate students
- Clinical fellows of ophthalmology
- Final year optometry students
- Optometry fellows

Important Dates

- Last date for receiving application: 1st April, 2017
- Announcing the selected students: 15th April 2017

For travel application form, please click here

<http://vision2020india.org/annualconference/travel-fellowship/>

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