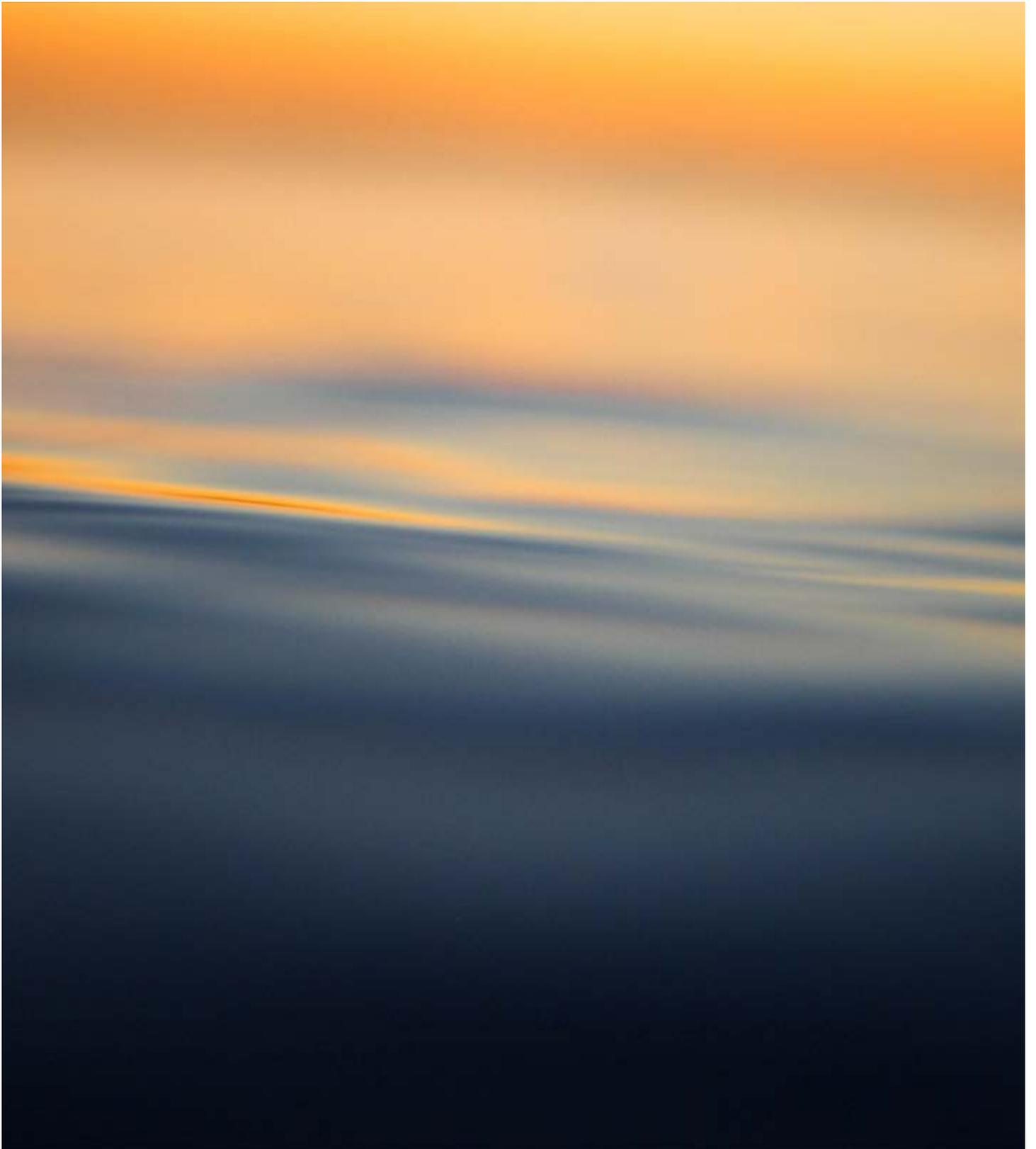

AONA

VISION

NATIONAL NEWSLETTER

DECEMBER 2018



December 2018

Welcome to the December edition of The Australian
Ophthalmic Nurses Association National Newsletter

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AONAQ

President's Report Pene Gill

It has been an eventful year for our associations. Our 30th celebrations in August and the launch of the National Standards — a wonderful feat by those that have been on the National Council over the last 10 years.

Congratulations to our three members that were recently granted educational grants for \$1000 each. These grants were put towards study and attending a conference. If you have been a financial member for the last 2 years and have not previously applied for a grant in that time, you are eligible. Have a look and see if you would like to attend a conference or do some further study.

2018 is fast coming to an end and the Christmas cheer will soon be upon us. Please join us for our final Clinical meeting of the year at Greenslopes Hospital this coming Saturday. Professor Sullivan will update us on Lacriamal Surgery. It will be a great morning to catch up with colleagues! For more information please log on to www.aona.org.au

We wish you and your families a very Happy Christmas and wonderful 2019!

AONAWA

President's Report Andrea Montague

Well it doesn't seem that long ago that I hesitantly wrote my first newsletter as AONAWA president and here we are near the end of the year and newsletter number 2 is due. Such a busy time of year, always so much going on, this task has been on my to do list for a few weeks now.

The reason for my hesitance is not only because writing this type of report is not my strong suit, but because it has been a bit of a disappointing time for AONAWA. Our end of year Sundowner scheduled for November 24th was unfortunately cancelled as we had insufficient bookings to justify the cost and give due respect to our speaker. This decision was not taken lightly and we apologize to those members who had booked. We were looking forward to the opportunity to get together with colleagues and friends. Our speaker, Natalie Beale RN was going to tell us about her experience volunteering on a Mercy Ship (www.mercyships.org.au). She has kindly offered to talk to us next year. As a committee we have discussed at length the many factors that contributed to lower than usual numbers and have lots of ideas to head into 2019 with.

In November I was fortunate enough to attend the AONA / RANZCO conference hosted by AONAVic in Adelaide. I was sponsored by Bayer. Vice President Jo Djamil and I met with other



L-R: Gina Storey; Ailey Oh; Jo Djamil; AONA WA President Andrea Montague; and Liz Oakley

state reps of the National Council face to face. As newbies we felt in awe of the experience of the rest of the committee, but it is heartening to hear that other states experience the same issues as we do in WA and it was fantastic to workshop with such warm and inspiring professionals. Big picture and forward thinking with not only national interests but global initiatives were discussed. There is a lot happening out there and there are a lot of opportunities for Ophthalmic Nurses. It really is the specialty to be in!

Wishing everyone a safe and happy festive season.

AONAVIC

President's Report Heather Machin RN MBA

2018 has been a remarkable year for AONAVIC, with many achievements and new opportunities, but I must confess, it has not been without its challenges.

I am proud to call myself an ophthalmic nurse – and I do my bit on the various committees, but I worry that our community and sector is fragile. I fear a reliance on the same few people on our Committees and sub-projects limits our growth and potential, as we are unable to diversify or respond fast enough to meet the growing demand of our Association members plus requests for increased nurse engagement by various external sector stakeholders.

I want to reverse that. I want to grow, and I want to ensure we strengthen our Association and our profession for our patients today and our patients tomorrow, but to do that I need your help.

Therefore, *I call to action* all members to be actively engage in the Association in 2019. If we all did something, be it present a session, host an event, assist with the finances or promotional activities, wrote the minutes, sat on a taskforce and so on, then we could pool our resources, grow and increase our response time, and in turn, ensure the Association, and we as a professional body, can effectively and efficiently scale-up to meet the existing challenges, while simultaneously working on new initiatives.

Just think how much we could achieve if we all voluntarily assisted with one or two things next year. By doing this, we would not only grow our Association, but it would also assist in building and supporting our own networks and careers. This helps us all in the long run – and of course, it will assist our patients of today, and those of tomorrow and the future.

My *call to action*, is inspired by my recent attendance at the *International Agency for the Prevention of Blindness (IAPB) Council of Members Meeting in Hyderabad, India and the American Academy of Ophthalmology Congress, in Chicago* — where, at both, I was asked to present about nurses — as the untapped resource, to our

ophthalmologist and capacity development colleagues. In turn, they asked me questions on how we can increase engagement with nurses to meet the growing eye care challenges. It highlighted to me that there is growing interest in our professional group and our engagement and collaboration, which is great, but I also realised, we as nurses must step-up into those engagements and opportunities - we are the only ones that can do that. It is our responsibility.

The RANZCO-Adelaide conference also inspires my *call to action*, as many nurses stepped up into the presenter role, sharing their knowledge, expertise and experience. We were graced by presentations from other countries where nurses shared how they are using their skills for the betterment of their community. These presentations complimented the growing conversation around team task shifting and extended practice, which are increasingly becoming key conversational items here in Australia. While I do not believe that Australia should just follow another countries practice, I do believe that we as a professional body need to have a conversation about our future, our utility, and our commitment to meeting the eye care strategic goals for our nation and our extended team.

Speaking of future, I am also thrilled to report that the IAPB are planning to host a world first *global ophthalmic nursing forum in 2020* alongside their General Assembly events. AONAVIC and NC will play a key role in those developments alongside nurses, ophthalmic nursing associations and other stakeholder groups from around the world. We look forward to sharing the event details with you as they are released, and of course, we hope you will be part of the event.

I do, sincerely, ask members to help get involved in the Association. I need your help and I welcome it. There is much to build and much to do, and it takes a community to do it.

See you in 2019.

AONA NSW

President's Report Michelle Remington

The last quarter for 2018 for AONA NSW has been a quarter of positive and enthusiastic consolidation in forming a fantastic new look committee.

We also welcome 2 new committee members, Gabrielle Kalofonos and Clare Hafner to our team this quarter.

Through this transition period, the committee has ensured that we have maintained a positive presence for our members and that we have provided ongoing quality education, where sessions have been well attended and received by its members.

In October we held our final Eye TeleC for the year. Amanda Whyllie from AONA QLD presented on Ophthalmology Practice Standards. This was well received by those that joined in and has brought a lot of thought provoking discussions among our peers on how to introduce these standards to our workplace.

In November we held our last clinical session at Liverpool Eye Surgery, where we had 106 attendees. Topics included were; Ocularplastics, Refractive surgery lenses, Glaucoma, Ophthalmic anaesthetic complications, Drugs and the eye and Challenges patients face with intravitreal surgery. Feedback showed that all agreed that the presenters and topics were excellent and presented with enthusiasm. In all, a fantastic morning was had by all.

This quarter has seen 11 new members join AONA NSW and on the clinical day, the AONA committee members also focused on encouraging the large contingent of non-members that attended, to consider joining by outlining the benefits of supporting our association.

We hope to continue this in 2019, along with a strong education program for its members.

The committee and I would like to wish you all a wonderful and safe Festive season. Merry Christmas.

DIABETIC RETINOPATHY

Chris Hayes RN, Diabetic Educator, AONAWA

Diabetic Retinopathy is one of the leading causes of vision reduction in the working population, a complication caused by hyperglycaemia it is often asymptomatic in its development and can progress over a number of years creating irreversible vision loss (Wang & Lo, 2018). Diabetic Retinopathy accounts for 2.6% for all blinding cases (Tang, Do, & Hariprasad, 2018). Most people with diabetes will develop some degree of retinopathy after 25 years of diagnosis, they are also at a higher rate of developing vision compared to people without diabetes (Begg, 2010). Hyperglycaemia is the major risk factor for diabetic related complications in diabetic retinopathy, it is responsible for the degeneration of vascular tissues leading to apoptosis (Gerald et al., 2009). Diabetic retinopathy is classified into two stages non-proliferative diabetic retinopathy (NPDR) and proliferative diabetic retinopathy (PDR), clinically asymptomatic and symptomatic respectively (Wang & Lo, 2018). However Fundus photography can detect the early stages of retinopathy by the appearance of micro aneurysm, hard exudates and haemorrhage (Devadhas & Binisha, 2018).

Hyperglycaemia being the major risk factor to diabetes complications affects what is known as the polyol pathways. The body contains an enzyme present everywhere called aldose reductase, this enzyme reduces glucose to sorbitol a sugar needed by many organs in the body, particularly in the nerve cells, the glomerulus in the kidneys and the retina (Begg, 2010). In the presence of hyperglycaemia there is an increased flux of aldose reductase, sorbitol does not diffuse easily in retinal cells membranes and accumulates leading to osmotic stress damaging cells (Begg, 2010). Eventually leading to glycation, a process where the collagen in blood vessels become damaged causing the vessels to become brittle and form plaque (Begg, 2010)

The pathophysiology of diabetic retinopathy begins with the thickening of retinal capillary membrane caused by an increased blood flow a feature of diabetes, leading to loss in retinal endothelium and pericytes the contractile cells that control perfusion (Begg, 2010) Clinically noticeable lesions on

an ophthalmoscope reveal micro aneurysms that can measure from 20-200µm in diameter and appear as red dots. These micro aneurysms are not sight threatening unless they develop on the macula, However over time the development of thrombosis leads to capillary closure and ischemia, this closure of the capillary creates micro infarcts in the nerve fibre layer, appearing as white patches (Begg, 2010). Once ischemia develops hard exudates will start to appear as yellow/white patches that surround the area of ischemia forming a ring, this is the result of leakage of lipid rich proteins into the retina. To compensate for the loss of blood flow, new growth of blood vessels or neovascularisation occurs often branching into the vitreous this microvascular abnormality is fragile and prone to stress ruptures resulting in vitreous haemorrhage resulting in increasing levels of decreased vision (Begg, 2010).

Treatment and management of diabetic retinopathy include the management of hyperglycaemia and pharmacological interventions. Hyperglycaemia is considered the first management step to reducing the onset on diabetic retinopathy (Wang & Lo, 2018). Studies have shown the effectiveness of hyperglycaemia management among those with type 1 diabetes studies have shown that with a reduction of HbA1c from 9.1% to 7.4% showed a risk reduction by 76% (Begg, 2010). Among those with type 2 diabetes the reduction of HbA1c from 7.9% to 7.1% showed a reduction in risk by 25% (Begg, 2010). This evidence was based on a 20 year study on hyperglycaemia management with the Diabetes Control and Complications Trail (DCCT) in 1993 and is still considered to be a landmark for monitored glucose data (Begg, 2010).

Pharmacological interventions come in the form of Anti Vascular Endothelial Growth Factor drugs (anti-VGEF) these drugs work by slowing down the growth and development of abnormal blood vessels (Bryant & Knights, 2014). Commo drugs associated with the treatment of retinopathy are Bevacizumab (Avastin and Ranibizumab) and Aflibercept. These drugs particular Ranibizumab have shown a significant lowering of Diabetic Retinopathy progression (Tang et al., 2018).

Panretinal Photocoagulation (PRP) has been the mainstay for treatment for Diabetic Retinopathy and has seen 4 decades of use. The reduction rate of the progression of Diabetic retinopathy has been 50% over a two year period, it is unclear how, but it is believed that that destruction of areas of hypoxic retina reduces overall oxygen demand (Tang et al., 2018). However the use of this treatment has found that prolonged treatment can lead to peripheral vision constriction and lower sensitivity in the retina. (Tang et al., 2018). The effectiveness of treatment greatly depends on the presence of media opacities such as cataracts, corneal oedema and vitreous haemorrhages. This treatment also produces pain further lowering adequate treatment (Tang et al., 2018). This treatment while still in use has been replaced by the use of anti VGEF medications as the effectiveness of these line of drugs is more effective than PRP. (Tang et al., 2018)

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PACIFIC RIM CONFERENCE

Showcasing the best of Ophthalmic Nursing

By Heather Machin RN MBA (AONAVIC)



Session One speakers, chair and sponsor. L-R: Carmen Newman (AONANC); Artika Avikashni (Fiji); Elethia Dean (USA); Eleni Tzortzis (Alcon); Nitin Verma (RANZCO); David Garland (NZ); Drew Keys (IAPB Regional Representative); and Ian Yeo, Becky Chia and Nazurah Loh Binte Mohd Ridwan Loh (Singapore).

In the foot-steps of the recently released National Standards for Ophthalmic Nursing Practice, the Australian Ophthalmic Nurses Association VIC played host to an international and national delegation of ophthalmic nurses who flocked to Adelaide for the annual RANZCO nursing events. Speakers and delegates came from as far away as the USA, NZ, Singapore, Fiji, Papua New Guinea and the Solomon Islands and of course, all States and Territories across Australia.

Aptly named the Pacific Rim Conference, this event is the first regional event of this nature for our Australian nurses, who rarely experience such international networking and exchange as other professional groups routinely do.

Demonstrating that there is truly more than one way to be an ophthalmic nurse, the program explored base-entry ophthalmic qualification programs in the USA, masters level qualifications in the Pacific Islands plus extended and nurse practitioners in eye care in New Zealand and Singapore. From practice examples from around the world, to showcasing Australian nurses involvement in global capacity development; antibiotic and glaucoma stent management; infection control; nurse-initiated community projects; and OCT use, this event had something for every nurse at every level of their professional journey.

With the RANZCO welcome provided by Vice President Nitin Verma (TAS), the event also welcomed key RANZCO member ophthalmologists who championed the role of the ophthalmic nurse, outlining their necessity as central and often primary clinicians involved in an eye patients journey. This echoed the recent ICO (International Council of Ophthalmology) statement on Teams and our collective need to work collaboratively for the betterment of our patients.

Drew Keys, the Regional Representative for the IAPB (International Agency for the Prevention of Blindness), announced a new initiative to host a world first global ophthalmic nursing forum alongside the IAPB2020 events as an opportunity to bring this cadre of clinicians together for the very first time. We await event details to be released in the new year.

Finally, as AONAVIC hands over the RANZCO2019 duties to the NSW AONA Team, they share forward their thanks to the RANZCO events team – especially Sarah Steadman, their Adelaide members, and their sponsors lead by Alcon (Gold) Bayer (Silver) Johnson & Johnson (Bronze), for their invaluable commitment to supporting ophthalmic nursing in Australia and beyond.

AONA/RANZCO

Pan Pacific Conference 18th November 2018

By Liz Okely RN/Practice Nurse at Southwest Eye Surgeons (AONAWA)

I would like to thank AONAWA and Bayer for financial assistance to attend this well organized and insightful international conference in Adelaide.

International Advance Nursing Practice Programs are being effectively conducted in Singapore, United Kingdom, Denmark and New Zealand. With appropriate training competencies and clinical auditing Advance Practice Ophthalmic Nurses are able to conduct nurse-led clinics in areas of Glaucoma, Diabetic and AMD clinics with an expanded practice roll to treat Meibomian cyst's, Botox, Sub-tenon's Injection and Intravitreal injection.

If Australia decided to roll out Advance Nursing Practice Programs it will require clear guidelines and procedures, extensive education and training with continual evaluations and auditing to be put in place with support from government and our Ophthalmologists.

How can we educate ourselves and become more knowledgeable and skillful in our careers as Ophthalmic Nurses? There aren't a lot of options at this stage but two that were briefly discussed were:

- ASORN USA Ophthalmic Nurses Certification presented by Elethia Dean (a dynamic, enthusiastic and inspiring speaker). International ophthalmic nurses can apply and get accredited for your work, skill and knowledge. Requirements are 4000hrs / 2years working as an RN and a 4hr 250 multiple choice questionnaire. For additional information see http://asorn.org/client_data/files/2018/637_ncborn_2019_handbook.pdf
- In Australia The University of Notre Dame, in collaboration with Sydney Hospital & the Sydney Eye Hospital, offer the Graduate Certificate in Ophthalmic Nursing. This is a postgraduate certificate for Registered Nurses that will develop your knowledge and skills in ophthalmology. For additional information see <https://www.notredame.edu.au/programs/sydney/school-of-nursing-and-midwifery/postgraduate/graduate-certificate-in-ophthalmic-nursing>

Hopefully as ophthalmology expands and if Australia does introduce Ophthalmic Nurse-led programs more training options will become available. Perhaps we will even have training for Ophthalmic Nurse Practitioner, we will have to wait and see what the future holds for us eye enthusiasts.