



Some views on: GLAUCOMA

Out of courtesy patients must be given all the facts. It is not our fault, or the patients, the NHS funded level of examination does not include cutting edge technologies. More importantly an NHS level check is set at ‘Entry Level’ optometry and cannot incorporate a fee structure reflecting advanced qualifications, representing massive investment in Time and Educational Fees, of Independent Prescribing (Medical) Optometrists. Aarons has totally committed to the ethics of Medical Optometry. This clinical strategy was never to fulfil a business goal, but rather because it has always been self-evident that achieving the highest educational qualifications, combined with technological innovation, is the correct course of action for patient care within the community.

Our stated patient goal is to:- **‘Supply every patient with the most appropriate management for their ocular and general health needs’**

To ensure we offer people full choice we must never constrain them to ‘cheap’. Our policy is an absolutely positive thing to be proud of, not embarrassed about.

Intraocular Pressure (IOP)
 The fluid inside the eye exerts a pressure, if this pressure is too high it will start to damage the retinal nerve fibres carrying the visual images to the brain. However, as a stand alone test, measuring Intraocular pressure is of little value since some people have higher than normal pressure but do not develop glaucoma, while others have intraocular pressure within the range considered normal and still develop the disease.
 So while it is important to measure Intraocular pressure, it is how the result relates to other tests which is important.

Corneal Thickness and IOP (Pachymetry)
 It is now recognised thicker corneas induce a higher IOP reading. NICE recommend adjusting IOP measures for corneal thickness. While not commonly done in community practice, at Aarons we routinely measure corneal thickness (Pachymetry) to adjust IOP readings, ensuring patients are not referred inappropriately.

Optic Nerve Assessment
 Arguably the most important traditional technique for diagnosing glaucoma is examination of the optic nerve at the back of the eye. We always use the Volk Lens at a slit lamp in preference to the old fashioned ophthalmoscope as the Volk gives a clearer, 3D view, even through cataracts.
 In glaucoma the retinal nerve fibres, making up the pink neural rim of the disc, are destroyed. The neural rim becomes gradually thinner as glaucoma takes hold.

Fields of Vision
 The third traditional test for glaucoma is the field test. If nerves in the optic disc are destroyed by glaucoma the part of your peripheral vision these nerves serve will be lost.
 So... loss of peripheral vision comes secondarily to nerve fibre loss. Unfortunately fields are notoriously unreliable as the patient fakes and responds inappropriately. Consequently by the time a field loss is definite, quite a lot of nerves have been lost. While we can strive to stop glaucoma becoming worse we can never recover the vision lost.

Advanced Technology and Training
 Advanced technologies, not necessarily funded by the NHS, and improved skill levels of some optometrists improve the detection, monitoring and treatment of glaucoma.

Optic Nerve Photography
 While we have provided disc photography for over 20 years it remains a very good way of diagnosing and monitoring progression. The ability to compare photos over time allows much finer discrimination of subtle optic nerve changes.

Retinal Nerve Laser Mapping
 We now have a Laser Tomographer which scans the retina around the optic nerve, where the glaucoma damage starts. This painless and quick technique gives a thickness map of the Retinal Nerves. This technology gives information not available with traditional NHS techniques. The techniques actually evaluate the site of damage before the patient experiences visual loss or a field aperture.

Drainage Angles
 Other advanced laser techniques also assess corneal thickness as well as monitoring, non-invasively, the fluid drainage angle allowing us to assess for more accurately a specific sort of glaucoma: Angle Closure Glaucoma.

Medical, Independent Prescribing Optometrists
 It is now an official policy at Aarons to only employ Medical, Independent Prescribing, Optometrists. With advanced training and accreditation these optometrists are better able to detect subtle changes and secondary glaucomas such as Pigmentary Glaucoma and Pseudo-exfoliation. We also treat some patients directly without the need for referral.

We could simply take the decision not to offer advance services, but we have no right to assume patients put so little value on their eye health. Training to become ‘Medical Optometrists’, extremely hard won, has certainly revolutionised our diagnostic and treatment capabilities.
 Our role is to ensure patients are given the fullest choice to ensure their ‘Clinical Management Plan’ is the most thorough.

Offering people only the cheapest service could, and should, be construed as devaluing the patient. It is like saying:
‘You can only afford second best so that is all I am going to offer you’.

**AARON COMMITMENT TO
ADVANCED TECHNOLOGY
AND QUALIFICATIONS**

NHS Level
(Opticians)

Intra-Ocular Pressure
Disc Examination
Undilated
Ophthalmoscopy




Fields
Suprathreshold
'Quick Scan' Screen


Beyond NHS
(But no extra charges at Aarons)

Intra-Ocular Pressure
GAT, Tonopen

Disc Examination
Pupil dilated 3D
Volk Examination as standard




Disc Photographs



Fields
Full Threshold
Fields

Advanced Techniques
(with charges and NOT actually offered by opticians)

Pachymetry
Corneal Thickness



Laser Disc Map
Nerve Fibre Layer



Drainage Angle Tomography

