

# 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. We could simply take the

## Intraocular Pressure (IOP)

The Rolet The fluid inside the eye exects a pressure. If this pressure is has high if will start to damage the retrian nerve taxes conving the visual images to the brain. However, as a stand alone was measuring imaccular pressure is of little value since some people have higher than normal pressure but do not develop gloucoma, while othe have introcular pressure within their range considered normal and et? develop the disease So while it is important to measure intracoular pressure, it is how the result relates to other tests which is important.

**Corneal Thickness and IOP (Pachymetry)** Verneer Encenters and IOP (Pachymetry) Is new recepted thickes comeas induce a higher IOP reading. NICE recommend adjusting IOP measures for context thickness. While not commonly done is community practice, at Astore we isolately measure context trackness (Pachymetry) to adjust IOP workings ensuing patients are not referred inoppropriately.

### **Optic Nerve Assessment**

nique for diagnosing traditional too glaucoma is examination of the optic nerve of the back of the eye le always use the wolk Lens at a silt lamp in preference to the aid



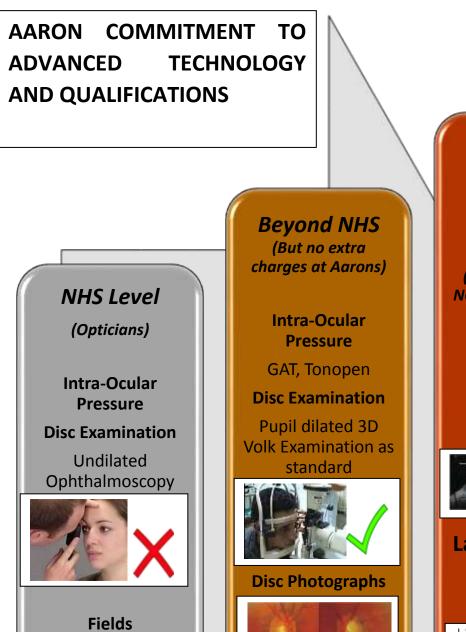
## Advanced Technology and Training Advanced technologies, not necessarily funded by the NHS, and improved skill levels of some optionethils improve the detection. taina and treatment of alaucama. **Optic Nerve Photography** where we have provided data photography for over 20 years it remains a very good way of diagnosing and monitoring progression. The ability to compare photos over time allows much finer declimination at while optic nerve changes Retinal Nerve Laser Mapping Retinal Nerve Laser Mapping We now have a Laser tomographer which a we now have a Laser tomographer which a we have the gaucer and a set of the the provide a damage to the the provide a damage to the the provide and quice technique gives a The balance induction of the field Average the technology gives internation not analytics with "hadford" Nils techniques. The techniques could would also the ste of damage before the patient expension source on a field iccreme. Valuations on one Drainage Angles Other advanced laser techniques and assesses carred thickness as well as monitoling, non-invasively, the fuild sidnage anglé allowing us to asiess tar mole accurately a specific soft of gioucoma : Angle Closue Glaucoma, Medical, Independent Prescribing Optometrists

It is now an official policy at Accors to only employ Medical, Independent Presidence, Optionnetists, With advanced training and acciration these optionnetists are before able to detect subtle changes and secondary glaucomas such as Figmentary uble changes and secondary glauc Glaucoma and Pseudo-extolation. We also treat some patients directly without the need for retimal. 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'.



Suprathreshold 'Quick Scan' Screen

> **Fields** Full Threshold Fields

(with charges and NOT actually offered by opticians) **Pachymetry** Corneal Thickness **Laser Disc Map Nerve Fibre** Layer **Drainage Angle** Tomography

Advanced

**Techniques**