

EYECURE.

NEWS FROM THE QUEENSLAND EYE INSTITUTE FOUNDATION
ISSUE 16 | AUTUMN 2022

WELCOME TO THE FIRST EDITION OF EYECURE FOR 2022

In this issue, you will read about some of our latest updates including one of our clinical trials, the importance of early detection as well as the advances in treatment of glaucoma, the newly purchased electrophysiology equipment and an update on Last Seen.

The start of 2022 has been challenging for many of us. An increase in the number of COVID cases in Queensland and Australia, due to the new Omicron variant, put a significant strain on testing facilities and our workforce. As some of you would have noticed, QEI established protocols and set up testing stations during January and February to protect our patients, staff and visitors, while at the same time continuing to provide our services.

The flooding at the end of February was devastating for many people and businesses in Southeast Queensland and Northern NSW. Unfortunately, QEI and South Bank Day Hospital in South Brisbane did not escape its effects. After three weeks of clean up and restoring services, we are grateful to be back up and running.

Thank you for your continued support and patience. We could not do the work we do without you.

Mark Radford, CEO.



GLAUCOMA CAN STILL CAUSE IRREVERSIBLE BLINDNESS

Glaucoma is one of the biggest risks to eye health. According to the World Glaucoma Association around 80 million people worldwide have glaucoma with about 50% of those unaware that they have the disease as it is asymptomatic in its early stages. Dr Geoffrey Ryan discusses more options for treatment.



NATIONAL SUNNIES DAY

Our focus for National Sunnies Day last year served as a reminder of the harmful ultraviolet (UV) rays on children's eyes. Encouraging children to wear sunglasses when outside will reduce the risk of eye damage.

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HOPE IN CLINICAL TRIALS

Clinical trials give hope to so many people. Giselle is currently six months into a clinical trial for her vision loss. Keen to be 'part of the solution' Giselle has an energetic thirst for life and has hope her vision may be restored in some capacity from what can be learnt in clinical trials.

Born in Germany in 1944, Giselle had diphtheria as a baby which left her with problems in her eyes. It was when she was 4 years old that her parents noticed that she was not able to read as well as before. At that time, she was far-sighted which developed in her life to up to +6 correction. She wore glasses as a child then as she grew older changed to thick contact lenses. After graduating in Economics from the University of Cologne, she had an interesting career travelling the world and working in senior management for leading FMCG companies.



Throughout her life, Giselle has had a number of eye operations. It was after cataract treatment in 2001 that her vision was corrected and she was left with a vision of -1.25. With such excellent vision, she was able to read, drive a car and live independently for the next 11 years until an Ophthalmologist noticed that in both eyes she had developed dry eye macular degeneration. However, her vision was unaffected until December 2015 when she noticed a drastic change in her right eye as a result of the dry macular degeneration turning into wet macular degeneration. This was treated in Germany with three consecutive injections and when she returned to Australia there was further treatment.

Giselle has wet macular degeneration in the right eye and dry macular degeneration in the left as well as optical damage due to a virus infection in this eye. As a result her vision has deteriorated slowly and today it is hard for Giselle to see contrasts. Describing her vision loss, she says, "It is border line. I can still deal with emails. I can

read and have some aides and I can read small print better than large print. My peripheral vision is ok but it is the central vision which is affected."



Giselle leads an active life; gardening and kayaking. Living near the water, she loves to be outside. She also enjoys bowling which can be challenging when she cannot consistently see the path of the bowl as it heads away from her on the lawn. She plays piano having started to learn from the age of eight. Although she can play from her memory, unfortunately due to her vision loss, Giselle cannot play from the music sheet anymore as she cannot see all the notes which is a big loss for her.

For Giselle, research gives her hope to see again. She has been involved in the clinical trial since October and it will run for 6 months. Although, at the time of writing, there had not been any noticeable change, Giselle still believes there is progress as "as we know what we don't need to do, which brings us forward." Giselle remains so positive and believes if more people were involved in trials it would increase hope for many more. Describing the Queensland Eye Institute as her eye family, Giselle is passionate about wanting to help bring the world forward and help find a solution. In her case, hoping to stop the progression of dry macular degeneration and save her sight.

HELP US HELP MAX - THANK YOU

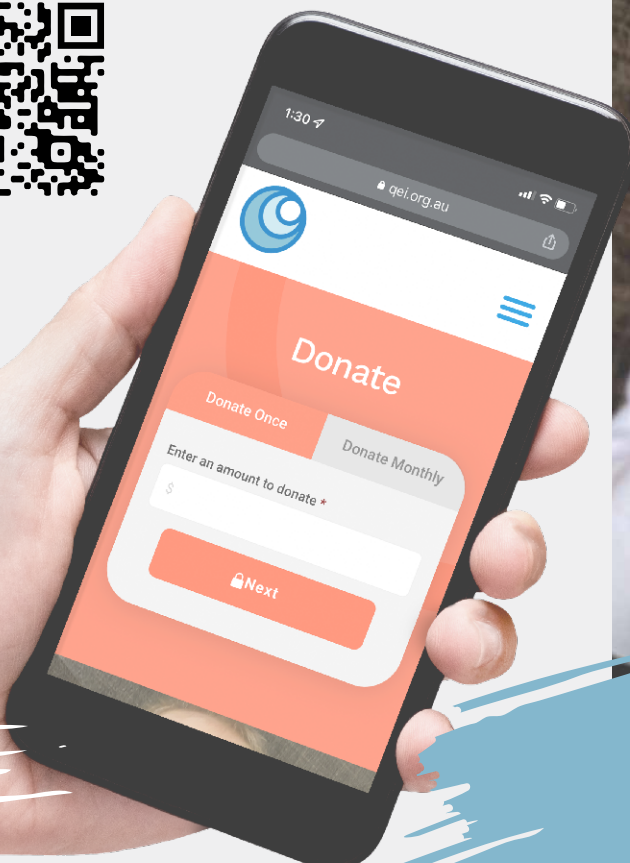
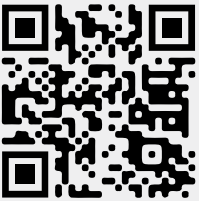
Last year we focused on raising funds to buy new electrophysiology equipment. This is made up of four separate pieces of equipment that work together giving us the capability to test the retina and the optic nerve.

As a result of your generous donations over the year, including supporting us for the Bridge to Brisbane, we have been able to purchase the unit consisting of the console with computer and amplifier. Thank you to all who have supported the purchase of this equipment.

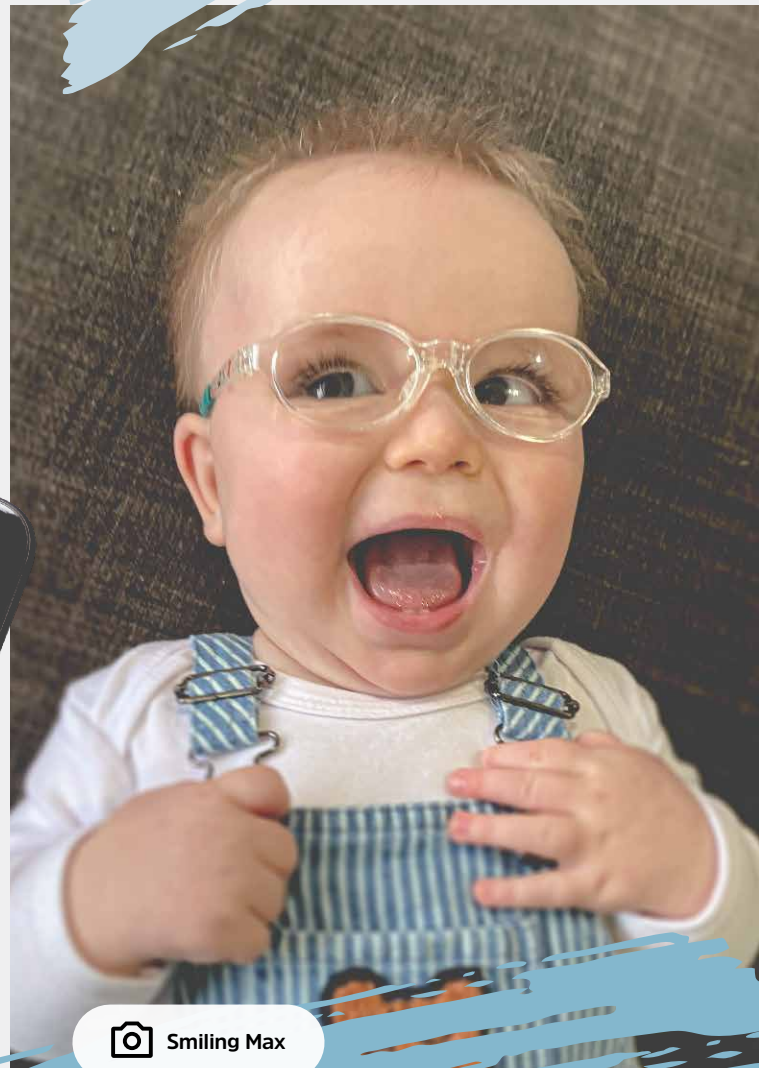
However in order for us to upgrade all the equipment to test both the retina and optic nerve with this new machinery, we still need to raise further funds to purchase the remaining components. This non-invasive testing is so important, especially when babies and children are involved who cannot verbalise what they can and cannot see.


Help us raise the rest of the funds and give hope to hundreds more people.

SCAN ME!



 Electrophysiology equipment



 Smiling Max

GLAUCOMA: A SILENT DISEASE THAT CAN STILL CAUSE IRREVERSIBLE BLINDNESS

Glaucoma is one of the biggest risks to eye health. It is a silent disease that does not manifest itself until the later stages when it is much more difficult to treat.



The Queensland Eye Institute (QEI) is one of Queensland's leading centres for eye health providing specialist clinical care and treatment to more than 16,000 patients every year. Glaucoma, which can cause loss of peripheral and blurred vision is one of the eye conditions that is treated at QEI. According to World Glaucoma Association around 80 million people worldwide have glaucoma with about 50% of those unaware that they have the disease as it is asymptomatic in its early stages. With progressive damage, however, the field loss becomes more extensive and will affect the central vision, leading to irreversible blindness if left untreated.

In the lead up to World Glaucoma Week in March, a global initiative of the World Glaucoma Association, which focuses on raising awareness of glaucoma, Ruth in our Digital Communications team spoke with one of QEI's Ophthalmologists, Dr Geoffrey Ryan about the importance of early detection as well as the advances in treatment.

Following completion of his Ophthalmology training in Queensland, Dr Ryan spent two years in England where he completed sub-speciality training at Moorfields Eye Hospital, London, in the field of Glaucoma. This additional training has allowed him to establish a tertiary level of glaucoma care at the Queensland Eye Institute.

Over the last three years, Dr Ryan has seen an exponential increase in treatment options for patients suffering from glaucoma. This allows for a more tailored approach for the individual. It also provides different avenues for the doctor when a patient does not respond to the initial treatment.

Mild to moderate glaucoma

Glaucoma is an asymptomatic condition meaning a patient will not know they have the disease. By the time they do start to become aware of visual issues related to this disease, it has already advanced. Therefore screening with the local optometrist is imperative and for glaucoma this includes:

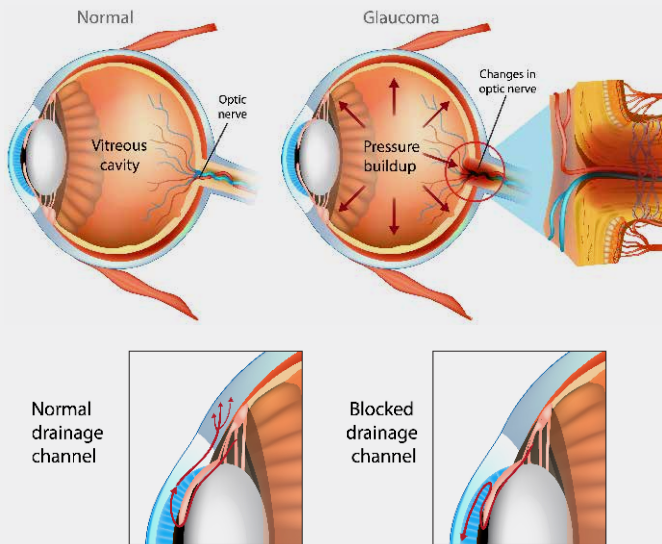
1. Checking your eye pressure as glaucoma will often present with elevated pressure.
2. A visual field – a computerised test which maps out the extent of your central and peripheral vision. The computer will compare your results to values which we would expect someone of your age to produce.
3. Imaging of the optic nerve to localise any damage.


The most common treatment

Selective Laser Trabeculoplasty (SLT) is commonly my first line treatment with a newly diagnosed patient. It has similar efficacy to an eye drop without the burden of taking a medication every day. The first thing I explain to my patients is that the laser is a low energy treatment that improves the efficiency of the eye's natural drainage pathway. The advantages of SLT include:

- Performed in the clinic with virtually no recovery time required.
- Minimal side effects or discomfort are associated with the procedure.

The laser can also be used in patients already on eye drops to further lower pressure or attempt to remove the need for drops.



 **Glaucoma with a view of a normal and a blocked drainage channel**

Effects of the COVID pandemic

The biggest challenge during the COVID pandemic is ensuring adequate follow up for patients. Glaucoma requires lifelong monitoring and unfortunately COVID has restricted some patients attending their regular appointment. I believe it is too early to predict the long-term impact, although I suspect treatments may escalate for many of these patients who have lacked adequate care.

Glaucoma in all age groups

Glaucoma is present in all age groups and for this reason the community optometrist plays a vital role in screening. Advancements in this area leads to earlier detection of glaucoma. As screening evolves, we will no doubt detect more disease. I still feel my clinic is predominantly an older population. The risk of glaucoma increases with age.

More options for treatment

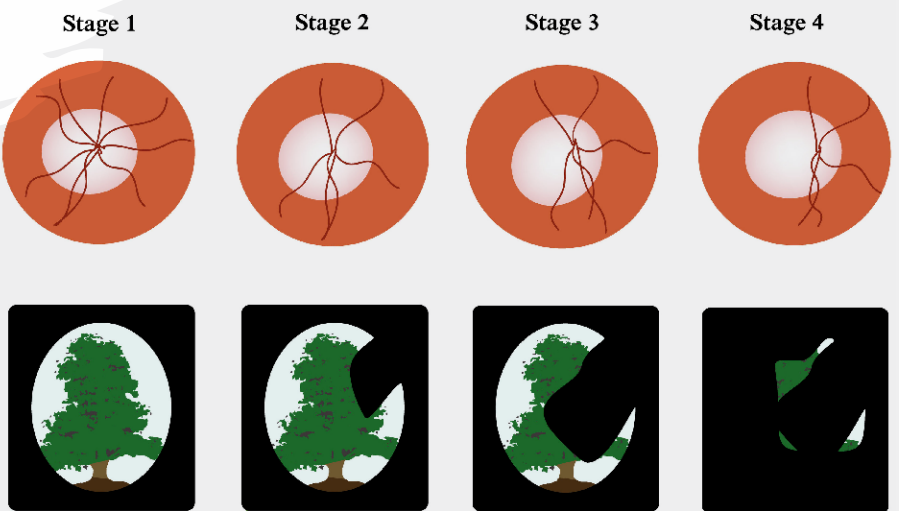
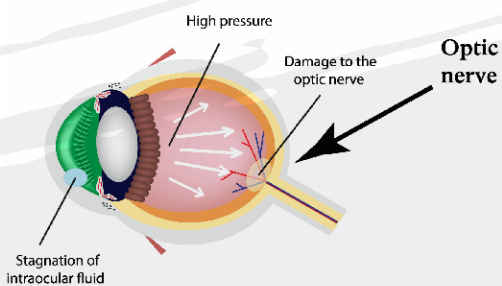
There has never been a more exciting time regarding the advancements we have made in relation to glaucoma diagnosis and treatment. Imaging technology has evolved to a level where we can now diagnose glaucoma at its earliest stages. The earlier a problem is detected; the sooner treatment can be initiated. We are no longer reliant on just eye drops to treat glaucoma. Laser treatment and the surgical placement of microscopic implants have significantly increased our options.

Post treatment and managing glaucoma

The key to managing glaucoma is regular monitoring. We will set a target eye pressure individualised to the patient. The target is then altered, based on the patients' results. During the monitoring process, if there is a reduction in the visual field or we detect further damage to the optic nerve, we will then lower the target pressure. Lowering this value will often result in an alteration of treatment.

STAGES OF GLAUCOMA

Eye disease glaucoma



For more info about Glaucoma, please visit glaucoma.org.au 

SUSTAINABILITY GOALS AT THE QEI CLINIC

Sustainability for us at the QEI clinic is recycling as much as we can of the materials that we use daily. We are also focused on encouraging our staff and patients to think twice about the use of paper, packaging, batteries and energy. This allows us to conserve materials for the future and slows down the annual usage rate. We can achieve this by focusing on the benefits of recycling and by how much we can reduce our carbon footprint. The following measures demonstrate how we can put our sustainability goals into practice:

- The safe disposal of batteries
- Recycling/upcycling of patient glasses
- Recycling of paper, card and packaging
- Alternatives to printing
- Educating staff about recycling



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Disposal of batteries

According to a recent ABC report, the new recycling scheme B-cycle, estimates that Australians buy enough batteries every year to circle our planet 2.3 times and about 50 per cent of people put their batteries in the general waste or recycling bin.

If batteries are not recycled they end up in landfill where there is a risk they can leach toxic material, such as lead and mercury into the surrounding soil and groundwater. There is also a risk of fire as even dead/flat batteries can contain some charge. Another benefit of recycling is that we can then use the materials in the battery, for future batteries.

We encourage recycling by supplying a battery disposal box at the QEI clinic. All used and flat batteries are added and once full they are taken by a team member to either ALDI or Officeworks where they have battery collection bins.

Recycling and upcycling of patient glasses

At the clinic, many of our patients no longer need glasses, particularly those who have had cataract surgery. Therefore with their donated glasses, we focus on giving the gift of sight to people who are unable to afford them. In 2017, the QEI team cleaned, bagged and recorded prescriptions of over 400 glasses to distribute to the villagers of Ndola in Zambia. We continue to collect unwanted glasses, so help us continue to save sight with your donated glasses.

Recycling of paper, card and packaging

At the clinic, we supply cups made of recycled materials for hot and cold drinks for our patients. We have also introduced different coloured bins; red (household waste) and yellow (recycling). Using the 'Containers for Change initiative' we ensure as many containers as possible are returned for recycling.

Alternatives to printing

According to City Services ACT the average office worker still uses around 10,000 sheets of A4 paper per year. With paper production being one of the most energy-intensive of all manufacturing industries, it is important to try and change our attitudes to paper. Where possible, at the clinic we have focused more on emailing patients receipts and letters instead of printing. When we offer the choice of print or email, many will now opt for email instead.

Educating staff about recycling

The QEI clinic has a sustainability committee that is working towards supporting and expanding the QEI Sustainable Development Goals. Through regular meetings and our internal newsletter our staff stay informed of our sustainability plans, goals and achievements. Having the support of our staff has been instrumental in making a difference since 2020 and will continue to play an integral role into the future.



Donated glasses at QEI

NATIONAL SUNNIES DAY

National Sunnies Day, on December 6th last year was highlighted in our Christmas Appeal. Consistent sun exposure without protection can lead to a number of eye diseases and growths on the eye including cancer and blindness. Therefore it is important to encourage children to wear sunglasses when they are outside, even in cloudy weather.

In the next newsletter, we hope to share with you some photos of how your donation was used in some Queensland primary schools. Thank you for your support.



UPDATE ON LAST SEEN

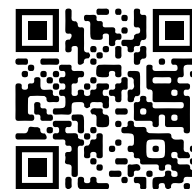
Last Seen is an event designed to raise awareness and appreciation of sight now scheduled for April 2023. The last seen images of ten vision-impaired Australians from all walks of life will be illustrated through paintings of ten local artists and music created by ten composers. Breathtaking and heart-warming, these stories will captivate the audience.

LAST SEEN

More details to follow at lastseen.com.au

Your donation is gratefully appreciated.

Your donation today will help the QEI Foundation save sight through its research, education and clinical care. Help us save money by donating online. Visit www.qei.org.au or scan the QR code to donate through the website or call **07 3239 5050**.



Enclosed is my donation of: \$25 \$50 \$100 Own choice (please specify amount):

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Please debit my card: Visa Mastercard Amex



BPay is also available.
Please call the QEI Foundation.

Card Number:

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Signature:

Thank you! Your gift of \$2 or more is tax deductible.

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