MARSDEN EYE SPECIALISTS

newsletter

Official Newsletter of Marsden Eye Specialists Autumn/Winter 2017

Lasik & Refractive Update

Marsden Eye Laser Clinic offers a range of refractive surgeries which include:

- LASIK
- PRK
- Transepithelial PRK
- PHAKIC IOL Implants
- Refractive Lens Exchange

We also offer treatments to eliminate reading glasses such as monovision with either laser or refractive lens exchange surgery or multifocal lens exchange procedures.

Our Refractive Surgeon, Dr Ross Fitzsimons is supported by a team of Orthoptists who are well trained in LASIK and refractive surgery. We offer initial complimentary consultations at three locations.
Parramatta - Catherine Severino
Penrith – Selina Webb
Castle Hill – Catherine and Selina

These consultations are available for patients to determine suitability for refractive surgery and to discuss the best options.

All refractive surgeries are performed at Marsden Eye Surgery Centre, Parramatta.

The Schwind Amaris laser machine allows Dr Fitzsimons to provide the best laser treatment for each individual patients' needs using the latest technology.

Co-management option for post-operative care is also available.

If you require further information for you or your patient please contact Marsden Eye Laser Clinic Manager, Catherine Severino on 9635 6964 or email lasik@marsdeneye.com

What's new in Glaucoma Surgery

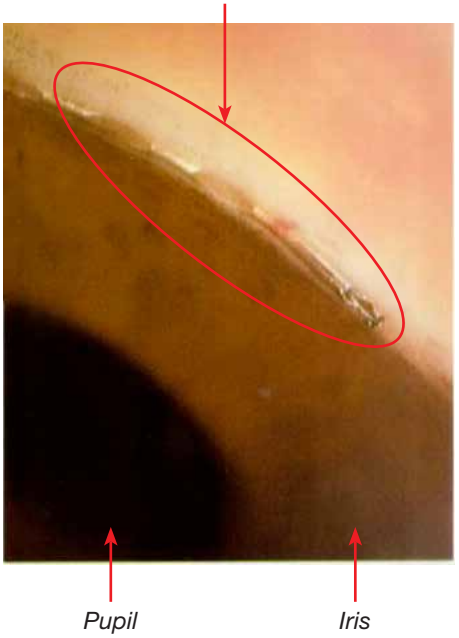
There has been an extremely exciting new development for Glaucoma patients with the recent development of a surgical treatment to control their intraocular pressures. Glaucoma patients now have an additional option for surgery to assist in reducing their intraocular pressures and reduce the usage of glaucoma medications.

This is helpful for patients who have lost effectiveness of their glaucoma medications over time or who have poor compliance with their glaucoma medications. A microstent can now be implanted into the primary fluid canal to reduce intraocular pressure in patients with open angle glaucoma.

Marsden Eye Glaucoma Specialist, Dr Ashish Agar is thrilled to have been the first Australian Surgeon, in a Private Day Surgery, to implant the Ivantis Hydrus microstent in 2014. To date Dr Agar has implanted over 80 stents. The microstent, which is only 3mm in size, is inserted into Schlemm's canal to allow blocked fluid to flow more freely, hence reducing high intraocular pressure. It is the world's first "intracanalicular scaffold" for the treatment of primary open angle glaucoma. Furthermore, the microstent can be performed simultaneously with cataract surgery to even further reduce the intraocular pressure.

The microstent implantation is considered to be less invasive then tradition glaucoma surgery. Compared to trabeculectomy, the Hydrus microstent is less invasive, quicker, and has fewer complications. It may therefore be an alternative procedure in some patients, however for advanced cases or severe disease trabeculetomy remains a necessary option.

The Hydrus microstent implanted into the Schlemm's canal of the eye



If you would like further information in relation to this new surgical treatment, please call 9635 7077.

Dr Ashish Agar and nurses with the Ivantis team from the United States
From left to right
Glen Burgess (from Ivantis), Dr Greg Carruthers (Anaesthetist), Andy Scheiber (developed the Hydrus microstent), Dr Ashish Agar (Ophthalmologist), Donna Bergan (Nurse) and Joyce Howard (Nurse)

Oculoplastics Clinic now at all sites

Marsden Eye Specialists covers all areas of Oculoplastics now at all our sites: Parramatta, Castle Hill and Penrith rooms.
Conditions managed include deformities of the eyelids, lacrimal system, orbit and surrounding areas of the face and neck. Reconstructive surgery (can be cosmetic) as well can help treat problems that interfere with vision and can also improve health and alleviate pain, as in the removal of tumours.

Oculoplastic Procedures Include:

- Chalazion
- Ectropion
- Entropion
- Blepharoplasty
- Ptosis
- Eye socket
- Eyelid skin cancers
- Facial Palsy
- Orbital Surgery
- Tear Duct Surgery (DCR)
- Thyroid Eye Disease
- Cosmetic Eyelid Surgery

Marsden Eye Specialists Oculoplastics Surgeons:

A/Prof Raf Ghabrial
Consults at our Parramatta Rooms

Dr Edwin Figueria
Consults at our Castle Hill & Penrith Rooms

If you would like further information or if you would like to arrange an appointment for a patient, please call 9635 7077.

Case Study: Marginal Keratitis vs Bacterial Keratitis

The management of marginal keratitis {MK} and peripheral bacterial keratitis {BK} differs in one critical point – the use of steroids. As potent and efficacious as steroids are, used in the wrong setting, they are dangerous. Mistakenly treating bacterial keratitis as marginal is one such instance. This article will highlight the diagnostic similarities and differences between the two types of keratitis and briefly address the treatment of the same.

Presentation
Both MK and BK present with a red, uncomfortable and at times watery or photophobic eye. In MK conjunctival injection is often limited to the area adjacent to the infiltrate. The infiltrate does not have a distinct border and is often not circular in shape, as is often the case in BK. In MK the infiltrates can more often be multiple, whereas BK typically presents with a single infiltrate. Both MK and BK infiltrates can have an overlying epithelial defect. The infiltrate in MK is pathognomonic for being separated from the limbus by a small space and being located where the lid margin contacts the cornea. The patient with MK must have blepharitis. BK can present with an anterior chamber reaction, whereas in MK the chamber is usually quiet.

Treatment
If there is a history of contact lens use, regardless of the appearance of the infiltrate, the patient must be treated as per bacterial keratitis protocol. For a peripheral infiltrate less than 1 mm, this is q1hrly g. Ocuflox/Ciloxan and review the next day. A larger infiltrate warrants serious consideration for a corneal scrape.

When it is clear that the diagnosis is MK, the patient should be started on QID g. chlorsig and g. FML. If there is a large epithelial defect, it is reasonable to start the antibiotic first and steroid a day later.

If at any point there is doubt as to the diagnosis, then always treat initially as bacterial keratitis. It soon becomes clear when the patient's symptoms fail to improve on antibiotics alone, that this is an immune mediated process ie MK and steroids can be confidently and safely started.

Dr Nirosha Paramanathan
FRANZCO

THANK YOU

Marsden Eye Specialists would like to thank you for entrusting your patients to our care. We have new patient appointments available every day and all urgent referrals are seen the same day by one of our specialists. We have office locations throughout Western Sydney to provide an easy access to the latest diagnostic and treatment options, as well as access to clinical trials for your patients.

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