

PANEL DISCUSSION

CASE HISTORY

- A 64yr old male complaining of Diminution of vision in both eyes since 1yr (RE>LE)
- Diminution of vision was
 - ✓ Pain less
 - ✓ Gradual
 - ✓ Progressive in both eyes

PAST HISTORY:

- No h/o Ocular Trauma
- k/c/o diabetes mellitus since 7yrs on regular medication

FAMILY HISTORY:

- Nil significance

DIFFERENTIAL DIAGNOSIS

✓ Painless, Gradual, Progressive diminution of vision

- Senile cataract
- Corneal degenerations and dystrophies
- Age Related Macular degeneration
- Diabetic Retinopathy
- Optic atrophy
- Progressive pterygium
- Refractive errors

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PSM

- WHO definition of blindness ?
- Burden of blindness in world and India ?
- What is preventable blindness.

Causes of sudden painless loss of vision?

Causes of sudden painful loss of vision?

OCULAR EXAMINATION

Visual Acuity and Slit-lamp Examination

	<i>OD</i>	<i>OS</i>
<i>Visual acuity</i>	<i>CF- 1mts With pinhole -NI</i>	<i>CF-5mts With pinhole 6/60</i>
<i>Near vision</i>	<i>N60</i>	<i>N36</i>

- Facial symmetry – Maintained
- Head posture - Normal
- Ocular symmetry – Maintained
- Forehead – Normal
- Extra ocular movements – Full range in all directions

SLIT LAMP EXAMINATION

	OD	OS
EYELIDS	Normal	Normal
CONJUNCTIVA	Normal	Normal
CORNEA	Normal in size,elliptical in shape,regular surface,transparent and normal corneal sensations	Normal in size,elliptical in shape,regular surface,transparent and normal corneal sensations
ANTERIOR CHAMBER	Normal depth, PACD=1/2 CT ,clear contents	Normal depth, PACD=1/2 CT ,clear contents
IRIS	Normal pattern & colour	Normal pattern & colour
PUPIL	3-4mm in diameter Brisk Reaction to Direct and Indirect Light	3-4mm in diameter Brisk Reaction to Direct and Indirect Light
LENS	Normal position ,greyish white in colour with nuclear and cortical opacities and PSCO(NSGr-III)	Normal position ,greyish white in colour with nuclear opacity(NSGr-III)

Positive findings - Summary

- History : Diminution of vision was Painless, Gradual and Progressive in both eyes
- Examination:

RE: Nuclear and cortical opacities and PSCO(NSGr-III)

LE: Nuclear opacity(NSGr-III)

Differential diagnosis

- Senile cataract
- Age Related Macular degeneration
- Diabetic Retinopathy
- Primary Open angle glaucoma

SPM

- Screening procedures for detection of curable blindness
- National programs running to control blindness
- Social and cultural barriers to use cataract surgical services.
- What is vision 2020 and diseases covered in it

INVESTIGATIONS?

- Systemic : RBS and BP
- Ocular : Indirect ophthalmoscopy -Fundus Examination
 - Macular function tests
 - B-Scan
 - A-Scan and Keratometry
 - IOP
 - Sac Syringing

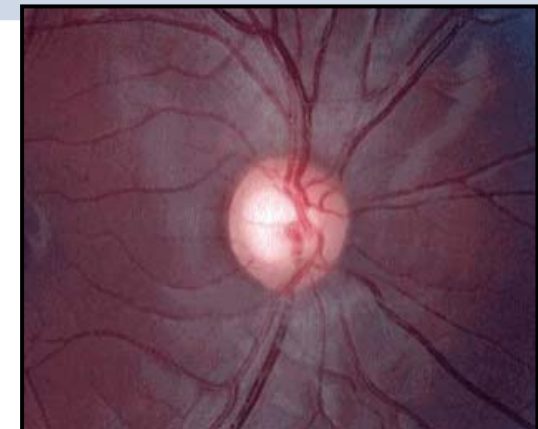
INTRAOCULAR PRESSURE

	OD	OS
On the day of presentation at 11 AM With Applanation Tonometry	16 mm Hg	16 mm Hg



FUNDUS EXAMINATION

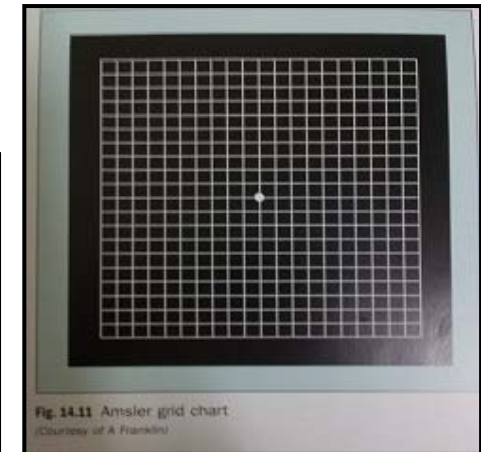
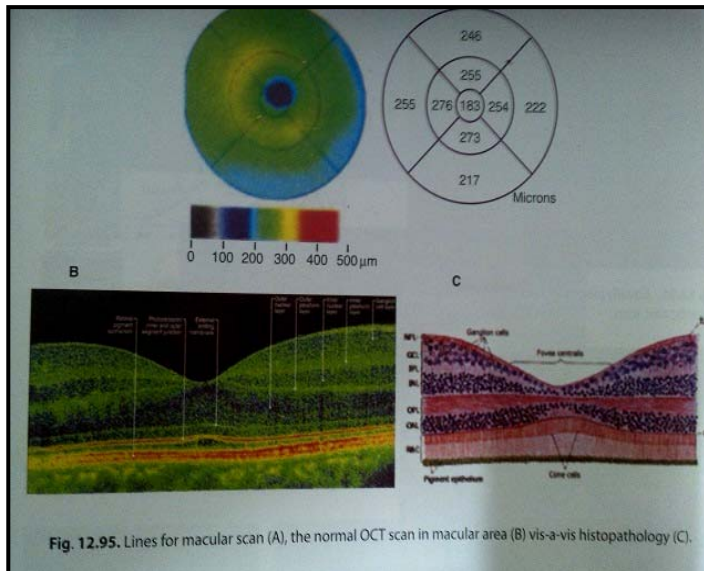
	OD	OS
Media	Media hazy d/t lenticular opacity	Media hazy d/t lenticular opacity
Disc	Normal in size, Pink, Circular, Well defined margins CDR-0.3:1	Normal in size, Pink, Circular, Well defined margins CDR-0.3:1
Vessels	Not clear	Normal, A:V Ratio-2:3
Macula	Not clear	Normal, FR-Dull
Periphery	Not clear	Normal



MACULAR FUNCTION TESTS?

Macular function tests with clear media

- **Visual acuity**
- **Colour vision**
- **Contrast sensitivity**
- **Slit lamp biomicroscopy**
- **OCT**
- **FFA**
- **Amslers grid**
- **Photo stress test**



Final Diagnosis

BE- Immature Senile Cataract

TREATMENT?

Treatment Options

- Medical- Nil significance
- Optical
- Surgical

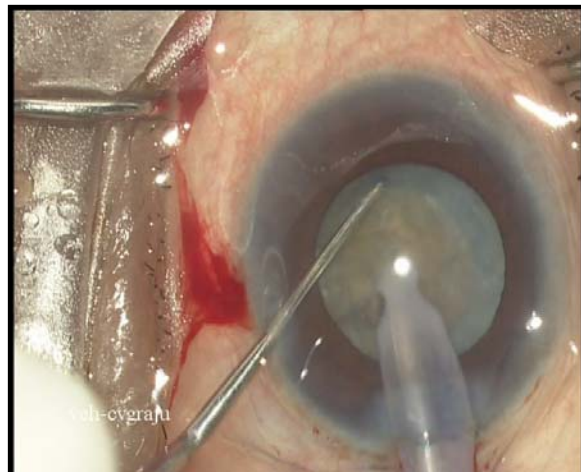
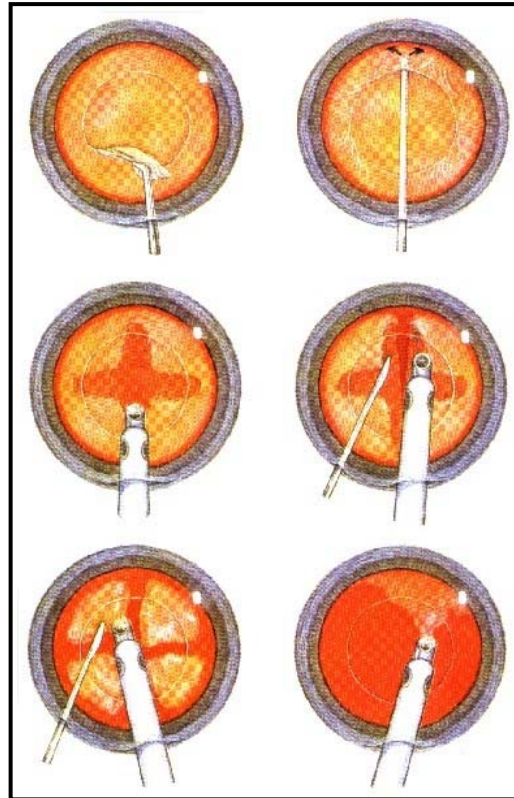
Hospital administration

- Location of ophthalmology wards
- Post OP ward sterilisation
- OT sterilisation
- Ophthalmology surgical instrument set sterilisation

Surgical management

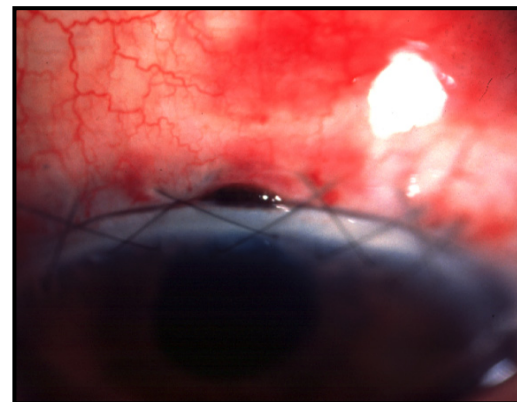
- Principle:
 - ✓ ICCE- Removal of cataractous lens
 - ✓ ECCE-Preservation of posterior capsule and IOL implantation
 - ✓ Phacoemulsification- Cataractous lens is fragmented and aspirated utilizing ultrasound energy
- Gold standard

- Surgical
 - Extra Capsular Cataract Extraction(ECCE)
 - Intra-Capsular Cataract Extraction(ICCE)
 - Phaco-Emulsification With Intra-Ocular Lens implantation

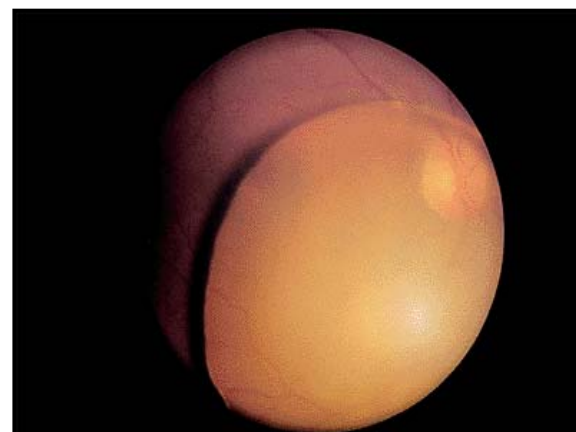
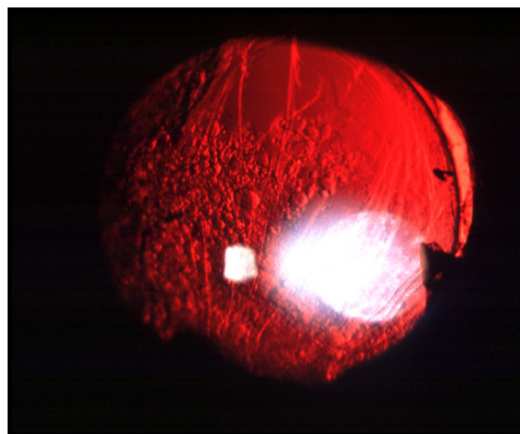


COMPLICATIONS?

- Intra OP:
Injury to cornea(Descemet's detachment), Iris(Iridodialysis)
Posterior capsule Rent
Vitreous loss
Nucleus drop



- Post OP:
Iris prolapse
Striate keratopathy
Endophthalmitis
Pseudophakic bullous keratopathy
PCO



HOSPITAL ADMINISTRATION

1. How to Organise camps?
2. How to manage materials and Crowd?
3. What are the OT Requirements for ophthalmic surgeries? Eg: CATARACT.

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Professor
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KIMS

PODSCORB

PLANNING

ORGANISING

DIRECTING

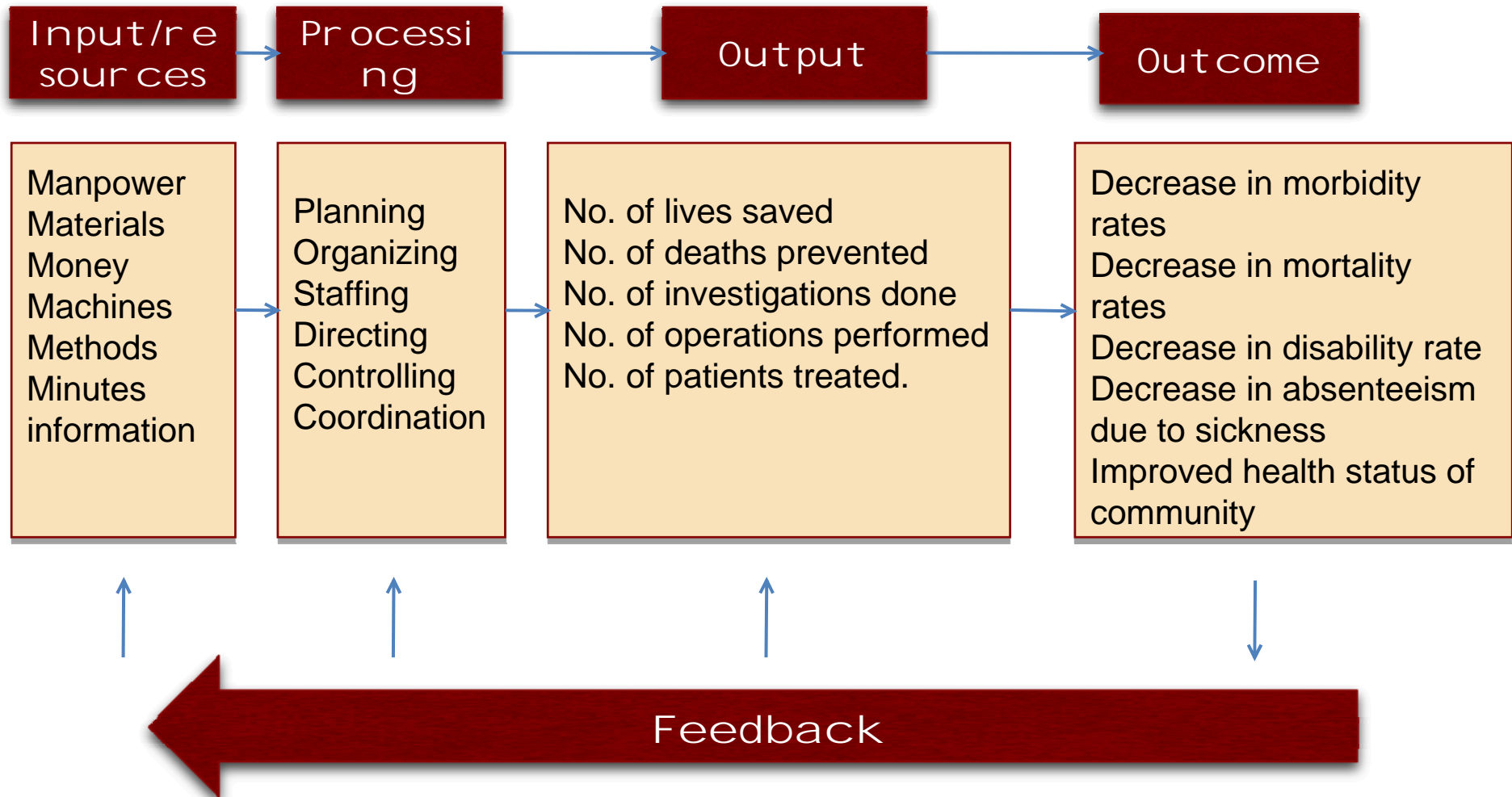
STAFFING

CONTROLLING /CO-ORDINATING

REPORTING

BUDGETING

Input process output



- Administrative issues
- Legal issues
- Technical issues
- Medical ethics / Social ethics / Business ethics

THANK YOU