RANZCO The Royal Australian and New Zealand College of Ophthalmologists

THE MEDICAL EYE SPECIALISTS

# DRY EYE SYNDROME

ONLINE PATIENT ADVISORY

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Dry eye syndrome – a guide for patients. The complete pamphlet is available from your ophthalmologist.

A constant flow of tears is essential for good eye health. Sometimes the eye may not produce enough tears or the tear quality is poor. This results in dry eye syndrome. In Australia and New Zealand, about one adult in 10 is affected. Possible causes include:

- some medications such as antihistamines or antidepressants
- certain medical conditions such as Bell's Palsy
- autoimmune diseases such as lupus, Sjorgen's syndrome or rheumatoid arthritis
- getting older
- smoking
- living in a dry or windy climate
- vision correction surgery
- long-term contact lens wear.

## Diagnosis

- Your ophthalmologist will examine your eyes and ask about symptoms.
- A special microscope called a slit lamp helps to assess the extent of dryness.
- A Schirmer Test measures the production of tears using a special paper strip placed under the lower eyelid.
- If autoimmune disease is suspected as a cause, blood tests may be done.

## Your medical history

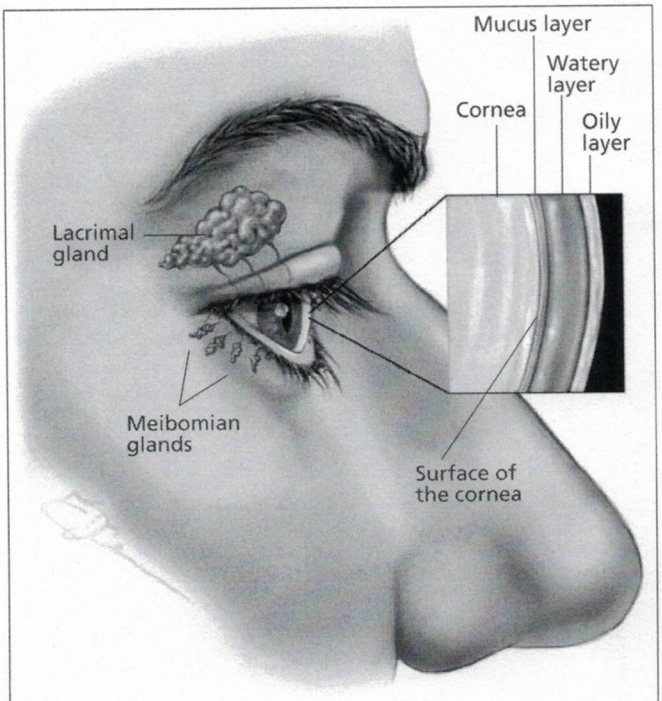
Your ophthalmologist needs to know your medical history to plan the best treatment. Tell your ophthalmologist about health problems you have. Some may interfere with treatment and recovery.

## Treatment

Dry eye syndrome cannot be cured, but symptoms can usually be well managed.

The regular use of artificial tears may relieve mild symptoms. A lubricating eye ointment can be used at bedtime.

A procedure known as punctual occlusion may be used to treat moderate symptoms. A tiny plug is inserted into the puncta, a small drain in the inner corner of the upper and lower eyelids of both eyes. This prevents the tears from draining away too quickly. Sometimes, the openings to the lacrimal ducts are closed permanently.




The normal tear film that covers the surface of the cornea has three layers. If tear production is insufficient or of a poor quality, dry eye syndrome will occur.

In severe cases where the eyelids won't close properly, a procedure called lateral tarsorrhaphy may be done. The outside one-third of the upper and lower eyelids are sewn together to make closing the eye easier.

## A decision to have treatment

As you make the decision whether to have treatment, make sure that you understand any risks, benefits and limitations of treatment. If you do not have treatment, your symptoms and condition may continue-to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your ophthalmologist.

## Anaesthesia

Some surgical procedures to treat dry eye syndrome are performed under local anaesthetic. Eye drops are placed on the surface of the eye, and an injection may be given near the eye to numb the area.

## Possible risks and complications

Surgery to treat moderate or severe cases of dry eye syndrome is safe and effective, but does have slight risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.

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# STRABISMUS SURGERY

ONLINE PATIENT ADVISORY

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Strabismus surgery – a guide for patients. The complete pamphlet contains more detailed information about the surgery and is available from your ophthalmologist.

Strabismus is the term for incorrect alignment of the eyes. That is, they do not point in the same direction when looking at an object. An eye with strabismus may turn inward, outward, upward or downward. Strabismus may be present all the time or it can come and go. It may occur in one eye only, or it may alternate from eye to eye.

In response to strabismus, the brain may:

- ignore the image from the affected eye (leading to impaired vision called amblyopia or "lazy eye"), or
- see two images (double vision).

The cause of strabismus is not fully understood. In most cases, it is due to a failure of the visual areas of the brain to control eye alignment. Less commonly, it may be a condition affecting eye muscles. Strabismus often runs in families. It can also be caused by disease or injury.

Early treatment provides the best opportunity for a successful outcome. In young children, prompt correction is crucial to good long-term results. Children with strabismus should be treated before they are six years old. Children never "grow out of" strabismus.

Not every patient with strabismus will require surgery. Other treatment options may be available. However, significant and persistent cases will almost always require surgery.

## Medical history

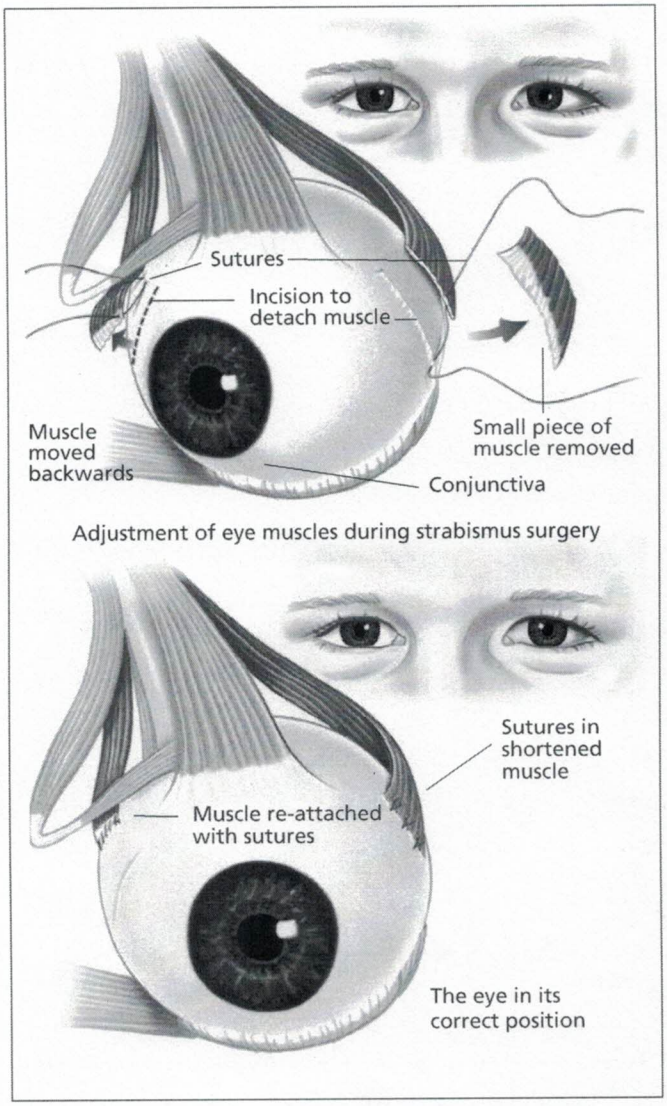
The ophthalmologist needs to know the patient's medical history to plan the best treatment. Tell the ophthalmologist about any health problems the patient may have. Some may interfere with treatment, surgery, anaesthesia, recovery and treatment following recovery.

## A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. Only you can decide whether surgery is appropriate. If you have any questions, ask your ophthalmologist.

## Anaesthesia

Strabismus surgery may be performed under local or general anaesthesia.




## The surgical procedure

The ophthalmologist straightens one or both eyes by operating on the muscles that move the eyes. An incision is made in the conjunctiva (membrane covering the eye) to expose the front end of the eye muscle. A muscle may be repositioned by sewing it further back on the eyeball from where it was originally attached, thereby freeing up movement on that side. The muscle that pulls in the opposite direction may be tightened by removing a small piece and then reattaching the muscle to its original position.

## Possible risks and complications

Strabismus surgery is safe and effective, but does have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.

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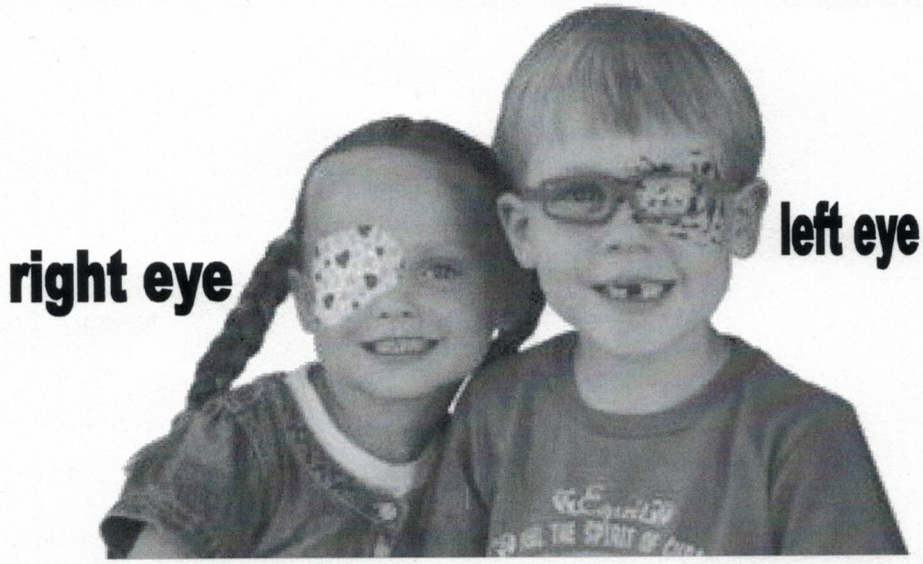


# Occlusion Therapy (Patching)

Occlusion therapy (patching) is the treatment for a lazy (amblyopic) eye

By covering up the good eye your child's brain is encouraged to use the lazy eye and the vision should improve

Your child needs to have the best possible vision in both eyes

A lazy eye will not correct itself, so we need to start occlusion therapy

Patching is more successful if done when the child is younger. The older the child, the harder it is for the vision to improve

Patching is a very successful form of treatment.
If your child will not wear their patch then the vision will not improve

We understand that it may be difficult to get your child to wear the patch. Please keep trying.

**_____ needs to wear a patch on**

**their face over the _____eye,**

**for_____ hrs a day_____ days a week**

**If your child wear glasses, put the glasses on after you have put the patch on.**

**It is very important that you don't miss your appointments**