

EYE SURGERY FOUNDATION

- Perth's only freestanding Ophthalmic Day Hospital
- Improving ophthalmic research and technology for the Western Australian community for 16 yrs.
- Certification to ISO 9001 standard

Expert day surgery for

- Cataract Extraction and Lens Implant • Pterygium
- Glaucoma • Oculoplastic Surgery • Strabismus
- Corneal Transplant
- All types of Refractive Surgery – LASIK, LASEK, PRK, CTK, Phakic Lens and Refractive Lens Exchange (RLE)

Dr Ian Anderson
Tel: 6380 1855

Dr Boon Ham
Tel: 9474 1411

Dr Alan Nicoll
Tel: 9381 6311

Dr Steve Colley
Tel: 9385 6665

Dr Philip House
Tel: 9316 2156

Dr Rob Paul
Tel: 9339 8740

Dr Blasco D'Souza
Tel: 9258 5999

Dr Chris Kennedy
Tel: 9382 9422

Dr Stuart Ross
Tel: 9250 7702

Dr Graham Furness
Tel: 9440 4033

Dr Ross Littlewood
Tel: 9374 0620

Dr Andrew Stewart
Tel: 9381 5955

Dr David Greer
Tel: 9481 1916

Dr Nigel Morlet
Tel: 9385 6665

Dr Anita Tandon
Tel: 9258 5999

Dr Bill Ward
Tel: 9535 1300



Our Vision is Improved Vision

www.eyesurgeryfoundation.com.au

42 Ord Street West Perth WA 6005

Contact: Helen Smith Ph: 9481 6277 Fax: 9481 6278
Email: info@eyesurgeryfoundation.com.au

medicalforum

Macular degeneration: early referral saves sight

By Dr Chris Kennedy, Ophthalmologist. Tel 9382 9422



Macular Degeneration (MD) remains the commonest cause of "legal blindness" in Australia, but the new drugs Lucentis and Avastin have recently revolutionised its management. The reward for early detection of Wet MD and the penalty for delay in diagnosis and referral have never been greater – so a complaint of central blurred or distorted vision in an elderly person should be taken seriously. Even in experienced hands fluorescein angiography may be needed for adequate diagnosis.

What is MD?

- It is a degenerative macular disease that destroys the central vision.
- Most cases of severe visual loss occur rapidly (within weeks or months) and without warning due to the sudden development of "Wet" MD.
- Most patients have pre-existing "Dry" MD which may not cause any symptoms at all.

What are the biggest risk factors for MD?

- Genetic - higher rate in other family members.
- Age - risk increases with every passing year.
- Smoking.

How do "Dry" and "Wet" MD differ?

- Dry MD**
- Hallmarks are drusen (deposits of metabolic waste material beneath the retina) and pigmentary changes in the retinal pigment epithelium (RPE).
 - Constitutes 90% of all MD cases.
 - Visual loss is usually mild and rarely severe.
 - Slowly progressive over many years.

Wet MD

- The hallmark is a blood vessel growth (choroidal neovascularisation), causing bleeding, exudation and scarring that damages the macula and central vision
- Just 10% of MD cases but responsible for 95% of all severe visual loss
- Occurs without warning as a sudden complication of Dry MD
- If one eye develops Wet MD, 40% of second eyes will develop it within five years

What are the main symptoms?

- Often no symptoms at all in the early stages.
- Blurred central or paracentral vision.
- Difficulty reading fine print.
- Distorted vision ("metamorphopsia").
- Straight lines look curved, bent or wavy.
- >60 yrs old, deteriorating vision in just one eye & symptoms <3 months = BEWARE!!

What treatment for Dry MD?

- Quit smoking.
- High dose anti-oxidant multivitamins

with zinc (e.g. two MacuVision tablets per day) – 25% reduction in rate of sight loss.

- Possibly other supplements like Lutein and omega-three fatty acids.
- Undergo prompt Fluorescein Angiography if conversion to wet MD is suspected.

What is the new treatment for wet MD?

- The new treatment consists of a series of eye injections with anti-VEGF drug. These drugs block vascular endothelial growth factor (VEGF), which causes choroidal neovascularisation to grow, leak and bleed. There are two drugs in this class: Avastin and Lucentis. Lucentis became listed on the PBS on 1 August 2007.
- Previous laser-based treatments are now largely obsolete.

How good is Lucentis for Wet MD?

Study results of eyes with two-year follow-up:

- 90% avoid severe visual loss.
- 70-80% avoid any visual loss at all.
- 30-40% recover a lot of vision that was recently lost.

Which eyes are suited to Lucentis treatment?

- Must have Wet MD and not just Dry MD.
- Must not have already irreversibly lost the central vision.
- The sooner Lucentis is started, the better the results.
- Older laser treatments only helped a minority of wet MD cases, but Lucentis could help the majority if it is caught in time. ■



■ Advanced macular degeneration – preventable with early referral.