

# Early Detection and prevention of Eye Disorders in Older people

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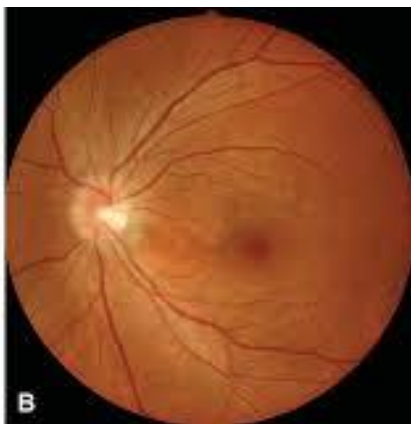
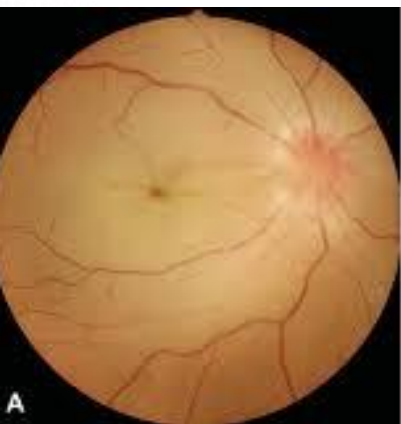
# Outline

- Visual defects
- Ocular pain
- Floaters
- Change in external appearance
- Screening
- Key messages



# Sudden loss of vision

- Usually vascular
- Complete /field loss
  - Arterial occlusion
  - venous occlusion
  - macular hemorrhage



# Central Retinal Artery Occlusion (CRAO)

- Attend urgently!!! ( Within 6 hours)
- “First aid” while arranging to take patient to the eye unit
- Keep patient supine/ slightly head low
- Massage eye globe
- “ CO<sub>2</sub> breathing”
- High risk of CRAO in patients with Hpt, and abnormal lipids
- Episodes of amaurosis fugax may herald CRAO



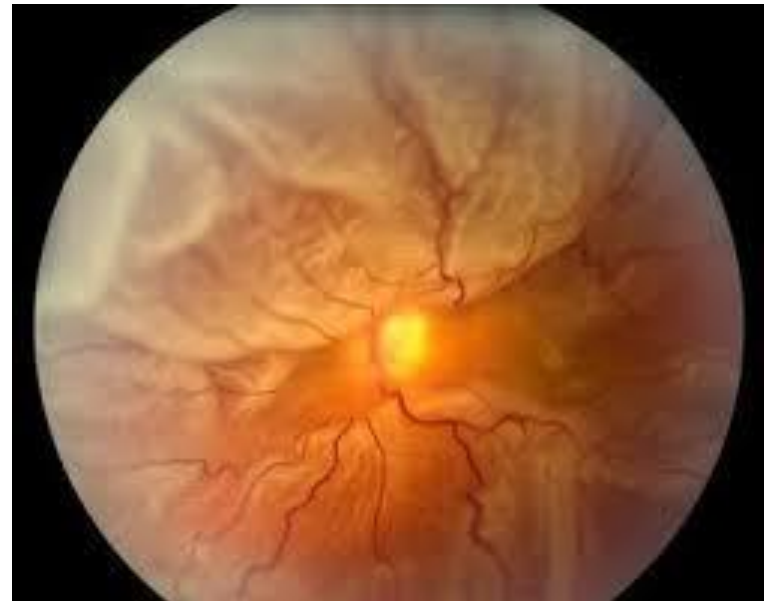
# Progressive loss of vision

- Rapid-within hours

Vitreous hemorrhage



Retinal detachment



# Progressive loss of vision

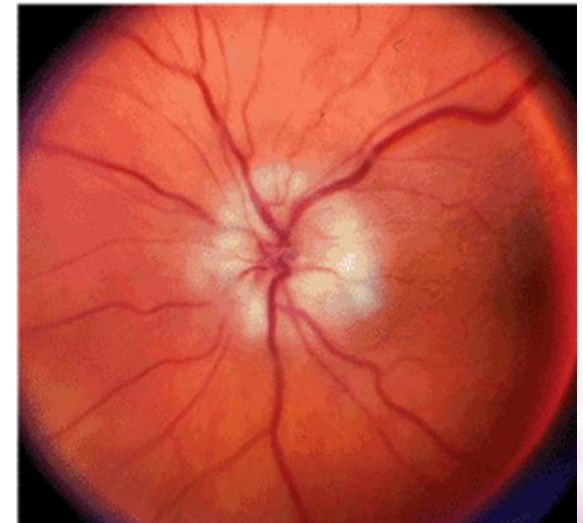
- Within days
  - Uveitis
  - Optic neuropathies



Non arteritic



Arteritic



All images: Neil R. Miller, MD

# Progressive loss of vision

- Within months

Cataract



Diabetic maculopathy



# Distortion of Vision

- Age Related Macular Degeneration
- Diabetic macular oedema





# Eye pain

- Most common cause is blepharitis
- Chronic mild discomfort- dry eyes/wet eyes
- Rx: Warm massaging scrubbing and artificial tears



# Note : Significant eye pain

## **Gradually worsening pain**

**Pain severe enough to prevent sleep**

- Think uveitis/ scleritis
  - may or may not be associated with red eye.
  - Vision may be normal initially.

## **Episodic unilateral eye pain/head ache**

- Think angle closure (glaucoma)



# Floaters and flashes

- Acute onset appearance of “a ring”, “a string” or “an insect” associated with lightening flashes in the temporal visual field.
- Usually alarming to the patient.
- Heralds retinal detachment.
- Needs urgent eye referral- 24-48 hrs



# Change in appearance

- Proptosis
- Lumps & Bumps
- Nerve palsies “Acute squints”



# Proptosis (Exophthalmos)

- One or both eyes becoming prominent
- “Upper scleral show”
- Thyrotoxicosis/Neurological disease



# Malignancies in & around eye

- A Salmon patch-  
Lymphoma
- Newly appeared  
black spots/enlarging  
birth marks



# New Lumps and bumps on periocular skin-need to be biopsied (Referred)



# Nerve /Muscle palsies

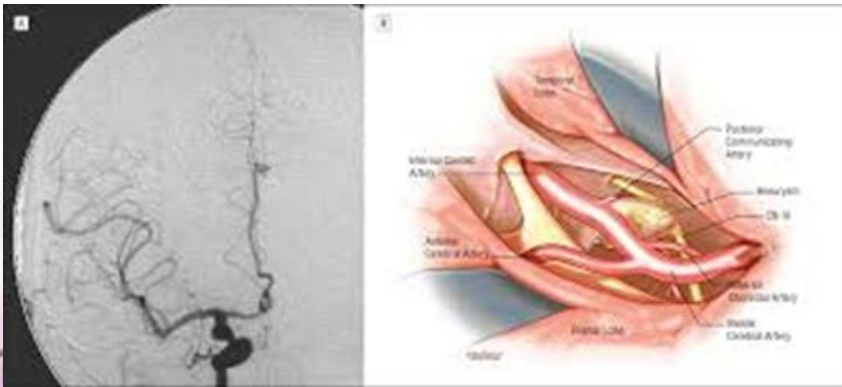
- 3<sup>rd</sup> & 6<sup>th</sup> cranial nerve palsy (present as acute onset double vision or acute squint)
- All need neuroimaging





# Nerve /Muscle palsies(life saving)

- Acute divergent eye with partial ptosis → check pupils →if larger on the affected side →surgical third → urgent imaging
- Ptosis with fatigability → myasthenia



# Routine Screening

- Includes corrected distance and near vision
- Dilated fundus examination
- Intra ocular pressure
- For diabetics → annual screening initially
- For non diabetics → every three yrs (glaucoma and ARMD)



# Ocular emergencies (non trauma) for urgent referral

- Sudden loss of vision-within 6hrs
- H/O transient loss of vision-within 24-48 hrs
- Floaters and flashes-within 24-48 hrs
- Unilateral ocular pain 24-48 hrs



# Key messages

- Routine eye check up
  - Diabetic patients- annual
  - Others- every 3 yrs
- Progressive loss of vision /significant eye pain/floaters –refer early
- Take note on changes in eye and around



Thank you

