



Practical Ophthalmology

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No Financial Disclosure



Content

Red Eye

Corneal Foreign Bodies

Corneal Abrasions

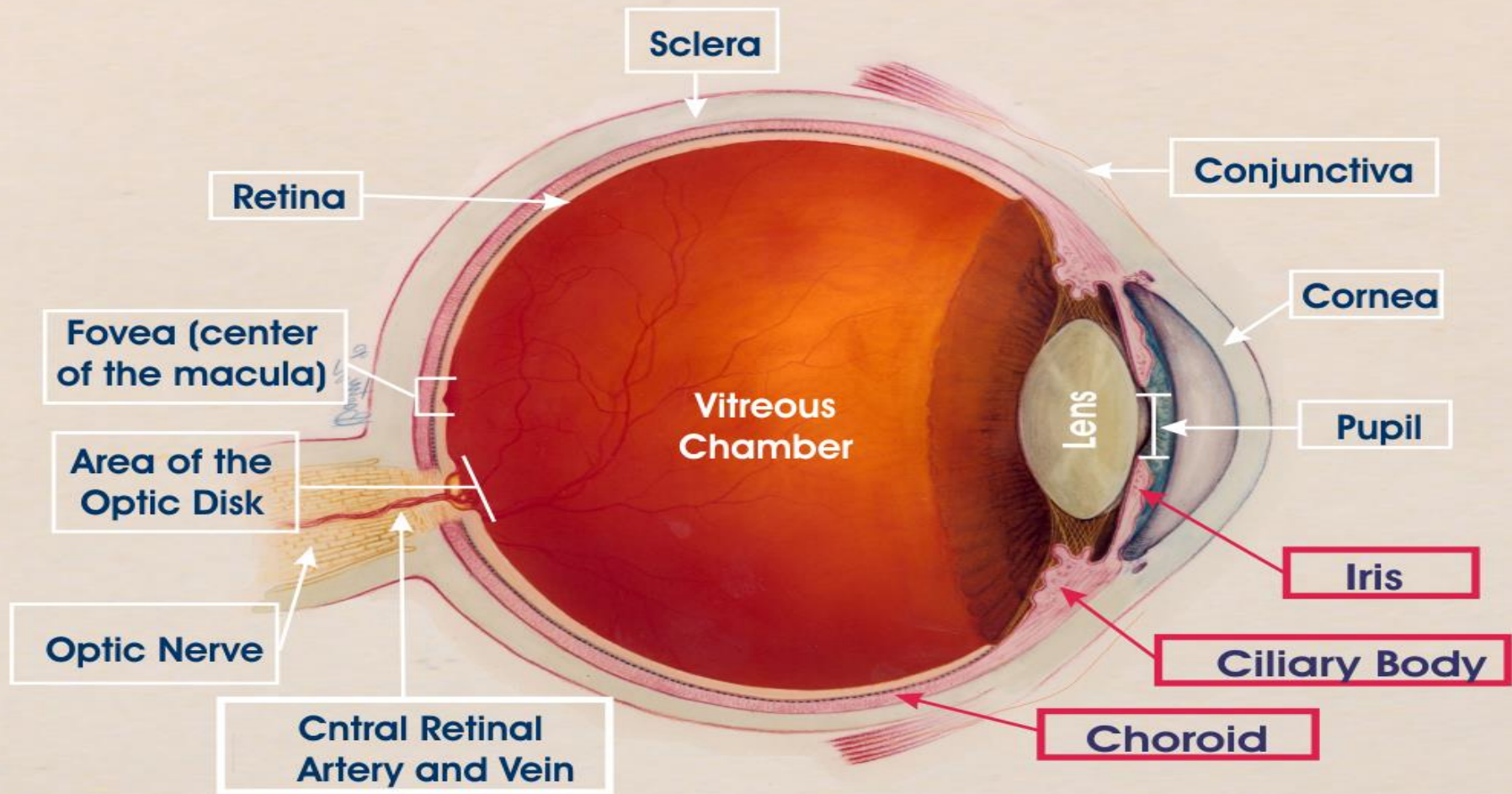
Chemical Injury

Ocular Trauma

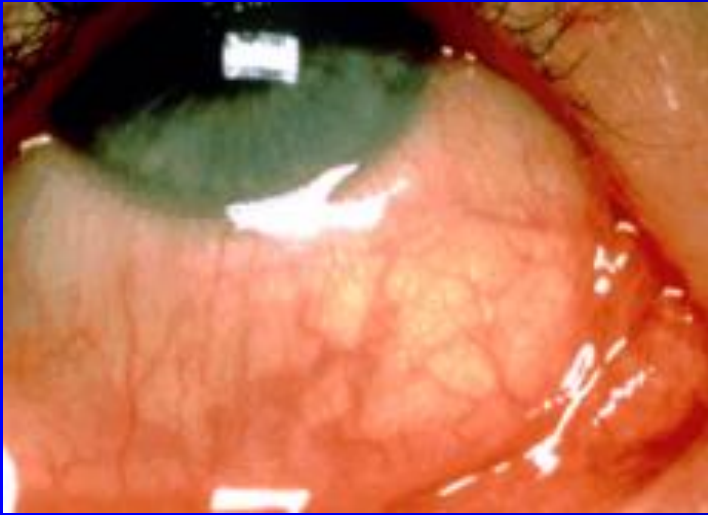
Periorbital Cellulitis



Practical Demonstration



Red Eye



? Differential

Bacterial Conjunctivitis



Staph Aureus

Staph Epidermidis

Strep Pneumoniae

H. Influenzae

Viral Conjunctivitis



Adenoviral

Herpes simplex

Allergic Conjunctivitis



Generalised Atopy

IgE

Itch

Follicles

Mast cell Stabilisers

Topical Steroids

Chlamydial Conjunctivitis



Serotypes d-k

Concomitant genital infection

Chronic infection

Polymerase chain reaction

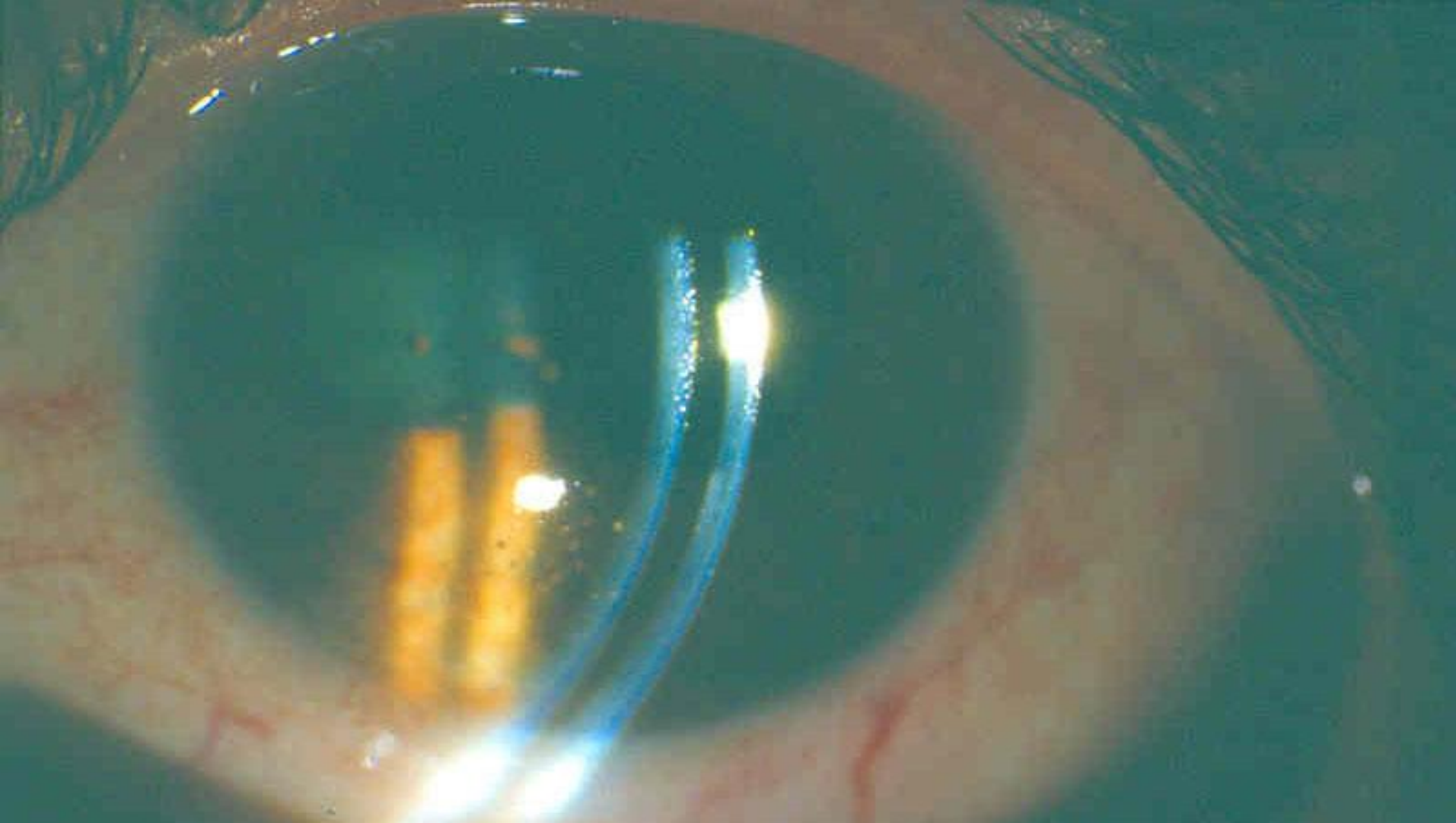
Trachoma



Serotypes A,B,C

500 Million affected worldwide

2 Million Blind



Bacterial Keratitis

Identify Organism

Assess Risk Factors



Staph Aureus

Staph Epidermidis

Strep Pneumoniae

Moraxella

Pseudomonas

Haemophilus Influenzae

Neisseria

Mycobacteria

HSV Keratitis



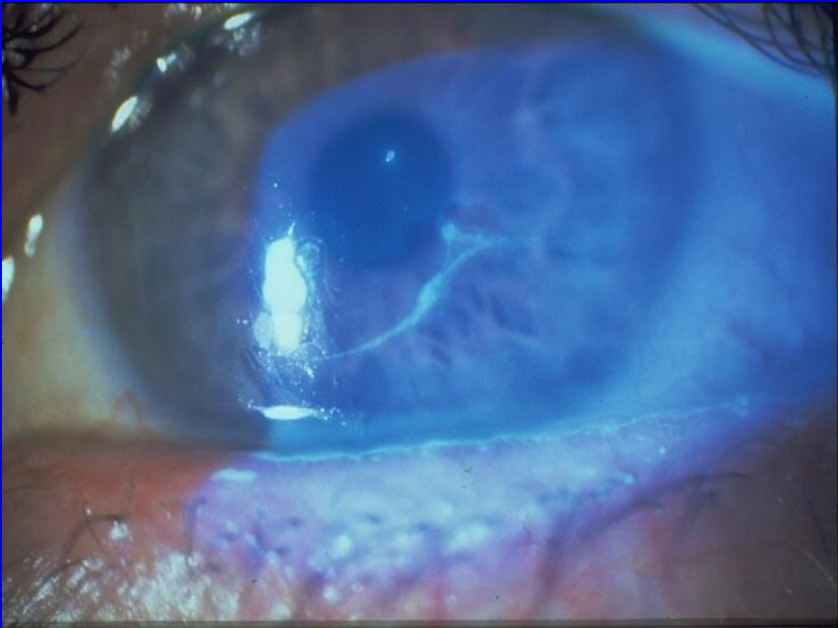
Dendritiform.

Decreased sensation.

Acyclovir.

Recurrence.

Acanthamoeba



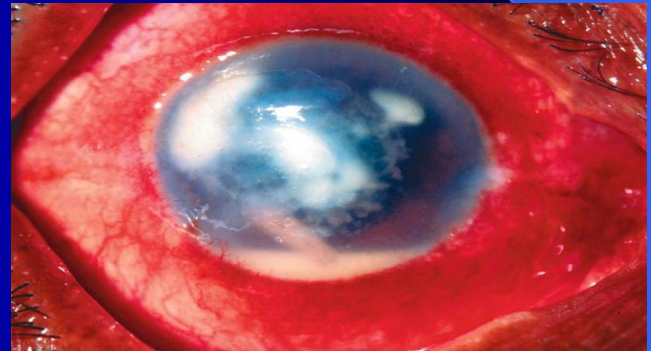
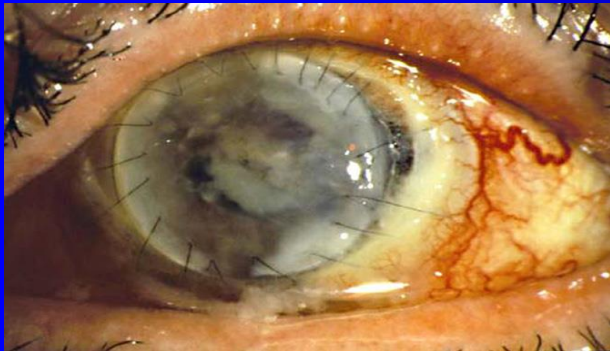
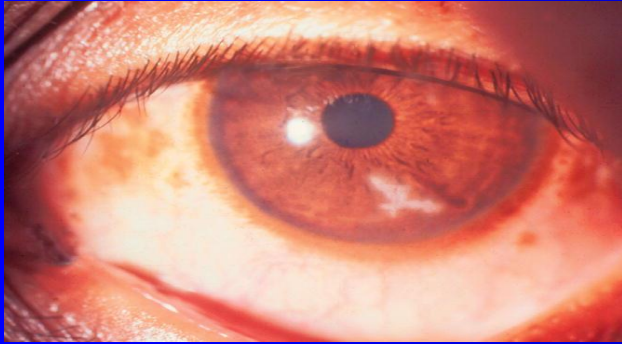
< 1% of contact lenses culture
proven corneal infections

Free living Protozoan

Trophozoite and Cyst

Keratocyte phagocytosis,
inflammation, stromal necrosis.

Fungal Keratitis





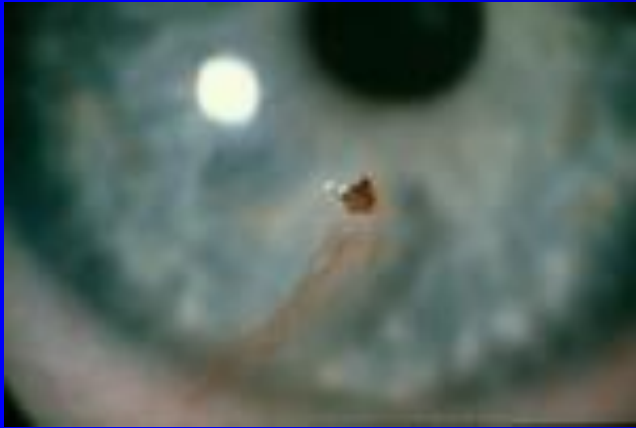
Acute Angle Closure Glaucoma



Herpes Zoster Ophthalmica



Corneal Foreign Body



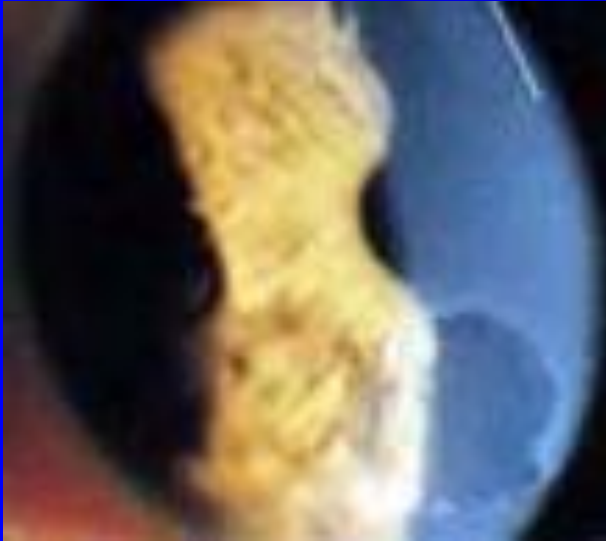
Common Injury.

Topical anaesthesia.

Remove with Cotton Tip

? Rust Ring

Corneal Abrasion



Trauma

?Underlying dystrophy

Very Painful

Red Eye

Tearing

Photophobia

Management



Fluorescein

Pen torch

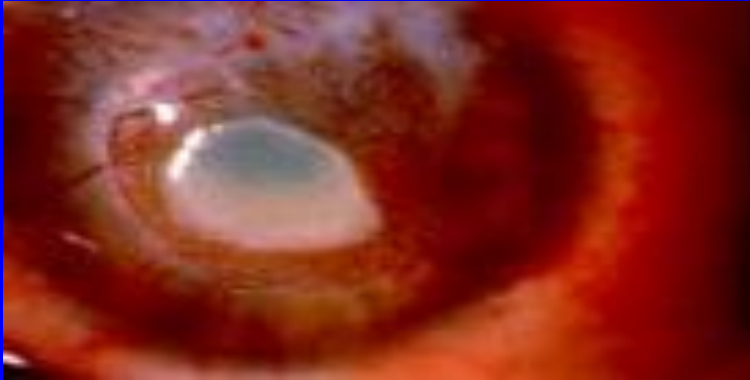
Analgesia

Mydriasis

Antibiotics

? Eye Pad

Chemical Injury



First Aid First, Detailed
Assessment Second

Assessment

Limit stem cell damage

Management of long term
complications

Management



Topical Corticosteroids

Topical Antibiotics

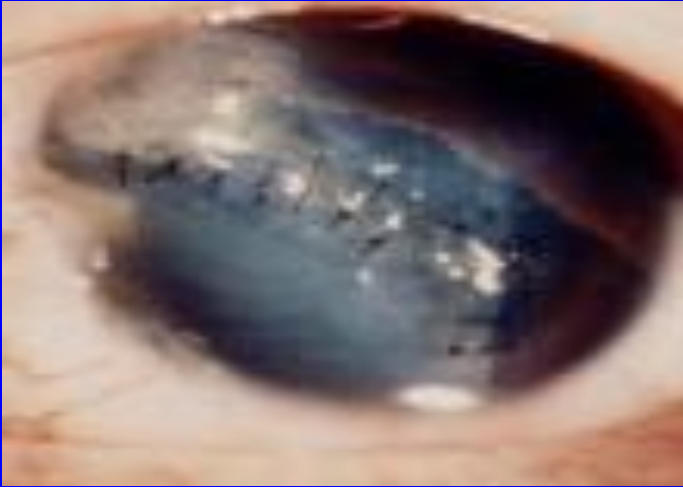
Topical Cycloplegics

Topical Ascorbic Acid (Na Ascorbate 10%)

Oral Ascorbic acid 1g qds

Topical Citric acid (Na Citrate 10%)

Ocular Trauma



Penetrating/Non Penetrating

Examine from Front to Back

Blow Out Fracture



Tissue Tethering

Diplopia

Tear Drop Sign

Antibiotics

Lid Lacerations



Rule out underlying globe laceration

? Lacrimal canalicular system involved

Refer for surgical correction

Traumatic Hyphaema



Intra Ocular Pressure

Fundoscopy

Danger of Rebleed

Rest, Topical Steroids, Mydriasis

Traumatic Cataract



- Non Penetrating and Penetrating Injury
- Glaucoma

Retinal Detachment



Flashes and Floaters

Loss of Visual Field

Myopes more susceptible

Preseptal/Orbital Cellulitis



Early preseptal

Management



Admit

IV Antibiotics

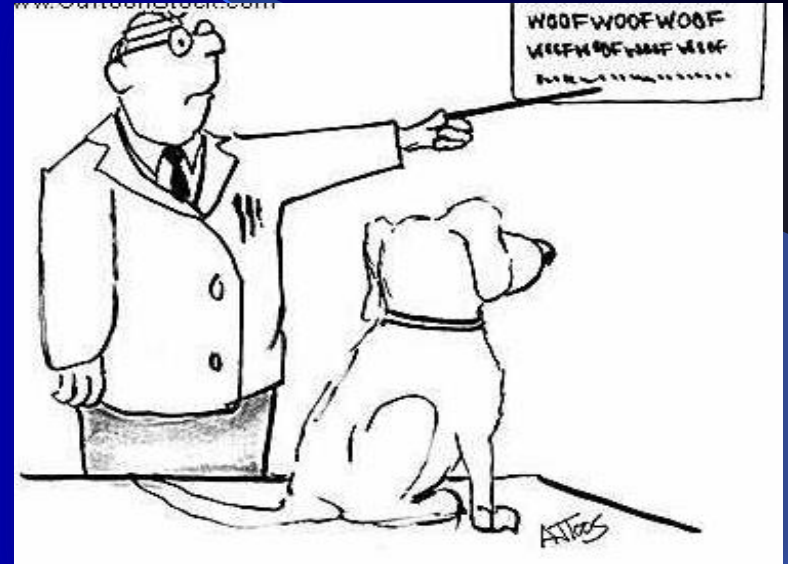
ENT Consultation

CT Scan



PRACTICAL EXAMINATION

- Visual Acuity measurement.
- Pupillary examination.
- Visual field examination.



Visual Acuity



Pupil Examination



Visual Field Examination



THE BRITISH JOURNAL
OF
OPHTHALMOLOGY

JULY, 1918

COMMUNICATIONS

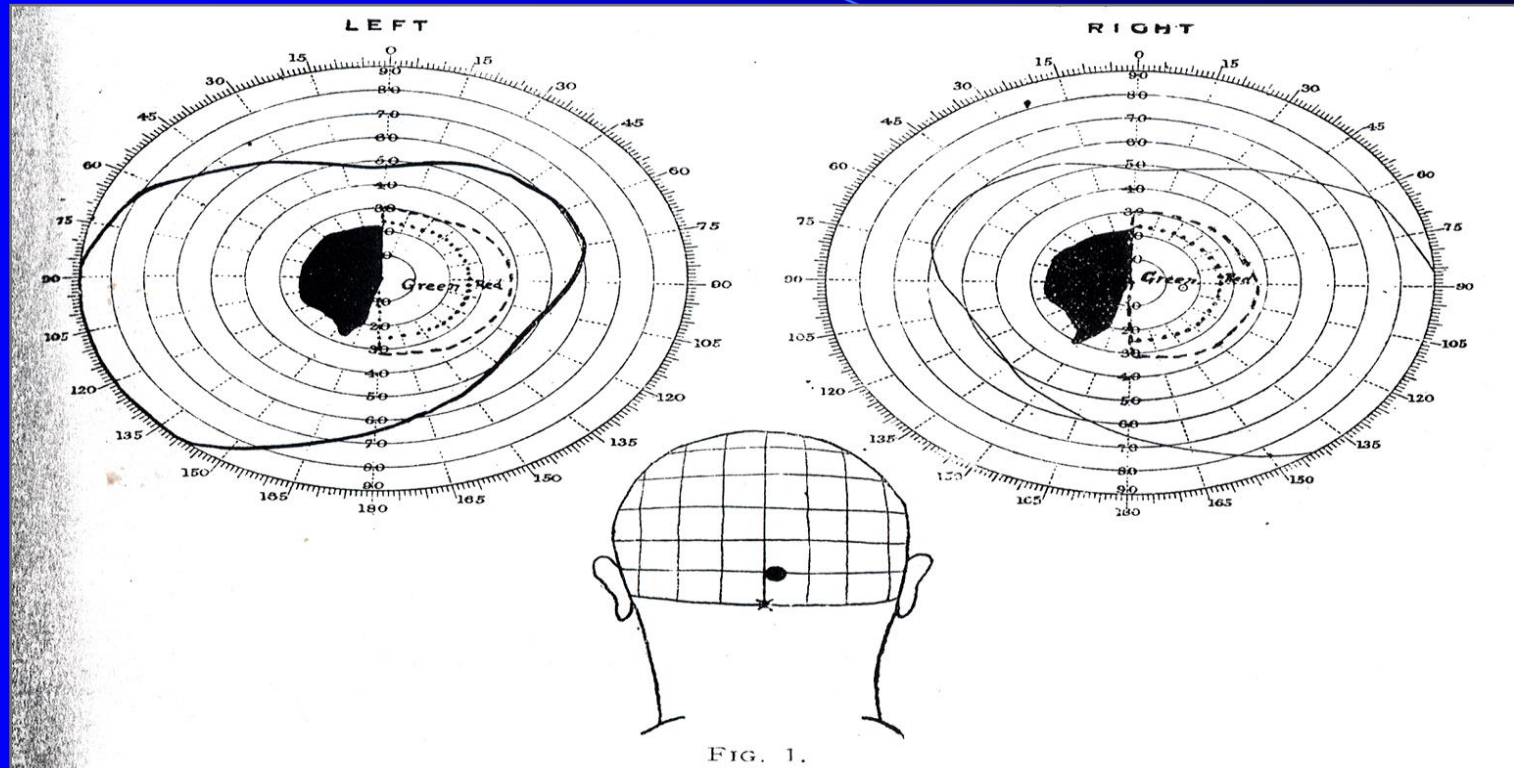
DISTURBANCES OF VISION BY CEREBRAL
LESIONS*

BY

GORDON HOLMES, C.M.G., M.D., Lieut.-Col. R.A.M.C.

ABOUT 18 months ago I was able to present to this Section with my colleague, Colonel Lister, certain clinical observations on the disturbances of vision produced by gunshot injuries of the visual

Left homonymous paracentral scotoma



Practicalities

- Hands
- Face
- Fingers





*Friends are good on
the Day of Battle*

THANK you