Moorfields Manual of Ophthalmology

Bill Harvey is impressed by a new handbook which skilfully provides for both ophthalmologist and optometrist

The criticism often levelled at standard ophthalmology texts is the lack of detail regarding optometrist management. There is also a potential problem in specifying recommended speed of referral for various ocular diseases as each case is obviously very difficult. I can think of some conjunctivitis cases where prompt referral has been appropriate and some vascular occlusive incidents or proliferative states where a casualty referral has not been in the patient’s best interest. However, many practitioners are very much interested in the view of ophthalmologists as to what might be expected of optometrists in managing patients in the community and the best mode of referral.

Moorfields Manual of Ophthalmology is the first book I am aware of that goes some way to addressing this. It contains specific sections aimed at primary care eye care practitioners, such as optometrists, regarding the best approach to referral.

Main chapter authors read like a who’s who in ophthalmology, including Alan Bird, Peng Khaw, John Dart, John Hungerford and Susan Lightman. There is optometric input, however, as Dan Ehrlich contributed to the cornea chapter while Geoff Roberson and Graham Macalister have contributed to ‘optometry and general practice guidelines’. It is these latter sections by Roberson and Macalister that particularly impressed me and I feel they will prove very useful to pre- and post-qualification optometrists and general practitioners alike.

Comprehensive detail

The overall structure of the book is familiar, with chapters divided into the major locational categories starting from external, passing through anterior and arriving at posterior and neurologi-cal structures. For such an apparently pocket sized book there are more than 700 detailed pages. For example, alongside details of differential diagnosis, management and treatment, there are useful guidelines on surgical intervention. Cataract, glaucoma and uveitis all get their own chapters, as do paediatrics and strabismus. The largest section is, not surprisingly, medical retina which includes details on all the retinopathies, occlusions and degenerations, such as AMD.

Most chapters are of a similar structure. For example, the retinal chapter begins with sections on history taking and genetic profiling followed by investigations. Investigations described include fluorescein angiography – both in terms of how it is done and how to interpret results – indocyanine green angiography, autofluorescence imaging, electrophysiology (with graphics to illustrate classic profiles for common retinal diseases), and a section on laser intervention. The investigation section is followed by a differential diagnosis. This is categorised both in terms of signs (for example intra-retinal haemorrhage, iris neovascularisation, cherry-red spot, macular oedema, for example) and occasionally symptoms (such as vision loss)

Sections follow on individual diseases, each weighted according to significance and prevalence. AMD and diabetes, for example, naturally receive greater detail than more obscure lesions. Like all good practical guides, ease of accessing relevant information in the workplace is paramount so each disease section is further subdivided into, typically, background, clinical features, history and examination, differential diagnosis, investigation, treatment and follow-up. There is a recommended reading list appended for the more common conditions. I also like the way some sections include other relevant information. For example, under diabetic retinopathy there is a sub-section called ‘key studies’ that lists all the major recent research programmes in this area such as the DRS and ETDRS, as well as a section on classification.

Each chapter ends with the excellent ‘optometry and general practice guidelines’. In the more detailed chapters this section is further subdivided with points aimed specifically at GPs as well as optometrists. The retinal chapter begins with general comments. These include a reminder of the importance of urgent referral of arterial occlusions, of visual distortion, and of remembering that good vision in the fellow eye may reduce the impact of sudden vision loss in one eye. For optometrists there is a specific reminder of the importance of dilation and binocular ophthalmoscopy when viewing potential macular oedematous threat, the significance of refractive changes, such as a hypermetropic shift where axial length has reduced, and the significance of age in determining the nature of any sudden onset of macular oedema. General practitioners are advised ‘dilated fundoscopy by an optometrist will uncover many retinal diseases and is a useful means of triage for all except the most urgent referrals’ – fantastic to see this in a general medical text. The systemic association of some ocular diseases, such as the potential for some drugs to induce maculopathy or the impact of smoking on ocular health, are detailed here too.

Referral guidelines

Finally the section ends with some referral guidelines sensibly preceded by the proviso that they are not prescriptive. Immediate referral includes central retinal artery occlusion and retinal detachment, same day referral includes branch artery occlusions, retinal breaks, and suspect CNV episodes, urgent referral (defined as within one week) includes proliferative retinopathy, toxic maculopathy, and vein occlusions, soon referrals (defined as within one month) include central serous retinopathy, severe non-proliferative diabetic retinopathy and retinal macuaneurysm. Routine referral covers a longer list including conditions such as hypertensive retinopathy.

I loved this book and recommend it to all pre-reg optometrists. I can also see how useful it will be to the primary care clinic. Detailed yet concise and to the point.

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