



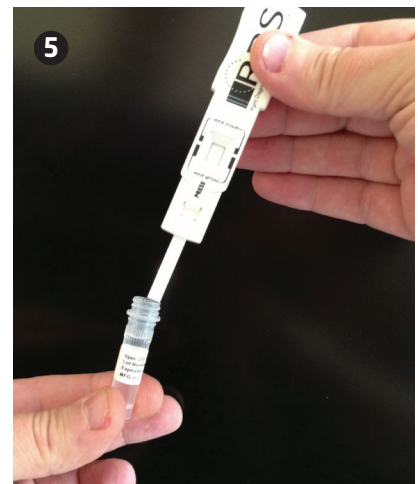
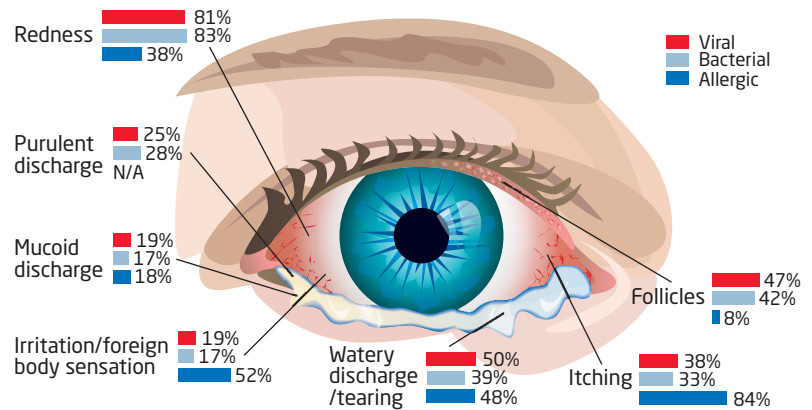
# Red eye referral refinement

Community optometry offers many opportunities for those looking to commission effective and efficient primary care services to make better use of increasingly hard-to-come-by funding for health. Eye care practitioners are distributed in a way that makes them easily accessible to the public and have a skillset enabling them to manage those conditions that would otherwise take up unnecessary and expensive chair time in secondary care. A significant number of external and adnexal eye conditions are either self-limiting or require simple management that might be perfectly adequately administered in optometric practice. Viral conjunctivitis is a good example of a self-limiting condition that is most often caused by one of the many forms of adenovirus. Classic signs include diffuse conjunctival hyperaemia and a watery discharge, usually bilateral, and a palpebral follicular response. Patients typically report flu-like symptoms and swollen glands on the side of the neck and are usually easily palpated – the condition has a strong association with upper respiratory tract infections. The infection almost always burns itself out in a week or so and symptoms may be alleviated with preservative-free comfort drops and solid advice about avoiding transmission. This last point is why unnecessary referral is so counterproductive as it may merely serve the purpose of exposing more people, often poorly ones, to the infection.

A useful assessment should include careful examination of the cornea, as such symptoms might be related to an early herpetic infection – adenovirus causes significant diffuse punctate staining and may subsequently lead to deeper stromal opaque lesions that endure for some time. The advice is usually to refer if in any doubt about the cornea. Add to this the fact that there is often overlap in the signs of different forms of conjunctivitis and it becomes obvious that anything that might confirm diagnosis is likely to both prevent inappropriate referral and also reassure the eye care practitioner about their management plan. The AdenoPlus is exactly that – a simple diagnostic tool that offers a quick way of detecting adenovirus from

In the latest of his closer looks at products on show at this year's Optrafair, **Bill Harvey** tries out a product that should make red eye management significantly more effective

## 1 Overlap in clinical signs and symptoms of acute conjunctivitis





the tears of a patient with suspicious symptoms.

### AdenoPlus

Each AdenoPlus test comes with two sachets which must be used within an hour of opening (Figure 2). Contained within one is the sample collector. This is gently pulled over the exposed inferior palpebral area for several strokes (Figure 3). The fleecy end becomes glistening when saturated and at this point sufficient test sample has been gathered. It is then clipped on to the test cassette (Figure 4) and the exposed tip of this immersed into the small phial of buffer that accompanies the kit (Figure 5). After 20 seconds, remove the tip from the buffer, replace the protective cap and then lie the cassette down flat for 10 minutes. During this time, stripes appear in the small cassette window in the same way as a pregnancy indicator test kit. The presence of a red line indicates adenovirus antigens, a blue line none (Figure 6) – simple and effective and no need for expensive lab tests. With sensitivity and specificity data both in the high 90s found in several peer review published studies, the test should offer the confidence to the practitioner needing to decide upon the appropriate plan.

### Practitioner view

Practitioner and independent prescriber Andrew Matheson has been using the strips in his own clinic. 'It's a really useful test, especially in patients who have had a simplex or zoster infection in the past and present with an acute red watery eye but no corneal involvement. A negative AdenoPlus test helps validate the early appropriate use of aciclovir or ganciclovir. If positive you can scrub up and disinfect your room before seeing your next patient! The test normally costs £15.00 to optom. I charge £29.00 as a surcharge to patient over the eye exam fee; ophthalmology will probably charge £50.' ●

● For further information visit [www.adenoplus.co.uk](http://www.adenoplus.co.uk).

# Lightening the load

Bill Harvey sees how a new attachment has made a hand-held non-contact tonometer even easier to use

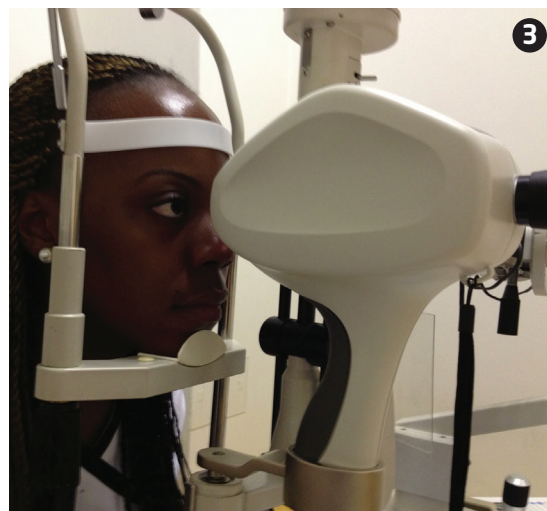
It is several years now since the Reichert PT100 Non-Contact Tonometer first came to my attention (Figure 1). There were several features that impressed at the time. The most obvious, of course, was that it was truly portable. The hand unit is cordless and may be carried freely around a practice or used on a domiciliary visit for up to a full day's clinic when fully charged. Three individual measurements are displayed and then the average on a small LCD screen and a printout is possible via a wireless link to an associated printer.

Patients appeared happy with the test which was probably as much to do with the machine's near silent operation than the advertised 'soft puff' advertised in the literature.

The one down side was that, despite the small dimensions (25.4 x 12.7 x 20.5 cm), the measuring unit has a weight of 1.26 kg which is fine for occasional use but some colleagues gave the feedback that continued use made it an uncomfortable operation.

To address this, Reichert has now produced a simple slit-lamp attachment which allows the unit to be positioned into the centre of rotation of any slit lamp as a Goldmann might be (Figure 2), making the measurement easier still (Figure 3).

A colleague tried this out for the day in a busy city centre practice and felt the freedom to use on either the slit lamp or by hand addressed the original concern. She went on, 'The slit lamp attachment is good



as it gives the option of using it without having to get too close to the patient and is also more steady – it can sometimes be a little difficult to manoeuvre. It's fairly easy to use and I like the fact that it shows the intraocular pressure reading inside the screen and is wireless. Patients seem to feel the puff is not as noticeable.' ●

● Thanks to Grafton Optical for the loan of the Cobra HD. For further information contact [www.graftonoptical.com](http://www.graftonoptical.com)