

North of England Ophthalmological Society Summer Meeting

Venue: Doubletree by Hilton, Chester.
Date: 6th June, 2012.
Report by: Bryan Mathews, SpR to Prof Ian Rennie, Royal Hallamshire Hospital.

The summer meeting of the UK's largest regional ophthalmological society, North of England Ophthalmological Society (NEOS), was held in the historic city of Chester. Convener Mr Jon Bhargava welcomed delegates with a brief history of the city and explained how the day would be divided in two halves, with subspecialty talks from various consultants from the northwest in the morning and the afternoon dedicated to education.

The first presentation, by Mr Jeremy Butcher (Chester), raised the question of whether paediatric cataract surgery should be performed in a district general hospital (DGH). After comparing his outcomes with published studies (infantile aphakia treatment study and IOLu2) 68% of voting delegates, armed with interactive handsets, agreed with his treatment of children with congenital cataract. This compared with only 42% who agreed in a vote taken before the presentation.

The second guest speaker was Mr Bill Newman (Alder Hey Children's Hospital), who provided a fascinating insight into the legal nuances associated with the highly emotive topic of retinal haemorrhages in the context of non-accidental injury (NAI). Mr Newman reminded us that causation remains a matter of debate, that the literature surrounding retinal haemorrhages in NAI is voluminous and occasionally contradictory. He also warned regarding potential pitfalls during the peer review process, such as group behaviour and the risk of 'being led', as well as providing pearls of wisdom when dealing directly with the courts.

After coffee, Mr Joey Cazabon (Chester) presented 'Macular holes: does size matter?' Here, he described three challenging cases of full thickness macular hole, all of which required vitrectomy, internal limiting membrane (ILM) peeling and intraocular tamponade. After analysing the dimensions of the base, height and minimum width of the holes using optical coherence tomography (OCT), he concluded that 'tall and thin' had the best chance of success for primary closure.

Prof Heinrich Hiemann (Liverpool) completed the morning session with an invaluable talk describing the tips and tricks for diagnosing

and managing melanocytic ocular lesions. He stressed that photodocumentation was essential and all subsequent visits should be referred to the index photograph. Another cautionary note involved the initial poor management of pigmented conjunctival lesions; if in doubt, general ophthalmologists were advised to consider immediate referral to a tertiary ocular oncology centre (with appropriate histopathological support) before attempting primary surgical excision.

The afternoon session began with a debate titled 'Ophthalmic training better now than in the past' with Mr Mark Watts (Arrowe Park) for the motion and Mr Bill Newman (Alder Hey) against. Educational tools such as e-learning, blended learning and cadaver courses were pitched against reduced time in training, the European Working Time Directive and failure to obtain adequate exposure to ophthalmic surgery. The voting delegates failed to be swayed by the riposte, with exactly the same percentage agreeing with the motion pre and post debate.

Afterwards, Mr Jon Bhargava (Chester) treated us to an experiment in clinical decision-making by displaying various pictures of diabetic retinopathy and thyroid eye disease (TED) for 60, 30 and 10 seconds. Using the interactive keypad delegates voted and the results were analysed, looking for a consensus of opinion. The session demonstrated that gut instinct tends to be correct in the majority of cases.

Prof Della Fish (University of Chester) and Ms Linda de Cossart CBE (Director of Medical Education and Consultant Surgeon, Chester) continued the theme of education with talks regarding new aspects of delivering medical education in today's NHS. Together they have formulated a new three-year program of study that culminates in an MA in Education for Postgraduate Medical Practice from the University of Chester.

The day concluded with talks about cataract surgical training, by Mr Mark Watts (Arrowe Park) and Mr Alex Foss (Nottingham). Mr Watts provided plenty of audience participation, with direct questions regarding consultant trainers and whether pass / fail assessments of trainees (and consultants as trainers!) should be included at the interview stage. Mr Foss examined rates of posterior capsule (PC) rupture rates in trainees during the first few years and piloted a scheme where trainees perform no intraocular surgery for the first two years, with an intensive initiation beginning at ST3. This has now been implemented in Nottingham with an apparent reduction in the rate of complications during the first year of intraocular surgical training.



NEOS President Steve Charles presenting Dr André Gixti from Arrowe Park Hospital (left) and Dr Shu Jeng (Darren) Ting from Royal Victoria Infirmary, Newcastle (right) with their prizes for the best posters displayed at the summer meeting.