Ocular Update

ventus. We have always worked well together with our responsibilities that were once inherent in the nurse's job. The result has been a win-win situation for patients, doctors and nurses, according to presenters at a symposium at the annual meeting of ESOS, which took place simultaneously with the XXIV ESCRS Congress.

"Nurses have been pushing the boundaries for many years and actually are regaining some of the job responsibilities that were once inherent in the nurse's job. We have always worked well together with our consultants and this allows some scope for changing our roles as nurses with little resistance," said Janet Marsden MA, a senior lecturer at Manchester's Research Institute for Health and Social Change.

Nurses in the UK today are involved in varying levels of cataract care, but their responsibilities go well beyond cataracts. In fact, one of the first areas in which ophthalmic nurses took the reigns was in A&E services. Much of the duties of A&E nurses in the UK are nurse-led, including such things as prescribing medications and discharging patients.

The role of ophthalmic nurses is expanding. In the UK nurses now perform Nd:YAG laser capsulotomy, provide anaesthetic support, and conduct minor surgery, such as chalazia, papilloma, simple basal cell carcinoma resections, Mrs Marsden said. Apart from training, nurses need to be fully prepared for these new roles and responsibilities, she stressed.

In another presentation, nurse consultant Paul Johnson reported that nurses at Sunderland Eye Infirmary's A&E Department have steadily taken on greater more far-reaching responsibilities. He said that this has resulted in improved services and quality in the National Health Service (NHS).

"I nurse Consultant" is a newly created position designed to strengthen professional leadership in nursing and improve the access to ophthalmic care of about 22,000 patients in the region. His team reduced A&E waits by more than half, with most patients treated in one hour or less. Night nurse practitioners at Sunderland have also advanced clinical skills and care for all the department's inpatients, without doctor supervision.

"The challenge today is to demonstrate that doctors do not always need to intervene. Although some physicians may object to giving up some of their traditional responsibilities, in many cases, the doctors needs to put himself in the patient's place to understand the full advantage of extended nurse care.

Moreover, advanced nurse care allows the doctors to concentrate on the more challenging aspects of his job, with full certainty that nurse-led jobs are carried out competently and professionally," he observed.

New macular screening programme

Ophthalmic specialist nurse Jenny Nosek's responsibilities extend as far as the posterior segment of the eye. She is part of a nurse-led macular screening service and is convinced that nurses can make an enormous difference.

"Her job at Wolverhampton Eye Infirmary includes screening patients with age-related macular degeneration, who have experienced rapid visual deterioration and macular haemorrhage, for photodynamic therapy. She determines which individuals are eligible for the fast track, which bypasses waiting lists. Helen Gibbons helped develop a pioneering programme that trains nurses to perform Nd:YAG laser capsulotomy at Hinchingbrooke NHS Trust. She says that her job has helped alleviate the burden on junior consultants and has added greatly to her job satisfaction.

Mrs Gibbons qualified for her role through participating in a Laser Study Day, following consultants through the steps involved in laser procedures, and continuing education. In addition to the procedure itself, she conducts the post-surgical follow-ups and writes the GP letter. Although she works independently, Mrs Gibbons does not perform YAG laser procedures without consent from her consultants. She has managed to decrease patient waiting times and increase satisfaction, she said.

Informed consent

Consent is something that two motivated nurses from Belfast, Northern Ireland, need not worry about. They are responsible for getting patient informed consent from cataract patients.

Nurses Sarah Henderson and Stephana Young noted that the effective communication of the benefits/skis of surgery to cataract patients is both an essential and very time-consuming aspect of their job in Belfast. They stressed that experience was vital to the job as patients deserve an in-depth explanation of the surgery they are to undergo.

With 11 years of experience in nursing, they attended a valuable congress on nurse-led informed consent to help them on their way. Smooth teamwork and a respectful relationship with consultants are very important to the job and was what enabled them to get trust approval. Patient-centred care was the main benefit produced by their efforts, they said.

"We greet, treat, diagnose, discharge, and follow-up our patients. I am the patients' advocate and I love that aspect of my work."

Helen Pointer

C clinical lead-nurse, Helen Pointer, agreed that the patients are what count most. Nurses are the first stop along their surgical path where they are put at ease and given confidence.

"We greet, treat, diagnose, discharge, and follow-up our patients. I am the patients' advocate and I love that aspect of my work," said Ms Pointer, a member of the ESO NT board.

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