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DR PETER **BECKINGSALE**
DR MARK **DONALDSON**
DR GUY **D'MELLOW**
DR MICHAEL **HOGDEN**

DR SONIA AHN **YUEN**
DR WILLIAM **GLASSON**
DR SUNIL **WARRIER**
PROF TIM **SULLIVAN**

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The Benefits of a Multi-Subspecialty Practice

Terrace Eye Centre (TEC) welcomes Dr Michael Hogden as the newest member of our subspecialist team. Dr Hogden will join Dr Aralar and Dr Donaldson in offering the highest quality medical and surgical retinal services.

The retinal team at TEC have access to the latest diagnostic equipment and treatment facilities, including OCT, fluorescein angiography, wide field retinal imaging, high resolution ultrasound imaging and autofluorescence imaging. Our in-house minor-ops theatre allows comfortable and safe treatment of a majority of straightforward procedures, such as intravitreal anti-VEGF treatments.

Whilst many ophthalmology practices concentrate on a single subspecialty, TEC is a comprehensive multi-subspecialty practice with the ability to co-manage a wide spectrum of complex conditions in-house. Many difficult conditions are best managed by consultation between experts in different subspecialty fields; the option to have these complex patients consult more than one subspecialist expert at the same practice with access to

the state of art facilities ensures the most optimal patient care and outcome.

The multi-subspecialty practice at TEC ensures a referrer that most ophthalmic issues can be managed



at TEC by an expert best trained and equipped to deal with each patient's specific condition. A single phone call can arrange an appointment with the subspecialist best able to manage the condition, and every effort is made to accommodate the urgency of assessment, as needed. In the event that a patient's diagnosis evolves or changes, further subspecialist input can be provided for the patient in-house at TEC, often during the same appointment. All of the subspecialists at TEC share access to a comprehensive electronic

medical record and imaging studies, providing an efficient and cost-effective care for each patient.

TEC holds firm the tradition of providing the best ophthalmological care by doctors with exceptional training and experience. Practicing at TEC is by invitation only. All of our doctors are Australian-trained with overseas qualifications, including fellowships. All of our doctors have contributed to public hospital work and registrar training, many with formal positions within RANZCO as well as local and international subspecialty societies. TEC aims to provide any patient with an ophthalmic condition, simple or complex, a comprehensive care by a leading expert in the field.

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Dr Michael C Hogden BSc MBBS (Hons) FRANZCO

Joining Terrace Eye Centre July 2016...

Dr Michael Hogden is a retinal specialist with subspecialty training in the medical and surgical management of disorders of the vitreous, retina and macula.

He is a Fellow of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and holds public appointments as a Consultant Vitreoretinal Surgeon at the Princess Alexandra and Royal Brisbane and Women's Hospitals. He also holds honorary academic appointments at the Oxford Eye Hospital, Oxford University Hospitals NHS Trust and the University of Queensland.

Michael was raised in Townsville and attended boarding school in

Brisbane, before studying Medicine in Sydney at the University of New South Wales, where he graduated with First Class Honours in 2004.

He completed specialist ophthalmic surgical training in Queensland, including a year as senior registrar at the Princess Alexandra Hospital, before undertaking further subspecialty fellowship training in medical retina and vitreoretinal surgery at the Oxford Eye Hospital and Bristol Eye Hospital, respectively. Michael has also

pursued additional international retinal training at Vitreous Retina Macula Consultants of New York, and the Edward S. Harkness Eye Institute at Columbia University in New York. He was awarded the RANZCO (Queensland branch) Overseas Scholarship to support his subspecialty fellowship training in the United Kingdom and North America.

Michael's clinical interests include vitreoretinal and macular surgery, medical retina conditions and complex cataract surgery that may require vitreoretinal intervention. He also has a special interest in inherited retinal diseases and the evolving therapies within this area. Besides his clinical work, Michael enjoys training Ophthalmology registrars and medical students, and continues to be involved in ophthalmic research.

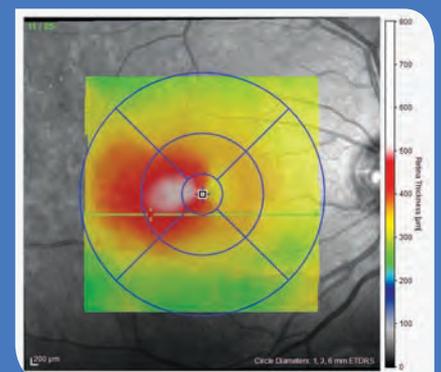
Ozurdex trial at Terrace Eye Centre

TEC is gearing up to participate in the Aussiedex Study, under the direction of Dr Albert Aralar and Dr Mark Donaldson. This is a multicentre, prospective study investigating the safety and efficacy of Ozurdex for the treatment of diabetic macular oedema.

This is an exciting opportunity to participate in a trial of an agent which holds some promise in the treatment of diabetic macular oedema. Although anti-VEGF agents are now PBS subsidised for diabetic macular oedema, we all know of some patients who require four to six weekly injections on an ongoing basis due to the recurring oedema. Ozurdex is an agent which adds another dimension to treating this disease by down regulating the inflammatory processes which are abnormally active in diabetes. Due to its sustained release vehicle, it holds the promise of fewer injections.

Eligibility criteria include patients with diabetic macular oedema who are pseudophakic / booked for cataract surgery, who have not had previous intraocular anti-VEGF agents or failed to improve with prior anti-VEGF injections. Exclusion criteria include any active ocular infections, advanced glaucoma or pregnancy. The study duration is one year.

If you have any patients who would like to participate, please refer them on for assessment. This will provide valuable information of a promising new drug which has the potential to treat diabetic macular oedema with less injections and fewer clinic visits.



Intravitreal Injections for Diabetic Macular Oedema

By **Dr Mark Donaldson** MBBS (Hons), FRANZCO

In the past few years, there has been a revolution in the treatment of diabetic retinopathy, with intravitreal injections of Avastin, Eylea and Lucentis becoming the standard of care and laser being required much less frequently. The 2 year results of the Diabetic Retinopathy Clinical Research Network (DRCRnet) Protocol T



have confirmed the benefits of anti-VEGF injections in treating diabetic macular oedema. Importantly, only half the number of injections is required in the second year which is extremely important in enabling us to maintain vision with much fewer visits and injections in the second year. A lot of research is underway to find slow release versions of these medicines, which will enable retina specialists to maintain vision with even fewer injections per year in the future. At TEC, we now use tiny 33 Gauge needles instead of the usual 30 Gauge, which enables even safer injections with less discomfort.



Dr Sunil Warriar MBBS, MMed, FRANZCO

Dr Sunil Warriar is a comprehensive ophthalmologist with expertise in complex and routine cataract surgery as well as medical retina and glaucoma. In regard to medical retinae, he offers a full range of treatment for macular degeneration, diabetic retinopathy and any other vascular disorders of the retina. In regard to glaucoma, he is one of a few surgeons in Brisbane with many years of experience utilising MIGS (Microinvasive Glaucoma Surgery). His stent of choice is the I-stent, which is routinely used at the time of cataract surgery in patients with ocular hypertension and mild to moderate glaucoma. The success rate in Dr Warriar's hands is 90% at this stage, two years following the utilisation of these minimally invasive stents. He also performs trabeculectomy and other glaucoma filtering surgeries for severe cases. In addition to his general ophthalmology work, Dr Warriar is a member of the Ocular Oncology team at TEC.

Ocular Oncology Service provided at the Terrace Eye Centre

TEC provides a subspecialty service in Ocular Oncology, led by Dr Bill Glasson, Dr Sunil Warriar and Dr Sid Finnigan. The Ocular Oncology at TEC, in operation for nearly two decades, specialises in the full spectrum of ocular tumours including eye surface tumours such as conjunctival melanomas and conjunctival dysplastic lesions as well as posterior segment tumours such as choroidal melanoma. Treatment focus is directed particularly toward uveal melanomas, retinal and choroidal vascular tumours as well as metastatic disease to the eye, including from the breast and lung. A full oncology assessment is provided every second Friday in a dedicated Ocular Oncology clinic, but patients can also be assessed separately on other days by one of the above ophthalmologists.

Questions & Answers By Dr Sonia Ahn Yuen

What not to miss...

Potentially life or vision threatening conditions must be considered at the forefront of differential diagnosis in the management of the following ocular conditions:

1. Horner's syndrome (ptosis, anisocoria and iris heterochromia):

In children, neuroblastoma, the third most common malignant paediatric tumour, must be considered. Investigation includes urine catecholamines, plasma metanephrines, and, if indicated, neuroimaging studies. In adults, carotid dissection and apical lung tumour need to be considered. Further work-up includes topical cocaine test and, if indicated, neuroimaging studies.



Figure 1. Horner's syndrome with anisocoria, ptosis and iris heterochromia.

2. Leukocoria ("white pupil"): Retinoblastoma and congenital cataract must be considered. Retinoblastoma is the most common malignant paediatric ocular tumour arising from the retinal layer and can potentially be fatal if left untreated. Management includes urgent Paediatric Oncology consultation with neuroimaging studies, followed by intervention, which may involve chemotherapy, laser treatment as well as surgical intervention, including possible enucleation. Congenital cataract can lead to dense amblyopia with irreversible vision loss without appropriate intervention. Management of congenital cataract includes rigorous amblyopia treatment and, if indicated, spectacle and also surgical intervention (lensectomy with or without intraocular lens placement).



Figure 2. Right pupil with leukocoria (from a congenital cataract) and left normal pupil.

3. Optic disc oedema ("swollen disc"): Papilloedema (disc oedema due to elevated intracranial pressure) as well as optic neuritis (inflammation of the optic nerve), and optic neuropathy must be considered. Differential diagnosis would include benign intracranial hypertension, venous thrombosis, optic neuropathy (ischemic and non-ischemic) optic neuritis as well as infiltrative conditions. Investigation includes a full medical work-up for inflammatory, autoimmune, and infectious conditions as well as coagulopathy with neuroimaging studies and lumbar puncture, as indicated.



Dr Sonia Ahn Yuen MD, PhD, FRANZCO

Dr Sonia Ahn Yuen is a comprehensive ophthalmologist with subspecialty expertise in Oculoplastics and Paediatric Ophthalmology. She completed her Ophthalmology Specialty training at Harvard Medical School, Massachusetts Eye and Ear Infirmary, after a medical degree at Stanford University School of Medicine. She completed an Oculoplastics Fellowship (Eyelid, Lacrimal, and Orbital Disease) at the Royal Brisbane & Women's Hospital and a Paediatric Ophthalmology Fellowship at the Royal Children's Hospital in Brisbane. Dr Yuen is a Fellow of the Royal Australian and New Zealand College of Ophthalmologists and also maintains a Specialty Board certification with the American Board of Ophthalmology.

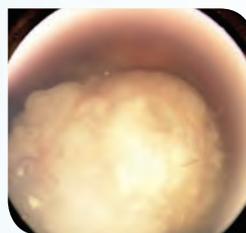


Figure 3. A large retinoblastoma nearly fully occupying the posterior segment.



Figure 4. Disc oedema.