

The Orthoptic Advanced Practitioner - the role of the non medical injector



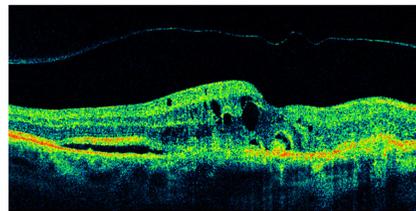
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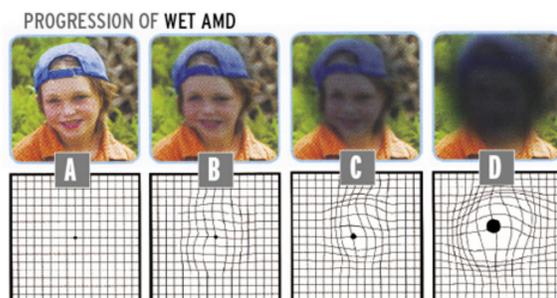
Introduction

AMD is the commonest cause of severe visual impairment in older adults in the developed world. The exact cause is unknown. There are currently 26,000 new cases of neovascular or wet AMD per year in the UK.



Fluid in the retina at the fovea can cause blindness if left untreated

Treatment for wet AMD and other similar conditions using anti-VEGF agents has increased rapidly over the last five years. Ophthalmology departments have struggled to deliver the treatments needed and have recruited non-medical injectors to carry out this work so that medical staff can be released for more complex clinical duties.



GRAPHIC ILLUSTRATES THE PROGRESSION OF EYESIGHT MOVING FROM NORMAL VISION TO WET AMD (A » D)

3 Orthoptists working at Singleton hospital, Swansea, who were keen to develop their skills, began training in 2016. One completed their training within 3 months and two others will be trained by early 2017.

Governance

Following release of The Royal College of Ophthalmologists statement in 2013, stating that intravitreal injections of anti-VEGF agents could be given by appropriately trained health care professionals (HCPs), the British and Irish Orthoptic society produced professional guidelines for the task allowing Orthoptists to develop within a recognised framework.

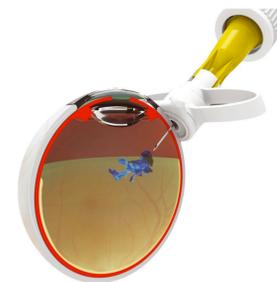


Training

The Orthoptists had a mentor allocated to them who was a designated medical practitioner and followed the recommended BIOS training which incorporated a practical and theory training day, observation of practice, and a structured competency programme allowing them to safely inject.

Safety Needle

SP.eye is the only safety needle in existence (currently) for intravitreal injections as it offers protection against needlestick injuries due to its unique design. As part of their training the Orthoptists have been shown how to use this needle. The device was developed by an Ophthalmologist working in Wales and has been used in ABMU since Sept 2016



This easy to use device reduces the steps in the injection process as it is integrated with the needle thus reducing discomfort and anxiety for the patient. Also it is designed to provide perfect three dimensional control of the needle so that irrespective of who is giving the injection it will always go to the same place at the same depth and the same angle.



Diabetic macular oedema

Diabetic macular oedema (DMO) is the single biggest cause of sight loss amongst working age people. DMO can also be treated by injections of anti-VEGF agents. Since July 2016 a new efficient weekly DMO clinic has been established at Singleton Hospital. This gives one stop delivery of care according to a treatment algorithm that can be audited and adjusted as necessary. This has been possible due to the addition of one of the trained Orthoptists who carries out the injections or reviews patients, alternating with a doctor. Patients needing treatment for retinal vein occlusions are also treated in this clinic. This service was not available previously.

Benefits

Increased capacity: by training Orthoptists to inject medical staff are freed up to perform other duties thus reducing waiting lists
Enhanced patient-centred care: patients are able to build a rapport with the orthoptist treating them as the same team will provide regular clinics
Greater efficiency in terms of waiting times for treatment: for example, the Orthoptist may be able to ensure that patients are offered their clinician of choice, on a convenient date for their procedure to be repeated.
Job satisfaction: this new challenging role has increased staff motivation and effective team working which in turn has benefitted the ophthalmic service in Singleton Hospital. Patient feedback has been positive and more staff have expressed an interest in training to become a non medical injector.