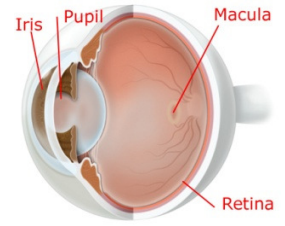


ICU Macular Care Program

It seems nearly everyone's heard of Macular Degeneration these days. Groups such as the [Macular Degeneration Foundation](#) are doing a great job of providing education through public awareness campaigns. What a lot of people still don't know, however, is just how common MD is, and importantly, that **there are many things that can be done to take charge** of the situation. This is relevant to people who already have MD, and for those at risk of developing it.



What Is Macular Degeneration?



MD can be likened to the silver flaking off the back of a mirror, or pixel dropout on a big screen TV. The mirror or TV still works, but bits of it don't. In MD, bits of the retina stop working, leaving patches in the vision that just don't let you see any more with those bits. Unfortunately this can "hit you where it hurts," which is right at the centre (macula) of the retina. This is the part that gets used when we read, drive, use a computer, watch the TV – in fact anything that we look *straight at*.

There are 2 forms of MD: the more common *dry* form and the more damaging *wet* form. The difference is that in wet MD, the eye makes new blood vessels "in an attempt to repair itself," for want of a better term. Unfortunately this attempt backfires: the new blood vessels bleed easily and the damage can be far worse than in dry MD.



Who's At Risk?

- People with a family history of MD
- Smokers are 6 times more likely than others to develop MD
- People who don't have adequate sun protection in place
- People whose diets aren't healthy
- People who don't get sufficient exercise
- People who aren't monitoring their eyesight effectively.



Drusen – spots at the back of the eye that can be the first sign of MD

What Commonly Happens?

The pigment cells at the back of the eye, which support the health of the retina, stop doing their job. Retinal cells die and those bits just don't work any more. When people with MD look straight at things, such as reading material, it's hard for them to make words out, because bits of them are missing.

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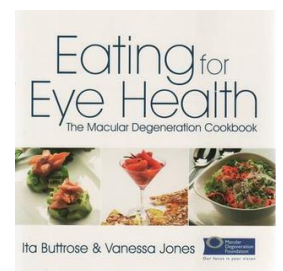
What's the Treatment?

There is no treatment for dry MD. *Wet* MD is less common and more devastating, but at least there are treatments available. These take the form of injections into the eye, which allow many, but not all, wet MD patients to improve their vision substantially.

So How Can I "Take Charge"?

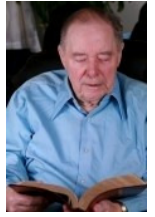
It's all about risk management, and on the premise that what's good for your body is good for your eyes.

Special attention to very specific aspects of diet (sometimes including supplements) and exercise is vital in reducing the risk of developing MD in the first place, or of having it become worse. Simple things like having appropriate sun protection in place are also important. If you're a smoker, give it up.



I don't have MD but I know someone who does. What can I do?

Ask the person if they're already being looked after for their macular care. MD is common, and many optometrists and ophthalmologists will be following protocols similar to the ones we've adopted. If they're happy with their practitioner and the care they're receiving, that's fantastic. If there's room for improvement in their understanding of their disease and what they can do to take charge of their own risk management, ask them to give us a call on 3368 3644 and book in for our Macular Care Program. We'll start with a comprehensive examination, followed by a structured program of visits to the practice and a home visit.



What is the program itself?

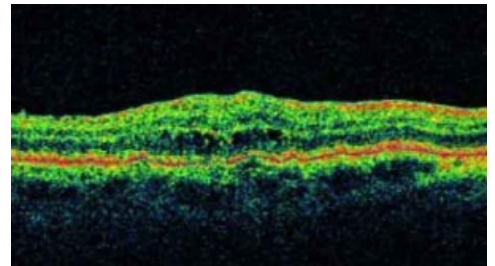
- ✓ *Initial examination*
- ✓ *Macular Care Overview*
- ✓ *Home Visit*
- ✓ *Plan Presentation*

Our Macular Care Program is simply a structured arrangement of visits, designed to educate our at-risk patients as to what they can do to take charge of their own eye care. We aim to not overwhelm our patients with too much information all at once; instead, we take 3- 4 steps over approximately 2 weeks to assess the big picture, then to present the patient with a specific plan. The plan draws on research in the area of macular protection and involves diet, exercise, sun protection and self-monitoring aspects. The home visit is part of the plan, and allows us to assess lighting and to get a sense of how an appropriate exercise program might be introduced. Again, it's all about the big picture – how to maximize our patients' opportunities to maintain great eyesight for life.

What does it cost?

Our consultation fees are set by Medicare. For pensioners, health care card holders and DVA patients, all consultation costs are bulk-billed to the government. For private patients, each visit will cost anywhere between \$34.20 and \$68.35, and 85% of this is refundable immediately through Medicare. This means the net cost of each visit is anywhere from \$5.10 to \$10.25.

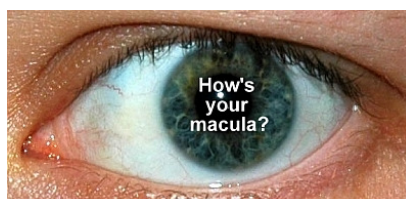
Over and above the consultation fees, we use an instrument called an OCT, or Optical Coherence Tomographer. This high-resolution infra-red equipment allows us to image the macula with ridiculously high magnification, and to see what's happening in *profile*. The big picture is this gives us better detail than we can achieve with any other equipment, and we use it to monitor the stability or disease progression of the macula. When we use the OCT, we charge \$70 for each session. None of this is refundable through Medicare or through private health insurance. It is, however, considered a medical expense and as such can be included on a tax return. For patients who cannot afford to pay for OCT expenses, we will waive them if asked.



Retinal photography is performed regularly as well. We charge \$25 (\$20 for pensioners, health care card holders and DVA patients) the first time we use the camera. All subsequent retinal photography sessions are free of charge.

What sort of guarantees are there?

None. Eye care is a complex issue. For many patients, the damage is done and no improvements can be made for them. For others, sensible steps can be taken to *manage* their risk profile, which will hopefully slow or stop their disease process. It's important to understand that our Macular Care Program is not designed to give vision *back*. It's about **education and risk management**, to maximize our patients' opportunities to maintain the best sight they possibly can for the rest of their lives. It's all about lifestyle and monitoring, and allowing our patients to keep a finger on the pulse of what's happening with their own eyesight.



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