

MINNESOTA Health Care News

Maintaining healthy eyes

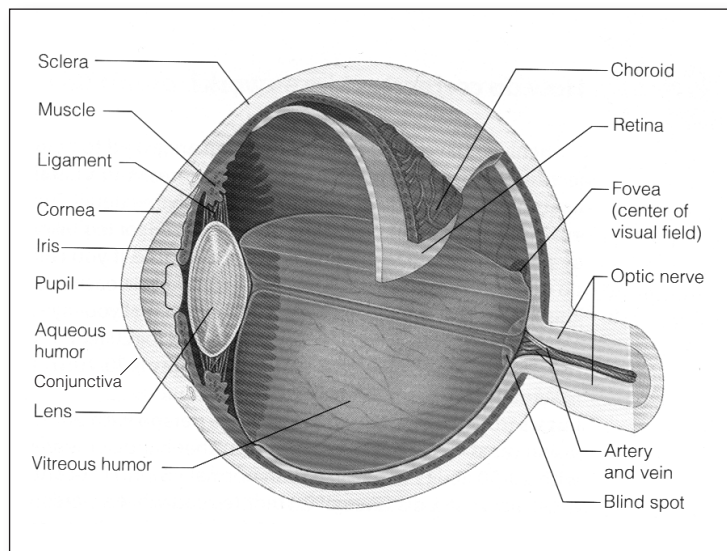
Turn first to your eye care provider

By Brian J. Snyder, OD, FAAO

Many people consider vision to be the most important of the five senses. We use it to perform our work, from occupations as varied as graphic designer to delivery truck driver, and to enjoy our free time, including reading books, watching movies, and participating in sports activities. Our eyesight is the primary tool we use to gather information about the world around us. Most people are fortunate to have healthy eyes and may never need to seek medical care for an eye condition. But what should you do when something does happen that may have consequences on eye health and vision? Where is the best place and when is the right time to seek medical attention?

Where to start

Good vision and healthy eyes begin with routine eye care. Regular eye exams should occur every one to three years, depending on a person's age, overall health, and whether or not she or he wears glasses or contact lenses. Patients who wear contact lenses should see their eye doctor for routine follow-up every year. Annual eye exams can help to detect ocular disease such as glaucoma or macular degeneration



as well as systemic diseases like high cholesterol or diabetes. If you have diabetes, your eye doctor is an integral part of your medical team.

Either an optometrist or an ophthalmologist can perform these eye exams. A doctor of optometry (OD) is a primary eye care provider who is trained to evaluate vision and treat medical eye conditions. An ophthalmologist is a medical doctor (MD) who has completed a specialized residency in ocular surgery and the treatment of eye disease. There are many ways in which the roles of an optometrist and an ophthalmologist overlap. For this reason, we will use the term eye care provider (ECP) to indicate when either type of eye doctor may be seen.

In nearly all cases of eye-related problems, you should turn to your ECP first for care and advice. A visit to the emergency room can be time-consuming and expensive and providers in these settings often will suggest you follow up with your ECP for continued care. Nearly all eye clinics will have specialized equipment and diagnostic aids that may not be found in the average emergency room or urgent care center. For the most efficient and timely diagnosis or treatment, it is often best to seek care with an eye specialist first. Most private-practice eye doctors will have arrangements for addressing after-hours emergencies.

An understanding of the basic anatomy of the eye can be helpful for communicating clearly with an ECP in the event of an eye health problem.

The thin layer of skin that covers the sclera (the white part of the eye) as well as the inside surface of the eyelids is called the conjunctiva. The cornea is a clear dome in the center of the eye that vaults over the colored part of the eye, or iris. The white part of the eye is tough tissue called the sclera and it forms the basic shape of the eyeball. The retina is the tissue that lines the inside of the eye and captures the light as it enters the eye and transforms it into electrical

signals that are then transmitted to the brain. The inside of the eye is filled with a gel-like substance known as the vitreous.

Common eye conditions

Pink eye. When the conjunctiva becomes inflamed, it is commonly called “pink eye.” The medical term for pink eye is conjunctivitis. Acute conjunctivitis is a frequent cause for seeking medical attention. Most of the time, conjunctivitis is caused by a viral infection and will run its course in five to 10 days. Other common causes of conjunctivitis include dry eye and allergies. Using artificial tears may soothe the eye, and a cold compress can help alleviate any swelling of the eyelids.

A few simple precautions can help prevent the spread of the virus to either the other, non-affected eye or to another individual. The most important precaution is hand washing, especially if you have touched or rubbed your eyes, as well as before and after using an eye drop. Also be careful not to touch any eye drop container to the ocular surface or touch the tip of the bottle with your fingers. If a “pink eye” lasts more than two weeks, or is accompanied by a decrease in vision, extreme sensitivity to light, or copious amounts of thick mucous or pus discharge, seek the advice of your ECP.

A red, painful eye. An eye that is red (not pink) and has pain, extreme light sensitivity, and/or a decrease in vision is an emergency, as these can be signs of a serious eye infection. These symptoms should not be ignored or allowed to resolve on their own, especially in patients who sleep or swim in contact lenses. Contact lens wearers have a slightly higher risk for developing eye infections than do people who don't wear contact lenses. It is important to follow your eye care provider's instructions for replacement and care of the contact lenses to reduce the risk of a serious complication. Appropriate care for an infection of the ocular surface is treatment with topical antibi-

otics and appropriate follow-up with your ECP.

Less commonly, a red, painful eye can also be a sign of uveitis (inflammation within the eye) or acute glaucoma. Uveitis is sometimes the result of a systemic inflammatory disease—rheumatoid arthritis, lupus, or ankylosing spondylitis, for example—or a systemic infection like Lyme disease or syphilis. An emergency room or urgent care center may not be adequately equipped to make these diagnoses without consultation with an ophthalmic specialist. This adds time and expense to the health care process that might otherwise be avoided with an initial call to your ECP if you are experiencing a red, painful eye.

Flashes and floaters. As we age, the vitreous that fills the inside cavity of the eye goes through normal changes. These changes can lead to phenomena commonly described as “flashes and floaters.” Flashes are quick bursts of light that appear in the peripheral vision. They may be described as similar to a lightning bolt or a flashbulb. Floaters are objects that appear to float through the vision, moving when the eyes move. They may take the shape of webs, strings, or spots. These sudden, painless changes in vision, although typically normal, can be very disconcerting and require a call to your eye doctor. Many people experience floaters as part of their normal vision. New floaters should be evaluated in order to rule out tears in the retina. Flashes of light in the vision should also be discussed with your ECP. It is important to distinguish flashes related to vitreous changes from those that are sometimes experienced with migraines. Important factors include how long the flashes last (seconds versus minutes), location in vision (central vision versus peripheral), and other associated symptoms (headache, appearance of new floaters, etc.). People who are highly nearsighted (myopic) are at a slightly increased risk for retinal changes and should treat new flashes or floaters as potentially

serious by calling their eye care provider. New flashes or floaters may be warning signs for retinal detachment and a primary ECP can determine whether referral to a retinal specialist is needed.

Foreign bodies and trauma.

Taking appropriate precautions during work and play is crucial to maintaining healthy eyes. Occupations that require high-speed tools, such as those used to cut or grind metal, or contact with hazardous chemicals require safety glasses. Many sports and recreational activities also have specific eyewear needs, such as racquetball and paintball. Foreign bodies or debris in the eye and serious blunt trauma to the eye are ocular emergencies and require urgent evaluation and treatment. Any trauma to the eye that causes pain that does not resolve in 10 minutes or causes loss of vision should be considered serious. It is important that foreign bodies containing iron be removed promptly to prevent the formation of a rust ring. This is most effectively performed with an instrument known as a slit lamp, which is found in any eye care office but may not be in a local emergency room or urgent care center.

First call

Healthy eyes start with your regularly scheduled eye exam. During that visit, it is important to find out the after-hours and on-call procedure for your eye doctor's office. Most providers will have an answering or paging service to handle eye care emergencies that occur outside regular business hours. A first call to your ECP can help ensure that you receive the appropriate care delivered in an efficient manner. ▣

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