

CFEH is located in Sydney's eastern suburbs on the Kensington campus of The University of New South Wales. The Centre is most conveniently accessed via gate 14 on Barker Street and is situated on the ground floor of the Rupert Myers Building (south wing).



CFEH is keen to ensure that all residents of NSW and the ACT who are at-risk, suspected of having eye disease or require ongoing monitoring have access to the best eye imaging and assessment services. As a result, various forms of assistance are offered by CFEH, including:

Accommodation

CFEH will organise and cover the cost of one night's accommodation for patients, on the night of their appointment, if they meet certain criteria (including living more than 100 kilometres from CFEH and holding a Government concession card).

Centre for Eye Health

The University of New South Wales
Rupert Myers Building (south wing),
Barker St, Gate 14, Kensington NSW 2052

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An initiative of Guide Dogs NSW/ACT and
The University of New South Wales.

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Vision and Mobility

Within the Centre, furnishings and signage is designed to ease navigation for patients with low vision. In addition, CFEH is wheelchair accessible and has a wheelchair available.

Language Interpretation

CFEH organises a free qualified and confidential interpreter to attend the client appointment, and uses a telephone translation service for patients who have difficulty understanding English.

Accessible Parking

CFEH has 10 free patient parking spaces within a short walking distance of the Centre.

Hearing Interpretation

CFEH has access to a wide range of services for people who are hearing impaired.

Transportation

CFEH will consider requests for travel assistance for individual patients who are not able to travel to the Centre by public transport or private vehicle for financial or mobility reasons. The Centre is also happy to work with optometrists to transport groups of patients to CFEH.



Centre for Eye Health

Using advanced ocular imaging technology and clinical expertise, **Centre for Eye Health (CFEH)** is an innovative, evidence-based and free service aimed at preventing vision loss due to eye disease in our community.

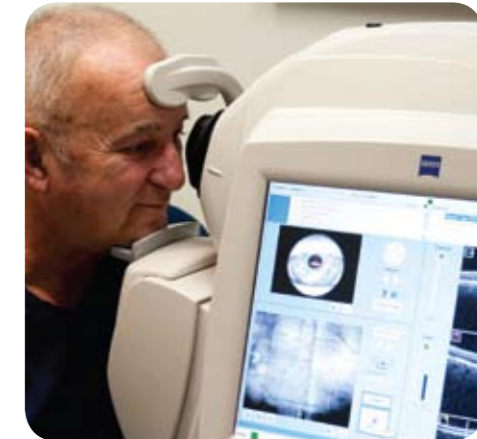
Working in partnership with eye-care practitioners, the Centre is focused on early detection of eye disease. Demand for eye health services is set to grow significantly due to the ageing population and lifestyle patterns. Prevention and early detection is the key to meeting this challenge.

One in four Australians are at-risk of developing an eye disease.

Caught early, around 75% of eye diseases can be treated to avoid preventable blindness.

Ten Reasons to Refer to CFEH

1. Provide best-practice patient care.
2. Utilise the expertise of highly qualified staff optometrists and consultant ophthalmologists.
3. Extend the capabilities of your practice by accessing more than 30 state-of-the-art ocular imaging technologies in one location.
4. Remove financial barriers to accessing advanced ocular imaging.
5. Avoid preventable vision loss in patients at-risk of eye disease by identifying early signals.
6. Determine the best course of action for patients suspected of eye disease with timely and detailed information.
7. Monitor patients with known conditions, by receiving sequential imaging to track changes over time.
8. Obtain excellent levels of service and assistance for your patients.
9. Receive detailed reports within five work days.
10. You continue to retain patient management.



“I'm now viewed as being more competent and professional by patients that I've referred to CFEH. They think I'm wonderful for making the extra effort to ensure they get the best testing and diagnostics available.”

Sally Atkins, Optometrist

Did you know?

CFEH publishes a bi-monthly newsletter *IMAGE* reviewing case studies and instrument capabilities.

Registered practitioners can attend *SCOPE* professional development events, regularly held at the Centre.

Referring practitioners can discuss results directly with clinical staff via the *REFERRER HOTLINE* (02) 8115 0777.

'AT-RISK' OF EYE DISEASE

At least one in four Australians are at-risk of vision loss due to eye disease, such as glaucoma, age related macular degeneration (ARMD) or corneal disease.

Although most eye diseases do not yet have a cure, vision loss can usually be avoided, or its progression minimised, with early detection.

CFEH encourages you to refer at-risk patients to ensure the earliest possible identification of eye disease.

Some of the risk factors for the more common eye diseases include:

- Ageing
- Family history
- Diabetes
- Smoking
- Obesity / high cholesterol
- Cortisone drugs (steroids)
- Hypertension
- Hyperopia
- High Myopia
- Previous eye injury

CASE STUDY

Katerina, a 37-year-old female, has poorly controlled Type 1 diabetes. Her endocrinologist is keen to reduce her blood sugar levels further, potentially inducing retinal changes in the short term.

Katerina's optometrist noted microaneurysms around the macula in the right eye, and microaneurysms nasal, nasal and infero-nasal, and temporal to the macula in the left eye.

She was referred to CFEH for baseline retinal imaging. A follow-up appointment was then conducted one month later to identify any subtle retinal changes, such as macula oedema, as a result of the altered insulin dosage schedule.



Fundus image of Katerina's left eye

More than 70% of clients who are assessed at CFEH live outside of the central Sydney metropolitan area*.

NOT SUITABLE TO REFER

There are three main groups of patients who should not be referred to CFEH:

1. Patients who require urgent general medical or ophthalmic care. Examples include:
 - Recent eye injury or trauma;
 - Ocular or orbital surgery in the past few weeks;
 - Acute onset of altered vision and pain; and
 - Visual symptoms that indicate a non-ocular diagnosis.
2. Patients who are already under the care of an ophthalmologist for the condition in question.
3. Patients who require only refractive correction.

* July to October 2010 CFEH appointment statistics

'SUSPECTED' OF EYE DISEASE

A dilated eye examination in your clinic provides important information to assist in the diagnosis and management of eye disease.

Combining these findings with more detailed test results, available through the sophisticated equipment at CFEH, can provide important information to help you manage the subsequent care of your patient.

Examples of clinical findings which can be investigated further at CFEH include:

- Elevated IOP
- Decreased corneal thickness
- Abnormal optic nerve head anatomy
- Visual field anomalies
- Drusen
- Pigmentary anomalies

CASE STUDY

Renata, a 57-year-old female from rural NSW, was referred to CFEH by her optometrist who noted an asymmetry in the cupping of the optic nerve head between her two eyes.

Renata attended CFEH for a glaucoma suite which included pachymetry, gonioscopy, retinal nerve fibre layer (RNFL) assessment, optic nerve head analysis, measurement of intraocular pressure (IOP), fundus and optic nerve head digital photography and visual field assessment utilising frequency doubling technology.

Results indicated that, despite normal IOP, Renata's central corneas were both thin. Measurements of the RNFL and optic nerve heads in the right eye classified these structures as outside the normal range, correlating with the visual field anomalies also discovered. CFEH recommended that Renata be referred for ophthalmological care.

CFEH expands the range of services you can offer patients.

ONGOING MONITORING

Many patients with diagnosed eye disease require regular monitoring over time to ensure the current management is appropriate. CFEH can provide you with a baseline and a record of any ocular changes. This is particularly worthwhile for patients who otherwise could not afford this important regular monitoring.

Examples of conditions where ongoing monitoring is very useful include:

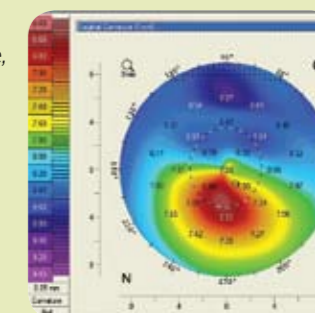
- Macular Degeneration
- Glaucoma
- Diabetes
- Keratoconus
- Inherited retinal dystrophies
- Naevi or related retinal conditions
- Conjunctival melanosis
- Pterygia
- Age related maculopathy

CASE STUDY

David, a 22-year-old male, visited his optometrist who noted a distorted retinoscopy reflex and a change in astigmatism.

To assist in the diagnosis of early stage keratoconus, and to provide a baseline for monitoring any changes, David was referred to CFEH for advanced ocular imaging. He again visited six months later for follow-up scans, revealing minimal change over the period.

This result indicated that the continued management of his condition by the optometrist is appropriate. David will be referred to CFEH every 12 months to monitor any changes in topography that may require referral to an ophthalmologist to consider collagen crosslinking.



Pentacam image of David's left eye