



Sydney eye

HOSPITAL FOUNDATION

infocus

FOR A BETTER TOMORROW

SEPTEMBER 2010

Sydney Hospital/Sydney Eye Hospital Auxiliary

The Auxiliary was formed when a peace appeal was organised at Sydney Hospital after the First World War in 1919. This was followed by a linen appeal when a group of ladies formed a Committee that bought bandages, linen and clothing for the patients of Sydney Hospital.

On the 23rd of July 1919, Ms Alice Muskett made a historical donation of £25 to the hospital which brought about the formation of a permanent body to take care of such matters. This body is still around today and is known as The Sydney Hospital/Sydney Eye Hospital Auxiliary. In the 90 years that the Auxiliary has been established they have made countless contributions which include the construction, management & maintenance of the Kiosk, establishing the patient library, purchasing medical supplies & equipment and organising & hosting fundraising events.

All work done by The Hospital Auxiliary is completely volunteer work.

The Kiosk: The Auxiliary is a group of tireless fundraisers who have been operating The Kiosk on this site since 1930. The Auxiliary can be traced back to 1919 when ladies operated a tea tent in the Domain. Profits from running The Kiosk go directly to the Hospital.

If you are interested in helping out please enquire within or phone: (02) 9948 2383 or (02) 9559 5887 or (02) 9382 7429

Dear Kevin,

You may remember that I was admitted to your Hospital as an emergency on Jan 8 2009 with a detached L retina. As it was during the New Year break, many staff were on holidays.

I had no private health insurance and only one surgeon (Dr I Van Ho) was in Sydney. He promptly organised the operation for 9pm that night. The intervening period was very valuable as I was able to discuss the surgical options with Dr Ed Hughes, Dr Ho's UK assistant.

The operation has been a great success. Without it I would now be practically blind because my "good" right eye is useless (glaucoma).

I have told you and many others this story; it bears repetition. Faith in public hospitals is important. We need to be sure our society will offer good treatment to all its citizens irrespective of their private financial situation.

This belief was vindicated by the events above but it must not be taken for granted. I sincerely hope that all public hospitals will act in the spirit of the Sydney Eye Hospital by treating every patient according to their need, and not according to their wealth.

My donation was made with the hope that it will strengthen your hospital's ability to deliver the best services for all who need them, rich and poor.

Sincerely

Dr A. Liebhold



Keratoconus

Keratoconus is the most common reason why people in Australia need a corneal transplant. It affects at least 1 in 2,000 Australians and causes significant visual problems, especially for young people.



Background

We don't expect our vision to start deteriorating when we are in our teens, but unfortunately this is precisely what can happen with Keratoconus. Often the initial reduction in vision goes unnoticed, only when you finally get the diagnosis of Keratoconus do you realise that your vision has been getting worse for a number of months or even years, and that you have slowly adapted. Along with the vision being blurred it is often also unstable - sometimes better and sometimes much worse. You may also notice light sensitivity and glare. In full sun or with bright lights the glare can be disabling, with your whole vision so dominated by a blur of light that it's hard to see anything else.

These symptoms are all caused by poor focusing of light by the main lens of the eye, the cornea. Usually if we have poor vision from a lack of focusing it can be

corrected with glasses, but unfortunately this often isn't possible with Keratoconus.

With Keratoconus the problem isn't too much or too little focusing power, it's irregularity of the cornea. Understanding the cornea is essential to understanding Keratoconus. In fact, the term "keratos" means cornea. As you can see from the photograph the cornea is the clear, transparent window on the front of your eye.

The cornea is the main lens of the eye and it does two-thirds of the focusing required to give you clear vision. In Keratoconus the cornea becomes progressively out-of-shape. It becomes steeper and more distorted, less the shape of a normal lens and more like a cone. This progressive distortion of the cornea means your vision becomes blurred at all distances: for things up close, such as reading, as well as for looking at things in the distance. It also leads to the defocusing, or scattering, of light, which causes glare. This distortion is a special form of astigmatism termed "irregular astigmatism", as distinct from the normal astigmatism seen with long and short-sightedness. Irregular astigmatism is too distorted to be effectively treated with glasses.

As well as Keratoconus causing astigmatism it also leads to some short-sightedness. This is due to the cornea becoming steeper. As with a normal lens when the lens gets steeper it is overall a more powerful lens. This is why for some people with Keratoconus they can see things better, although still not very clearly, when things are very close to their eyes, compared to things in the distance. As the cornea bows forward it becomes progressively thinner and a worse lens.



This normally happens over a number of years.

Keratoconus typically starts when people are in their early to mid teens. It progresses throughout the teens and early twenties becoming more stable by the mid twenties. Typically by the early to mid thirties the condition is fully developed and afterwards progresses only very slowly, if at all. While this description of the development of Keratoconus is true for most people, for some individuals the disease can develop earlier or later in life and occasionally may continue to develop beyond the mid thirties. Hand-in-hand with the cornea becoming more distorted it becomes progressively thinner. These two processes are linked. With the thinning of the cornea, it bulges forward and thins more. This thinned "blow-out" is the "cone" of Keratoconus. It is most commonly just below the middle of the cornea, but may be central or even in the top half of the cornea.

New Discovery

At the Save Sight Institute at Sydney Eye Hospital Dr Gerard Sutton has led a research group looking into the causes of Keratoconus for the last 2 years. They have found a previously undiscovered abnormality that sheds light on the causes of Keratoconus. Sydney University has deemed the discovery of sufficient importance and

they have patented the research applications. Their goal is to unlock the causes for this debilitating condition and continue the search for a cure.

Our Team

The research team consists of Professor John McAvoy PhD, Dr Michele Madigan PhD, Dr Brent Skippen MBBS and Dr Athena Roufas MBBS and Dr Gerard Sutton. It is a unique combination of scientists and surgeons which allows them to articulate the clinical problem clearly so that their laboratory research can be appropriately directed.

The support from the Sydney Eye Hospital Foundation will allow the team to appoint a research scientist to greatly accelerate their work. They will also be conducting clinical trials looking at a screening test for Keratoconus.

Research into conditions such as Keratoconus cannot occur without the generous support of the Foundation by donors just like you. We are hoping to raise \$294,000 so that we can continue this important research to find a cure. We are privileged to be able to fulfill our dreams of unlocking the mysteries of eye diseases and hopefully one day finding a cure for debilitating diseases like Keratoconus.



Sydney Eye Hospital Foundation Board of Management

All Members of the Board of Management are financial members of the Foundation as well as giving freely of time in the interests of enhancing the ability of Sydney Eye Hospital to provide first class eye care to the public of Sydney and beyond.

Current Board Members:

- Dr T J Playfair (President)
- Prof. F A Billson (Snr Vice President)
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- Mr P Slover
- Dr A W Wechsler
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- Mr K Gardner (Chief Executive Officer)
- Mrs A Sharma (Office Manager)

Make a Bequest: It's a different way to help

A Bequest in your Will is a gift that lives on.

It's a way of ensuring that the assets (money, property or valuables) that you need now will eventually be used to help the Sydney Eye Hospital Foundation. It's something that you can arrange in addition to – or instead of – giving cash right now.

By making a Bequest, you will be in good company. Bequests from our donors are a major source of income to assist the good work done for people with eye problems at Sydney Eye Hospital. They also provide urgently needed funds for research into the prevention of blindness.

The main advantage of the bequest system is that it allows donors of all means to make a valuable donation to the Foundation in the knowledge that their generosity will help save the sight of thousands of adults and children who come to the Hospital for help each day.

Should you decide to make a Bequest to Sydney Eye Hospital Foundation, clear instructions in your Will are necessary to ensure your wishes are carried out.

If you would like more information, please contact the Foundation's Chief Executive Officer, Mr Kevin Gardner, on (02) 9382 7408 or email kevin.gardner@sesiahs.health.nsw.gov.au He will be pleased to assist.



Staff Profile Meet Bev Latham



I have been working in the Ophthalmic Nursing field for approximately 21 years in different roles such as a Nurse, educator and in the emergency/outpatients department for the past 13 years. My goal has always been to give good quality care to my patients whether they be an emergency or an outpatient at the clinic. I enjoy my job very much and have often cried and laughed along with my patients. I find it very rewarding to be able to help people no matter who they are or where they come from.

I also enjoy a lot of hobbies at home, which I find very relaxing, such as knitting squares for the aid's blankets, quilting and paper tole and also cooking up a storm at times when I get the urge to do so. I have met many people over the years and have made many friends who often pop in for a chat when they visit the clinic.



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