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The value of International Glaucoma Association in ophthalmic nursing education - its impact on patient care

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## Editor's introduction

A key role for our regional staff is to educate professionals and students about glaucoma and the issues that some people with glaucoma experience in relation to eye drop treatment. The following article has been provided by the University of West London (UWL) talking about the knowledge which is gained and why this work is important.

## The value of International Glaucoma Association in Ophthalmic Nursing Education – its impact on patient care.

Written by ophthalmic nursing students on Post-Registration Ophthalmic Nursing Education and by Module leader - University of West London (UWL).

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## Introduction

Glaucoma is one of the many eye conditions more easily managed the earlier it is detected. The ophthalmic nurse is a key member of the multidisciplinary team in glaucoma management across the country. Health promotion and patient empowerment are both key factors in enhancing a patient's own ability to treat and manage their own condition. The University of West London ophthalmic nursing students have benefited from talks by IGA staff for the last four years. This has helped to develop an insight into patients' issues and provided them with practical advice.

# Awareness

People with glaucoma tend to be managed by a range of professionals including the ophthalmologist, optometrist, ophthalmic nurse and pharmacist. Ophthalmic nurses are valuable members of the team. In some ophthalmic units across the UK, ophthalmic nurses are actively involved in 'Glaucoma monitoring clinics' and this is proving to be very beneficial to patients.

## **Feedback from ophthalmic nursing students**

As glaucoma is a chronic, life-long condition, the difficulties and challenges that glaucoma patients feel cannot be underestimated. It is a condition which affects people worldwide. As ophthalmic nurses we felt that listening to talks from organisations such as the IGA, is an excellent way of updating our own knowledge base as well as providing patients with up to date information and treatment plan options.

It is important to have the input and expertise of Subhash Suthar (D Pharm), development manager within the International Glaucoma Association on our ophthalmic nursing course. He speaks passionately, with well-established and respected knowledge on a subject of immense complexity and increasing great importance in ophthalmic nursing. Ophthalmic nurses work with glaucoma patients on a daily basis and it is not uncommon to find patients returning to Accident and Emergency (A&E), outpatients or the ward due to preventable complications such as raised intraocular pressures brought about by a lack of basic understanding a treatment about treatment such as eye drops. Allowing this to continue could have detrimental effects both psychologically on the patients but also financially on the NHS with patients requiring more invasive intervention further down the line. As ophthalmic nurses we need to constantly assess how we can contribute to positive patient outcomes.

Subhash gave us an insight into patient concerns and factors which influence patient non-concordance. This included a lack of information on glaucoma, poor drop instillation techniques, medication costs, and confusion over administration times. Subhash informed us that patients are often advised to administer eye drops before going to bed, however, people may go to bed at different times every night. Patient's individual beliefs is an interesting point to note; patients may not see a difference in using eye drops so begin to feel they don't need them. There may also be a perception of compassion deficit on the part of the medical professional due to decreasing consultation times. Subhash has an insight into patients' issues that lead them to discontinuing with treatment this is based on his personal patient experiences and also from working collaboratively with ophthalmic nurses in various trusts across the country.

He offered various solutions during his lecture regarding effective drop instillation technique which many patients have found beneficial and useful. One interesting example

he gave us in his talk was by demonstrating his pioneering 'wrist and knuckle' eye drop instillation method.

He also mentioned the language barriers which many patients from the ethnic groups encounter when they attend the glaucoma clinic. Very often some patients have very little understanding or no understanding at all of what the doctor might have said to them. He was also able to demonstrate how his own multilingual abilities demonstrate a positive approach to interaction within a growing multi-diverse patient group, evident in hospitals and primary care settings nationwide.

As ophthalmic nursing students we feel the insight into the issues experienced by people with glaucoma has been an eye opening experience and provided us with a basis from which to improve our clinical care techniques and compassionate approaches. Patients' dignity and compassionate care are the fundamentals of ophthalmic nursing. Subhash has instilled into us how important the ophthalmic nurses' role is when working in the glaucoma service.

Patient education is a key concept on which to focus our efforts. Learning from the nurses and doctors as well as outside sources such as the IGA, as long as all parties are providing the same accurate standard of evidence based information. This would increase patient confidence in the system, meaning they would be more likely to disclose difficulties and be more open to change, thus avoiding non-concordance scenarios. Some nurses on the ophthalmic nursing course already have IGA initiatives such as support groups within their Trusts, which have been well attended and had positive feedback.

As a group we believe in the support and guidance put forward by the IGA. Individually we will be approaching our own Trusts to implement these well- established strategies. There does however, need to be a national drive to set up glaucoma help desks and support meetings to empower a vastly growing patient group to take back control of this chronic condition and halt progression. This would reduce A&E attendance, promote better compliance with eye drops enabling greater IOP control and arrest progression of visual field loss.

## **Conclusion**

Patients' concordance is still an ongoing issue with some patients in the country and across the world. No one needs to go 'blind' from glaucoma if patients are empowered and educated to an optimum level. Caring for glaucoma patients requires collaboration of various team members. Preserving vision is the most rewarding commodity as sight is priceless. Ophthalmic nursing education is the platform on which we can build a better future for the glaucoma patients and their families.

# Awareness

## Top tips for instilling eye drops

Subhash demonstrating how to put a drop in the eye



- Wash your hands
- Find a comfortable position (sitting on a chair, laying on the bed)
- Shake drop bottle gently
- Lean back, pull down lower lid
- Administer one drop, close your eye and put your finger over the inner corner of your eye for up to two minutes
- Repeat with other eye, if necessary
- If you have to administer more than one type of eye drop, wait five minutes
- If you wear contact lenses, remove the lens before you administer the drop and wait 15 minutes before putting the lens back in the eye
- Get into a routine, if your eye drop doesn't need to be in the fridge put the bottle by your toothbrush. If you use a drop more than once a day, make sure the times are evenly spaced.
- If you don't know if a drop has gone in the eye, try keeping it in the door of a fridge, you will then feel the drop going in the eye.