Case report

A questionnaire was sent to 939 consultant ophthalmologists in the UK. Of them, 658 (70%) returned the survey and 98 (15%) identified themselves as PO.

All POs had GT available in their units and 99% had a Tonopen or Perkins. Less than 50% had an Airpuff and less than 15% had an iCARE tonometer. POs were subdivided into eight groups (G1–G8) depending on which instruments (TT, PT, AT, iT) they had available in their units. The availability of instrument permutations was divided as follows: G1 (GT, TT, AT, PT, and iT); G2 (GT, TT, AT, and iT), G3 (GT, TT, AT, and PT), G4 (GT, AT, PT, and iT), G5 (GT, TT, PT, and iT), G6 (GT, TT, and AT), G7 (GT, TT, and PT), and G8 (GT, AT, and PT).

For children more than 10 years, the Goldman was the method of choice. For children under 10 years the Tonopen was the instrument of choice; however where an iCARE tonometer was available to PO, it was preferred over the Tonopen.

Comment

The iCARE tonometer does not appear to be widely available in the UK yet of the units that had access to it, it was the instrument of choice in measuring IOP in children. Wider acceptance of this instrument may be of benefit in managing paediatric glaucoma and a study to evaluate any discrepancy in IOP measurement in children with the instrument may also be of benefit.

Conflict of interest

The authors declare no conflict of interest.

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Sir,
An algorithmic approach to enhance communication with the hearing impaired during phacoemulsification surgery

Hearing impairment in the elderly is common.¹ Patients experience greater levels of anxiety with the unknown,² and being able to communicate with their surgeon reduces anxiety.³ It is the authors' opinion that hearing impairment should be addressed, improving patient satisfaction following surgery. The Disability Discrimination Act (DDA), 2005 states that it is unlawful for service providers to treat people less favourably due to their disability, hence the importance of ensuring that patients can hear during their operation. We outline our strategies for supporting patients with hearing impairment during phacoemulsification surgery.

Figure 1 Draping procedure to protect the sole hearing aid that is situated on the same side as the side of phacoemulsification surgery. (a) Side view of face showing the eye to be operated on (marked with an arrow) with the sole hearing aid on the same side. (b) Hair line quite far forward (arrowed) and will affect waterproof draping. Note also wrinkles, which could act as conduits for fluid. (c) Shaving off anterior hair (arrowed) allows effective waterproof draping. Draping is done before Povidone iodine preparation. (d) The extent of draping is shown by the peripheral backing paper. (e) Self-adhesive draping is smoothed down into the wrinkles (arrowed). (f) It is essential to take the drape off carefully so as not to pull away or damage the hearing aid, which is completely dry following the procedure.

Before surgery, adequate pre-operative assessment is required. This should be recorded at the time of listing and assessment, with a strategy formulated to improve communication and reduction of anxiety during surgery. If a patient uses two hearing aids, that on the side of the operation can be removed so as to avoid damage from it becoming wet. When a patient has one hearing aid on the opposite side of the operative eye, then this can be left in safely. For those who only have one device that is on the side of surgery, careful cover with Tegaderm, taking care to place it well anterior of the hair line, should protect the device from becoming wet (Figure 1). Care should be taken not to displace the hearing aid, as a mal-fitting device may squeak as a result of positive feedback, causing irritation to the patient and the surgeon, and losing its effectiveness.

In one patient, despite these measures, the placement of a drape over the eye resulted in positive feedback. The patient is an 82-year-old retired lecturer with otosclerosis since childhood and despite several operations has severe hearing impairment in her right ear. She has hearing impairment on the left and uses a hearing aid on this side (Phonak, Zurich, Switzerland). When attending lectures, she uses additional transmitter and receiver devices (Figure 2). The transmitter is placed on the speakers' lectern and sends the sound to a receiver

held by the patient. The hearing aid is then programmed to pick up this sound from the receiver and allows the patient to hear the speaker from anywhere in the lecture theatre or even outside. This technique was adjusted for theatre during left cataract surgery. The same draping technique was used as in Figure 1, but also the surgeon (CL) had the transmitter on his person and the patient had the receiver on her person, allowing the patient to hear all instructions clearly with no feedback. There were no complications during surgery and the patient did not experience any anxiety.

If despite the above measures a patient is unable to tolerate the procedure under local anaesthesia, a general anaesthetic may be used as it once was more commonly practised.

We have described above our algorithmic approach when dealing with a patient with hearing impairment. By taking time and care to allow the patient to hear and communicate with the surgeon during the operation, they can have a better experience during the procedure, which would positively enhance their view of surgical success.

Conflict of interest

The authors declare no conflict of interest.

Figure 2 Patient's transmitter and receiver devices. The transmitter is on the right (ZoomLink+, Phonak, Switzerland) and is placed on the surgeon's person. The receiver on the left (MyLink+, Phonak, Switzerland) is held by the patient. The receiver is set to pick up auditory signals from the transmitter, which is in turn picked up by the patient's hearing aid.

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Sir, Giant cell arteritis presenting as macular choroidal ischaemia

We present a case of giant cell arteritis presenting as macular ischaemia.

Case report

A 65-year-old woman being treated for Ramsay Hunt by her general practitioner was referred to us with acute