

65 patients had surgery before the pandemic (Group-A) and 28 since the pandemic (Group-B). The mean age was 34.9 and 39.1 years respectively. The mean pre-operative near-angle was 37.5 prism dioptres (PD) and distance-angle of 34.8PD for group-A. Group B was 39.3PD for near and 36.3PD for distance. 89.1% in group-A and 89.2% in group-B had suppression. Postoperative alignment within 15PD was achieved, after a combination of fixed and adjustable procedures, for 75.4% in group-A and 88.5% in group-B with predominant adjustable procedure. The mean 2-weeks post-operative alignment was -1PD for group-A and -1.3PD for group-B. Group-A had an average of 3.6 measurements, with 3.3 doctor consultant prior to surgery and group-B had 2 FTF orthoptics and 1 FTF doctor contact.

44.4% reduction in face-to-face orthoptics contact-time and 69.7% less consultant contact-time had not negatively affected the patient surgical outcome.

Strabismus surgery can be considered in selected cases with less FTF pre-operatively and improve cost-efficiency of our adult strabismus service with 'block-contract' status.

## 22 DIAGNOSTIC MONOCULAR OCCLUSION IN PATIENTS WITH BINOCULAR VISION

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To determine if angle of deviation changes significantly after diagnostic monocular occlusion (DMO) in patients with BSV (binocular single vision).

We retrospectively analysed data from 136 patients with esotropia and 110 with exotropia, divided in BSV and non-BSV. Near and distance angles were measured over 3 visits and then after 2 hours monocular occlusion. Data were analysed with t-test and linear regression.

Esotropes with BSV had significantly larger increases in deviation after DMO than non-BSV patients for near (5 PD vs 3 PD, 95%CI 3-7 PD, paired t-test  $p=0.0318$ ) and for distance (6 PD vs 3 PD, 95%CI 4-8 PD,  $p=0.005$ ). There was a significant correlation between the amount of change after occlusion and the initial angle for near ( $p=0.006$ ) and for distance ( $p=0.010$ ) in BSV patients only.

In exotropes, there was no significant difference after DMO between BSV and non-BSV patients for near ( $p=0.09$ ) and distance ( $p=0.532$ ). There was a significant correlation between initial near angle of deviation and change in deviation after DMO in BSV patients ( $p=0.0009$ ) but not in the non-BSV group ( $p=0.07$ ). Distance angle of deviation before DMO was significantly correlated to the amount of change in deviation after DMO for both BSV ( $p=0.022$ ) and non BSV patients ( $p=0.015$ ).

Our study shows that diagnostic monocular occlusion should be performed in all exotropes with initial angles of deviation of less than 30 PD. In esotropes, DMO is more likely to show significant increases in deviation in BSV patients, especially for smaller initial angles (less than 25 PD before DMO). These changes should be taken into account when planning surgery.

## 23 USING VISUAL DATA AND TELEOPHTHALMOLOGY IN PAEDIATRIC OPHTHALMOLOGY WITH AN APP-FREE, BROWSER-BASED, VISUAL DATA PLATFORM: ISLACARE

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Visual data is underutilised in ophthalmology particularly within paediatrics. Following the pandemic, virtual and remote clinics in the form of telephone and video consultations have increased but there are limitations within paediatric ophthalmology as synchronous telephone or video calls are time-consuming.

Using a platform known as ISLACARE, we are able to run remote photo and video clinics that has the capability to support asynchronous or synchronous consultations. With this software, parents and clinicians do not need to create logins or download apps thus increasing compliance with the technology.

In an audit of 101 consecutive cases, the following was found. Mean age: 6.67 years (0-17years). The top 4 categories used in were anterior segment (36%), Strabismus (24%), Orbit/Trauma (17%), and Oculoplastics (12%).

On the use of photographs to support consultations, it was felt that 91% reduced time to treatment/supported clinical decision making and 75% improved clinician to clinician communication. We have found a 30% increase in capacity in our remote teleophthalmology clinics by utilising a pre-consultation proforma. A particular improvement has been in post-operative strabismus cases where 90% of all our first appointment checks are now done remotely.

We would like to demonstrate the clinical flow of how we use ISLACARE for asynchronous consultations, remote monitoring, and visual data archiving.

## BIPOSA Annual Meeting

Friday 06 October 2023, Royal Society of Medicine, London

09.45 Session II (S) (P)

Free papers

Moderators: Manoj Parulekar, Birmingham/Oxford and Rohit Jolly, London

## 24 PRIMARY OUTCOMES OF MANAGEMENT OF CONVERGENCE EXCESS ESOTROPIA AT MOORFIELDS EYE HOSPITAL

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Convergence excess ET (CXE) is an esotropia with binocular single vision (BSV) at distance fixation but esotropia on