

accommodation for near fixation with near distance disparity (1). In this retrospective chart review our 1ry question: to evaluate the initial treatment to address CXE, whether this treatment successful or not, secondary question: to evaluate primary and final outcomes for control of near esotropia. Successful outcome defined as residual distance and near esotropia and near distance disparity of less than 10PD.

We included patients with CXE managed at Moorfields Eye Hospital from 2003 until 2022, defined as 'esotropia with BSV at distance but esotropia on accommodation for near with near distance disparity over 8-10 PD while the eye is corrected with the full cycloplegic refraction'. All age groups were included, amblyopic eyes were excluded.

668 patients were reviewed from 2005-2022, the mean age was 7.9years (+/- 6), first line treatment was bifocal glasses in 60%, which was successful in 83%, bi-medial recession was offered to 12.5%, only ¼ of which were improved, Botulinum toxin administered to 3%, bimedial posterior fixation sutures done in 1.5% which did not improve condition. Other lines included single vision glasses and Bangerder foil to relieve double vision. The final outcome was well controlled esophoria in 65% of cases. Binocular single vision achieved in 28%.

The management of convergence excess esotropia is still controversial, in our cohort most patients were managed with bifocals, the final motor and sensory outcomes were variable between patients. More than half of patients had satisfactory motor alignment. However, the sensory outcome was much less.

25 THE EFFICACY OF PRE-OPERATIVE MULTIDISCIPLINARY MEETINGS FOR SURGICAL MANAGEMENT OF STRABISMUS

B Gohil, N Tan, R Jolly, N Yadav, S Jain. *Royal Free London NHS Foundation Trust*

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Informal discussion regarding surgical management plans between strabismus surgeons is common but this limits potentially valuable multi-disciplinary input and learning opportunities. We evaluate the effectiveness of virtual multidisciplinary meetings to provide a platform for discussion of pre-operative strabismus surgical cases.

Weekly virtual MS Teams meetings are held on Monday mornings for one hour, attended by the three paediatric consultants, paediatric fellow, all trainees on the paediatric firm and orthoptists. The meetings are recorded and available for reference to the content and for those not present.

Presentations for upcoming surgery cases are prepared and presented by the fellow, with discussion from participants regarding examination findings and surgical options. Cases are anonymised to allow multicentre collaboration. The agreed management plan is documented in the patient's medical notes, and outcomes of challenging cases are discussed.

The management plan is formalised during the MDT. Where required, additional tests are arranged. There are opportunities for all participants to constructively challenge decisions. Trainees of all levels are actively engaged by presenting, listening to the rationale behind surgical plans, with the opportunity to ask and respond to questions.

Patients are informed that their case has been presented in the MDT to obtain multiple opinions, which gives them

additional confidence. Orthoptists can see the impact of the measurements they provide, and how differing tests can change management plans.

This MDT has been a positive change to our surgical strabismus patient pathway. Knowledge and teamwork have been strengthened using this innovative virtual discussion method.

26 VIRTUAL STRABISMUS CLINIC: AN ALTERNATIVE MODEL OF CARE DURING THE COVID-19 PANDEMIC

M Panahi, D Mullinger, J Mistry, J Somner, A Vivian. *Cambridge University Hospitals NHS Foundation Trust, UK*

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Addenbrooke's Hospital introduced a virtual strabismus clinic in March 2021 to manage patient care during the COVID-19 pandemic. This study aims to explore the feasibility and utility of this care model by evaluating its effectiveness in delivering patient care.

Clinic data from April 2021 to April 2022 were retrospectively analysed, including patient demographics, referral information and outcomes. All patients underwent an initial assessment by a specialist orthoptist, preceding virtual review by a consultant ophthalmologist.

The clinic saw 114 patients between the ages of 12 and 95 during this period, with an increasing number of patients seen per month. Within two months of the clinic's inception, wait times reduced by 59%: from 30.2 weeks to 12.5 weeks, remaining constant thereafter. Most referrals came from optometrists, with diplopia and identification of new or recurring strabismus being the most common complaint. Virtual review outcome varied significantly: 30.7% of patients were discharged, 16.7% listed for surgery, 34.2% received a repeat FTF review and a further 18.4% received a review virtually.

Following its inception, the virtual clinic was able to effectively accommodate patients despite capacity restraints. This was partly achieved through the effective utilisation of specialised orthoptists. Subsequent virtual review by a consultant ophthalmologist achieved positive patient outcomes.

Virtual clinics provide an opportunity to optimise patient care and maximise efficiency of clinical input. If applied appropriately, this model of patient care may reduce the NHS burden, improving wait times to facilitate faster intervention. Increasing consultant availability permits the treatment of a greater number of patients.

27 CHIASMAL MISROUTING IN INFANTILE NYSTAGMUS SYNDROME (INS): PHENOTYPES IN PATIENTS WITH MOLECULAR DIAGNOSES

MJ Gilhooley, M Moosajee, MM Neveu, M Theodorou. *Moorfields Eye Hospital and Institute of Ophthalmology, University College London, UK*

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Chiasmal misrouting, once believed to be pathognomonic for albinism, has been reported in cases of INS, independent of melanin pathway disruption. The purpose of this study is to determine if there are clinical-electrophysiological parameters that correlate with particular genotypes in INS.

A retrospective chart review at Moorfields Eye Hospital identified 71 patients with a molecular diagnosis relating to INS. Visual acuity; presence of nystagmus, signs of albinism and OCT foveal hypoplasia grade were recorded alongside flash and pattern VEP (Visual Evoked Potential) amplitude and peak time. VEP asymmetry was assessed using the Pearson Correlation Coefficient (r).

Pathological variants in 8 genes (TYR, OCA2, HPS6, HPS3, HPS1, GPR143, FRMD7, SLC38A8, OCA1) were identified. Mean BCVA per group ranged from 0.38-0.74LogMAR $F(0.72,3.5)=2.8$; $p=0.04$ one-way ANOVA. All genotypes

demonstrated foveal hypoplasia (mode grade 4) except FRMD7 (all grade 1). In this cohort, positive flash and pattern VEP amplitude/peak time asymmetry correlated with clinical signs of albinism (flash VEP, $r=0.22(0-6\text{yrs})$; pattern VEP, $r=0.17(6-65\text{yrs})$). There was marked asymmetry in SLC38A8 patients ($r = -0.85$ to -0.93), a feature known to be associated with foveal hypoplasia 2.

This study provides a detailed genotype-phenotype correlation of VEP findings in a molecularly characterised INS cohort - useful in selecting clinically guided genetic testing and counselling patients