Women in Vision UK Winter Meeting 2023 – Abstracts

Oral Presentations (OP)

OP-01 RETURNING TO OPHTHALMOLOGY TRAINING FOLLOWING MATERNITY LEAVE: A COLLABORATIVE AUTOETHNOGRAPHY

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Introduction The number of women training in surgical specialties has sharply increased over the last 30 years. As a consequence, these female surgical trainees are having children during their training programmes presenting numerous challenges for both the training programme directors and the trainees themselves. When faced with a prolonged break from surgical training, for example maternity leave, simulation is a safe and effective method of revising surgical skills.

Aims This study aims to describe the experience of returning to work after maternity leave as an ophthalmology trainee, and how simulation impacted that experience.

Methods A collaborative autoethnographic approach was used to illustrate an in-depth account of an ophthalmology trainee returning to work from maternity leave. A reflective account was written which guided two interviews. These were then transcribed, and thematic analysis was performed.

Results A traumatic shift in one's concept of self, self-image, and social identity was the consequence of the conflicting maternity leave and working surgeon cultures. Low self-esteem, perceived stereotypes and imposter syndrome could be conquered with a good support network. Enhancements in paediatric clinical skills, communication skills with parents and self-reflection were reported, however a widespread disapproval of simulation amongst senior surgical trainees was also illustrated.

Conclusion This study reveals important systemic issues within the workplace and psychological hurdles which were confronted on returning from maternity leave. This can facilitate support mechanisms for surgical trainees returning from maternity leave, by informing surgical training programme directors and promoting further research into this significant area.

OP-02 INTRAVITREAL ANTI VASCULAR ENDOTHELIAL GROWTH FACTOR INJECTIONS IN PREGNANCY: A CASE SERIES AND SYSTEMATIC REVIEW OF THE LITERATURE

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Introduction Anti-vascular endothelial growth factor (anti-VEGF) agents may occasionally need to be considered for sight-threatening macular pathology in pregnant women. This is controversial due to the dearth of data on systemic side effects for mother and child.

Aims To explore the visual and safety (obstetric and neonatal) outcomes of anti-VEGF in pregnant women.

Methods Retrospective case series of pregnant women treated with intravitreal anti-VEGF injections at Oxford Eye Hospital between January 2015 and December 2022. We also conducted a systematic review and combined eligible cases in a narrative synthesis.

Results We treated six pregnant women with anti-VEGF for diabetic macular oedema (DMO) (n=5) or choroidal neovascularisation (CNV) (n=1). Four received ranibizumab whilst two (not known to be pregnant) received aflibercept. Patients known to be pregnant underwent counselling by an obstetric physician. Five pregnancies resulted in live births.

Combining our cases with those previously published, treatment of 41 pregnant women (42 pregnancies) has been reported. Indications for treatment included CNV (n=28/41, 68%), DMO (n=7/41, 17%) and proliferative diabetic retinopathy (n=6/41, 15%). Bevacizumab (n=22/41, 54%) and ranibizumab (n=17/41, 41%) were given more frequently than aflibercept (n=2/41, 5%). Many (n=16/41, 40%) were unaware of their pregnancy when treated. Most pregnancies resulted in live births (n=34/42, 81%). First trimester miscarriages (n=5/42, 12%) and stillbirths (n=3/42, 7%) predominantly occurred in women with significant risk factors.

Conclusion Intravitreal anti-VEGF injections may not necessarily compromise obstetric outcomes, although clear associations cannot be drawn due to small numbers and confounders from high rates of first trimester miscarriages and inherently high-risk pregnancies. It may be worth considering routinely investigating pregnancy status in women of childbearing age prior to each injection, as part of anti-VEGF treatment protocols.

OP-03 ATTITUDES AND PERSPECTIVES OF UK EYECARE PRACTITIONERS TOWARDS MYOPIA MANAGEMENT

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Introduction Though myopia management options are available within the UK, many myopic children are still prescribed single vision correction.

Aims The aim was to ascertain factors which may be limiting the implementation of myopia management into UK clinical practice and its uptake by patients. This was investigated through the attitudes and perspectives of Eyecare Practitioners' (ECPs).

Methods Between July and November 2022, online focus groups were conducted with UK ECPs from various roles in primary and secondary eyecare services. Participants were encouraged to discuss how myopia and myopia management is viewed within the UK, their experiences of myopia management in practice, and any barriers perceived to be limiting the prescribing of these management options. The discussions were transcribed and analysed thematically.

Results Forty-one ECPs participated across seven focus groups. Several barriers were identified. Less experienced ECPs seek more definitive guidance for myopia management to affirm their decision making. ECPs also seek clarity on their duty of care expectations, with concern over possible future litigation if a patient had not been managed 'appropriately'. The

greatest barrier appears to be financial – cost of treatment limits uptake and sometimes affects ECPs motivation to promote myopia management, while practices are lacking a financial incentive to provide the service. Many reported barriers were indicative of systemic problems within UK eyecare delivery, such as commercial pressures, inadequate NHS funding, and poor public awareness of paediatric eyecare.

Conclusion Improving accessibility and uptake of myopia management will require change at various levels, from individual ECPs through to wider stakeholders in UK eyecare provision.

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OP-04 CLINICAL USE OF COMFORTABLE PRINT SIZE (CFPS)

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Introduction Assessment of reading function is key to providing solutions to difficulties with reading for people with sight loss, with reading performance at print sizes larger than acuity threshold particularly important to understand. Critical print size (CPS), reflecting the smallest size supporting maximum reading speed, is valuable but time consuming to measure. Applying a 'reserve' to acuity threshold (often 2:1) is quicker but does not reflect individual variation. Is there a clinically efficient way of identifying print size allowing maximum reading speed on an individual basis?

Aims To introduce comfortable print size (CfPS), compare it to existing alternatives, and consider its utility in visual assessment.

Methods Results are presented from two cohorts with self-reported visual loss affecting daily life. All reading assessments were conducted using the MNREAD. CfPS was assessed by asking 'What is the smallest print size that you would find comfortable using?' CPS and reading acuity were established for MNREAD chart and app.

Results There is little clinical difference between CPS and CfPS, with a maximum mean difference of 0.1logMAR between CfPS and different assessments of CPS.

Repeatability of CfPS within a session is ±0.09logMAR. CfPS is quicker to assess (median 131sec) than CPS with the app (284sec) or chart (185sec excluding graph plotting).

Conclusion CfPS is similar to CPS, repeatable (within session), quick to assess, and provides an individualised measure. Its clinical use will be discussed.

OP-05 BARRIERS AND FACILITATORS FOR ENGAGING UNDERREPRESENTED ETHNIC MINORITY POPULATIONS IN RESEARCH: A NARRATIVE REVIEW

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Introduction Research highlights that participation of ethnic minority individuals in research is low at national level when compared to white counterparts. This poses issues for healthcare, as lack of representativeness in research means that research findings cannot be generalised, and do not provide us with a full picture of how minority populations are affected. This leads to health inequality as these populations are underserved.

Aims This narrative review explores the barriers and facilitators of engaging minority individuals in research in order to understand and facilitate better engagement of different communities in research.

Methods This was a narrative review. Three databases were searched (MEDLINE, CINAHL, PsycINFO) using the EBSCO platform, resulting in 1316 articles, of which 29 met the inclusion criteria.

Results The main barriers for research participation were: mistrust of healthcare professionals, logistical challenges, language and cultural barriers, and the topic being explored. Various facilitators that may support better research participation included: ensuring transparency around the aims and objectives of the research with participants, building rapport, employing culturally competent researchers, personalised approaches, respecting cultural values, offer of incentives, and the use of community facilitators.

Conclusion To enable wider participation, it is important to understand not only the barriers but also to employ culturally appropriate facilitators and make more effort to use patient and public involvement (PPI) groups across the whole research pathway, offer cultural training for researchers, and adopt a more collaborative way of working. This review highlights the work that needs to be done to make research accessible and inclusive for ethnic minority groups.

OP-06 VIDEO-CONSULTING WITH DIGIVIS TESTING: A REAL-WORLD EVALUATION

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Introduction DigiVis is a validated CE marked web-app enabling self-testing of distance visual acuity (VA).

Aims To describe the implementation of the DigiVis test in remote consultation in the Orthoptic service.

Methods Families of children due a follow-up Orthoptic appointment were invited to have a video consultation with synchronous DigiVis VA testing. Inclusion criteria included an age of 4 years or older, a requirement primarily for VA assessment and parental agreement to participate.

Results 71 families agreed to undertake a remote consultation with DigiVis. The median age was 6 years (range 4–10). 53 (74.6%) children were having amblyopia therapy, the remainder were under observation for refractive error or intermittent tropias. 63 (88.7%) were able to complete the test over Attend Anywhere. Compared to the VA assessment at the subsequent face-to-face consultation the mean bias was 0.01 logMAR with upper and lower Limits of Agreement of +0.12logMAR and -0.10logMAR respectively. DigiVis had 100% sensitivity and specificity in identifying an intra-ocular VA difference (IOD) of 0.05logMAR or more. 47 out of 52 (90.4%) families asked said they could and would like to do asynchronous DigiVis testing in the future.

Conclusion Synchronous DigiVis testing during video-consultation can support remote consultation in selected orthoptic patients and is well accepted by most parents. It is accurate at detecting IOD and comparable to standard testing in clinic. Remote consultation with DigiVis testing may reduce time off work and school for families, reducing carbon emissions and releasing clinic space.