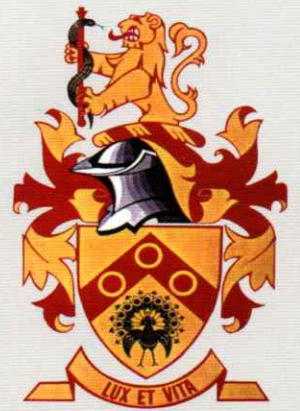


SA Ophthalmology Journal



Spring 2017 | Vol 12 • No 4

The official journal of the Ophthalmological Society of South Africa

Earn
3 CPD
points

DIABETIC TRACTIONAL RETINAL DETACHMENTS

Dr Bernard Wolff

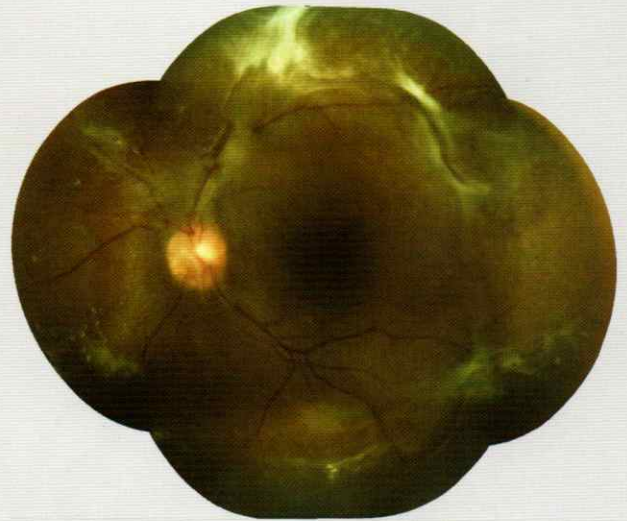
GLAUCOMA AWARENESS AND KNOWLEDGE AMONG PEOPLE ATTENDING OPHTHALMIC OUTREACH SERVICES IN ODUKPANI LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

Drs Affiong A Ibanga, Dennis G Nkanga,
Bassey A Etim, Chineze T Agweye, Utam A Utam

THE POWER OF LIVING ETHICALLY WITH JOY, PASSION AND PURPOSE EVERY DAY

Prof Andries Stulting

OSSA 2018 CONGRESS PROGRAMME



Fucithalmic[®] fusidic acid

For enhanced patient
COMPLIANCE and **CONVENIENCE**^{1,2}

*One effective drop
in the morning ...*

Effective **TWICE DAILY**
treatment for
bacterial conjunctivitis^{3,4}

*... and one
at night³*

For full prescribing information, please refer to
package insert.

□ FUCITHALMIC[®] Each 1 g contains fusidic acid
hemihydrate

B.P. equivalent to 10 mg anhydrous fusidic acid. Reg.
No: W/15.1/196



Distributed by: Pharmaco Distribution (P ty) Ltd.
3 Sandown Valley Crescent, South Tower, 1st Floor,
Sandton, 2196 P.O.Box 786522, Sandton, 2146, South
Africa. Tel: +27 11 784 0077 Website: www.pharmaco.co.za

References: **1.** Wall AR, Sinclair N, Adenis JP. Comparison of Fucithalmic (fusidic acid viscous eye drops 1%) and Noroxin (norfloxacin ophthalmic solution 0.3%) in the treatment of acute bacterial conjunctivitis. Journal of Clinical Research 1998; 1:316-325. **2.** Carr WD. Comparison of Fucithalmic (fusidic acid viscous eye drops 1%) and Chloromycetin Redidrops (chloramphenicol eye drops 0.5%) in the treatment of acute bacterial conjunctivitis. Journal of Clinical Research 1998; 1:403-411. **15.** **3.** Fucithalmic package insert. Approved by MCC 02 April 2013. **4.** Jackson WB, et al. Treatment of acute bacterial conjunctivitis: 1% fusidic acid viscous drops vs. 0.3% tobramycin drops. Can J Ophthalmol 2002; 37:228-237.

Dr Evan Soicher and the EVision Project

The EVision project is a legacy to the memory of Evan Soicher who sadly passed away on 5 September 2015 in Sydney, Australia, at the age of 53 years.

Evan started studying medicine at Wits Medical School in 1980 because he wanted to 'heal the world'. As a medical student he helped found a clinic in Alex township and even used his own money to purchase some of the medical equipment. He graduated as a medical doctor in 1985. He spent several years as an ophthalmology registrar at St John's Eye Hospital, Johannesburg and qualified as an ophthalmologist in 1994.

Evan and Jenny (de Jong) had been married for 25 years and have two sons Glen (22) and Matthew (19).

The family emigrated to Australia in 1996 and in 2000 Evan founded an ophthalmology practice with another ex-South African ophthalmologist, Dr Alan Flax. The practice was called Southern Ophthalmology and it grew into a thriving practice.

Besides being a fine clinical ophthalmologist, Evan also reached out to the disadvantaged communities and helped many less fortunate people with their visual and ocular problems.

In 2013, tragically, Evan developed a difficult illness. Most people, when faced with a cancer diagnosis ask: 'Why me?' Not Evan. When Jenny asked: 'Why you?' he replied with philosophical wisdom: 'Why not me? No one is immune. It's an epidemic.'

Jenny, Glen, and Matt decided to establish the EVision project in honour

of Evan. The object of this project is to raise money for various charity

organisations in poor areas of Africa to help people with eye and vision problems.



Dr Roberts examines one of her patients at the Kwale Eye Centre. Dr Roberts was awarded an MBE in July 2001 in recognition of her pioneering sight-saving work in Kenya.





Dr Evan Soicher 1962–2015

The first beneficiary of EVision has been The Kwale Eye Centre in Kenya. Kwale is a county district in the south-eastern part of Kenya. This clinic has performed screening on thousands of patients and treated thousands of patients with drops and spectacles. It was started in 1993 by UK-trained ophthalmologist Dr Helen Roberts who has performed many operations (mainly cataract and glaucoma operations) on many patients at this clinic.

Mobilisation is started the day before clinic day at Kwale. Community-based workers go around to schools, mosques, health clinics, etc., to inform the locals about the eye clinic. They even walk through the town streets with a loudhailer announcing the news to one and all! They have been able to do 15 screening trips into the villages, 100 km round trips, seeing over 1 500 patients, dispensed glasses and drops, and done 110 cataracts funded under EVision.

The Kwale Eye Centre welcomes visiting ophthalmologists from anywhere in the world who are willing to donate of their time and expertise to this valuable cause. For more information please visit www.eyesforeastafrica.org.

Besides the Kwale Clinic, the EVision project is hoping to support other charitable ophthalmological organisations. It has set its sights on St John's Eye Hospital right here in Johannesburg where Evan trained to be an ophthalmologist. This will be wonderful for the staff and patients of St John's which is one of the biggest eye clinics in Africa.

I can think of no more fitting tribute to Evan than the formation of this EVision project. Jenny, Glen and Matt are to be congratulated for this effort. 🧐



Dr Clive Novis Dip Optom, MBBCh(Wits),
MMed(Wits), FCS(Ophth)
clivenovis@mweb.co.za

SCHEDULING STATUS: S4

AZARGA eye drops, suspension Reg. No. 44/15.4/0046

Composition: 1 ml of suspension contains 10 mg brinzolamide and 5 mg timolol (as timolol maleate). Preservative: benzalkonium chloride 0.01 % (w/v). Preservative aid: disodium edetate 0.01 % (w/v).

PHARMACOLOGICAL CLASSIFICATION: A 15.4 Ophthalmic preparations, other

Indications: Decrease of intraocular pressure (IOP) in adult patients with open-angle glaucoma or ocular hypertension for whom monotherapy provides insufficient IOP reduction.

Dosage: for ocular use.

Adults: One drop in the conjunctival sac of the affected eye(s) twice daily. Nasolacrimal occlusion or gently closing the eyelid after instillation is recommended.

Contraindications:

Hypersensitivity to brinzolamide, timolol, or to any of the excipients. Bronchial asthma, a history of bronchial asthma, or severe chronic obstructive pulmonary disease. Sinus bradycardia, second or third degree atrioventricular block, overt cardiac failure, or cardiogenic shock. Severe allergic rhinitis and bronchial hyperreactivity; hypersensitivity to other beta-blockers. Hyperchloraemic acidosis. Severe renal impairment. Hypersensitivity to sulphonamides.

Warnings and Special Precautions: Systemic effects: Due to the beta-adrenergic component, timolol, the same types of cardiovascular and pulmonary adverse reactions as seen with systemic beta-adrenergic blocking agents may occur. Cardiac failure should be controlled before beginning of therapy. Patients with history of cardiac disease should be observed for signs of cardiac failure and pulse rates checked. Respiratory reactions and cardiac reactions due to bronchospasm in patients with asthma following timolol administration. Beta-adrenergic blocking agents should be administered with caution in patients subject to spontaneous hypoglycaemia or to patients with labile insulin-dependent diabetes, as beta-adrenergic blocking agents may mask the signs and symptoms of acute hypoglycaemia. They may also mask the signs of hyperthyroidism and cause worsening of Prinzmetal angina, severe peripheral and central circulatory disorders and hypotension. The same types of undesirable effects that are attributable to sulphonamides may occur with topical administration. Effects on ability to drive and use machines: may impair the ability of elderly patients to perform tasks requiring mental alertness and / or physical coordination., temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs at instillation, the patient must wait until the vision clears before driving or using machinery. Anaphylactic reactions: patients with a history of atopy or a history of severe anaphylactic reaction to a variety of allergens may be unresponsive to the usual doses of adrenaline used to treat anaphylactic reactions. Concomitant therapy: The effect on intraocular pressure or known effect of systemic beta-blockade may be potentiated when given to patients already receiving a beta-adrenergic blocking agent. Ocular effects: There is limited experience in the treatment of patients with pseudoxfoliative glaucoma or pigmentary glaucoma. Caution should be utilised in treating these patients and close

PRESERVE THEIR VISION

AZARGA
(brinzolamide 10 mg/ml + timolol 5 mg/ml) eye drops, suspension

Alcon
a Novartis company

S4 AZARGA Eye Drops, suspension. 1 ml of suspension contains 10 mg brinzolamide and 5 mg timolol (as timolol maleate). Reg. No.: 44/15.4/0046. Please refer to the package insert approved by the medicines regulatory authority for further information. Alcon Laboratories (SA) (Pty) Ltd., Magwa Crescent West, Waterfall City, Jukeskei View 2090. P O Box 12257, Vorna Valley, 1686. Tel. (011) 840-2300. Dec 2017. P-AZA-019-V1. Exp. Dec 2019.

monitoring of IOP is recommended. Not recommended in patients with narrow-angle glaucoma. Not recommended for use in children below 18 years. May impair the ability to perform tasks requiring mental alertness and/or physical coordination in elderly patients. Careful monitoring of patients wearing contact lenses is recommended as it may affect corneal hydration and wearing contact lenses might increase the risk for damage to the cornea. Careful monitoring of patients with compromised corneas are recommended. Benzalkonium chloride may cause punctate keratopathy and/or toxic ulcerative keratopathy. It may also cause eye irritation and is known to discolour soft contact lenses. Contact with contact lenses is to be avoided. Patients must remove contact lenses prior to application and wait 15 minutes after instillation of the dose before reinsertion.

Pregnancy: Safety and efficacy has not been established. It should not be used during pregnancy

Breast-feeding: Breastfeeding mothers should not be treated with AZARGA

Interactions: Brinzolamide is absorbed systemically. The cytochrome P-450 isozymes responsible for metabolism of brinzolamide include CYP3A4 (main), CYP2A6, CYP2B6, CYP2C8 and CYP2C9. It is expected that inhibitors of CYP3A4 such as ketoconazole, itraconazole, clotrimazole, ritonavir and troleanandomycin will inhibit the metabolism of brinzolamide by CYP3A4. Caution is advised if CYP3A4 inhibitors are given concomitantly. There is a potential for additive effects resulting in hypotension and/or marked bradycardia when eye drops with timolol are administered concomitantly with oral calcium channel blockers, guanethidine or beta-adrenergic blocking agents, antidysrhythmics, digitalis glycosides or parasympathomimetics. The hypertensive reaction to sudden withdrawal of clonidine can be potentiated when taking beta-adrenergic blocking agents. Potentiated systemic beta-blockade (e.g. decreased heart rate) has been reported during combined treatment with CYP2D6 inhibitors (e.g. quinidine, cimetidine) and timolol. Timolol may increase the hypoglycaemic effect of antidiabetic agents and can mask the signs and symptoms of hypoglycaemia.

Side effects:

Common (1 to 10%): dysgeusia, blurred vision, eye irritation, eye pain, foreign body sensation in the eyes **Uncommon (0.1 to 1%):** insomnia, corneal erosion, punctate keratitis, dry eye, eye discharge, eye pruritus, ocular hyperaemia, blepharitis, allergic conjunctivitis, corneal disorder, anterior chamber flare, conjunctival hyperaemia, eyelid margin crusting, asthenopia, abnormal sensation in eye, eyelids pruritus, allergic blepharitis, erythema of eyelid, decreased blood pressure, chronic obstructive pulmonary disease, pharyngolaryngeal pain, cough, rhinorrhoea, hair disorder, lichen planus

Packs: Round opaque low density polyethylene bottles with a dispensing plug and white polypropylene screw cap containing 5 ml suspension, packaged inside an outer carton.

Note: Before prescribing consult full prescribing information. This BSS is for use on promotional material linked to MCC approved package insert dated 07 September 2011.