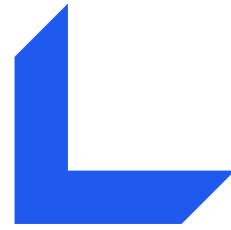


FAQs



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Get answers to your most frequent questions

What is the difference between a dispensing optician, an optometrist, an orthoptist and an ophthalmologist?

Who is who and who does what? Should be the question really...

An **optometrist** is the trained professional who is specifically trained to carry out full and comprehensive eye examinations. Optometrists examine eyes, test sight, give advice on visual problems and prescribe and dispense glasses or contact lenses. They may recommend special visual aids where appropriate. Optometrists are trained to recognize eye diseases, referring such cases to other specialists as necessary. **Optometrists** are university **educated** professionals, who study the exclusive field of optometry for at least three continuous academic years. After acquiring their university degree, optometrists in the UK are **trained** for at least one year under the supervision (pre- registration year) of a qualified optometrist either in high street practices or in the hospital eye service. They become **qualified** after succeeding in their professional qualified exams and this takes place after their year of training under supervision. In the UK, an optometrist is not allowed to see patients unsupervised until he becomes qualified.

Dispensing opticians are trained to fit and supply frames and lenses of glasses of each patient's lifestyle and visual needs. They are also able to fit contact lenses after undergoing special training to do so.

An **orthoptist** mainly works in cooperation with ophthalmologists and are concerned with eye problems relating to eye movements such as squints. Muscle eye imbalances may result in the inability of the two eyes to work together resulting in problems like double vision (diplopia) or lazy eye (amblyopia).

An **ophthalmologist** is an eye doctor. Eye doctors diagnose and treat eye conditions. They might prescribe oral medication or drops, perform various treatments including laser treatments and eye injections. Most ophthalmologists are eye surgeons and that of course means that they perform eye operations for various eye conditions. Some ophthalmologists specialize in particular areas of the eye or specific eye conditions based on their training and experience. For instance some ophthalmologists specialize on conditions affecting the anterior part of the eye, as for example the cornea (corneal dystrophies/keratoconus), or the crystalline lens (cataract) while others specialize on conditions affecting the internal tissues of the eye such as the retina (diabetic retinopathy).

What is Visual Acuity and what do the 20/20 numbers mean?

Visual Acuity is the best possible vision that an eye can achieve when fully corrected with lenses in front of a letter chart. During your eye exam, you will be asked to read letters on distance and near reading charts. The result of the best possible vision achieved by each eye is written as a fraction such as 20/20 or otherwise known as 6/6.

The top number in the fraction is the standard distance at which testing is done, which is 20 feet, or otherwise 6 meters. The bottom number is the smallest letter size that you were able to read at the end of the refraction, with the final corrective power of lenses in front of the eye. The smaller the bottom number of the fraction, the more precise the vision of your eye,

but in general a visual acuity of 20/20 or otherwise defined as 6/6, is universally considered to be excellent.

What causes eye strain?

Eyestrain is frequently described by patients as severe and can be caused by many reasons. An uncorrected refractive anomaly (myopia, hyperopia, astigmatism or presbyopia) is probably the main reason since fatigue results as the eye is not focusing properly when it is in its relaxed state. An eye muscle imbalance otherwise known as strabismus (eg. one eye turning inwards) which disturbs the cooperation of the two eyes at the brain level can be another cause of severe eye strain.

However eyestrain may be present even in the absence of an uncorrected refractive anomaly or a muscle imbalance. This can happen because of overusing the eye muscles for continuous close work or demanding and tedious close work on computer screens (including playing video games), tablets or smart phones.

Should I get glasses or contact lenses?

All common vision problems can be corrected with either glasses or contact lenses even when different vision problems co-exist, like for example myopia and astigmatism or even myopia and presbyopia. It is however very important to remember that even experienced contact lens wearers are always encouraged to have a pair of corrective spectacles (with the recent numbers of their corrective error mounted in them), since it is essential for the eyes to 'have a break' from continuous contact lens wear.

My vision is good. Do I still need to have my eyes checked?

The refraction part (measuring your vision levels and deciding the exact strength of your glasses) of a comprehensive eye exam is in fact only a small part of a full eye exam. Optometrists are trained to screen for eye diseases and to ensure that your eye health is excellent and make sure that your eye health is preserved for the following years to come. For this important reason we encourage you to



What causes eye pain?

There are many possible causes of eye pain like for example severe dry eye conditions, a foreign body that has accidentally entered the eye or even contact lens induced problems. Sudden eye pain can even be caused by serious eye conditions so you should seek medical advice in case of it occurring.

Will I make my eyes weaker if I wear my glasses more?

No. This is not true and if you do not wear your glasses when your refractive error is clinically significant, your eyes will feel continuously tired and strained. Your eyes will not strengthen because you do not use the glasses. Furthermore it does not mean that your eyes will weaken further because you are using them.

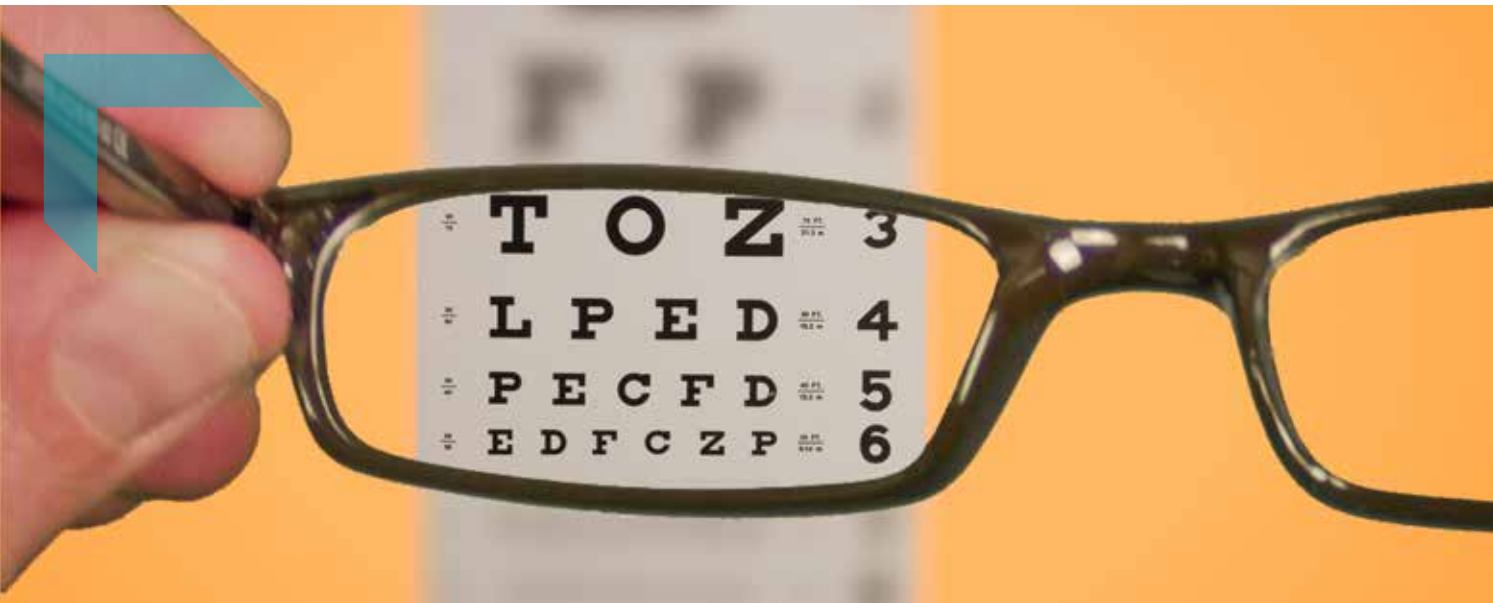
read closely all the information provided in the eye exam page of this website.

In general adults are advised to have an eye exam at least every two years. In case of diseases like diabetes mellitus or glaucoma being present in your family history, an eye exam should be performed at least once a year.

Do I really have to wear sunglasses when outdoors?

Yes. With increased levels of UV radiation reaching the earth's surface, it is important to protect your eyes with sunglasses. UV radiation can damage the eye, affecting surface tissues and internal structures of the eye. Long term exposure to UV radiation has been proven to cause cataracts (the clouding of the crystalline lens which is present inside the





eye), macular disorders (diseases that affect the internal/ retinal part of the eye responsible for central vision) and even eyelid cancers.

Floaters - what are they and do we need to see an ophthalmologist for them?

Floaters are very common and are normally harmless. They are more common if you are short-sighted or as you get older. But what are they....? And most importantly when do we need to seek advice in relation to them?

Floaters are dark spots or strands

that float in the jelly of the eye and are actually visible because as they float, they cast a shadow on the retina where our photosensitive cells are found. They appear as black or semi-transparent spots and may look like a hair, a ring or a strand which floats in front of the vision. If you have floaters you will notice that if you move your eye to look directly at a floater, it will move in the same direction.

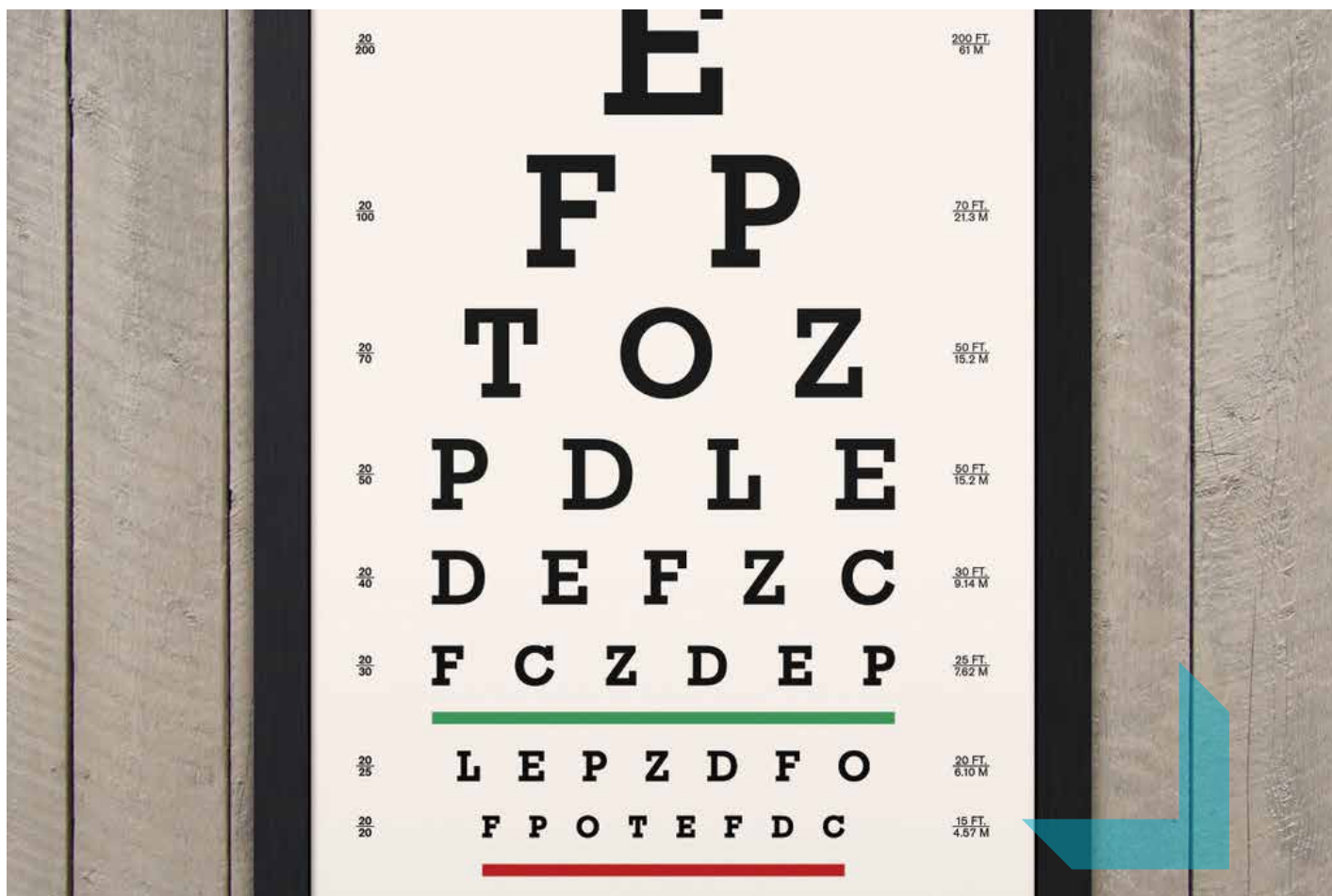
According to the College of Optometrists (UK), you should seek medical advice promptly if you have any of the following symptoms in

relation to 'floaters':

1. a sudden increase in 'floaters', particularly if you also notice flashing lights
2. a new, large 'floater'
3. a change in 'floaters' or flashing lights after you have had a direct blow to your eye
4. a shadow spreading across the vision of one of your eyes.

At what age can my child start using contact lenses?

There is no specific age guideline for using contact lenses. Most teenagers



are ready to be introduced into the routine of contact lenses by the age of 14 but the majority of them become successful contact lens wearers even earlier than that. It really depends on how responsible your child will be in complying with basic but important rules of hygiene and contact lens care. Remember that contact lenses DO NOT cause any problems if they are handled correctly. Is definitely worth getting into contact lenses if your child's corrective power is equal or higher than 1.00 diopter (myopia or astigmatism) and this applies especially if your child is involved in team sports like football which involve distance viewing.

- Avoiding detailed close activity or holding reading material closer than normal
- Turning or tilting head to use only one eye
- Consistently performing below potential

What is so special about polarized sunglasses?

Polarized lenses provide excellent protection from the sun but what is special about them is that they are specially designed to reduce glare from surfaces such as water and glass. Sunlight bouncing off a surface like water, will usually reflect horizontally, creating glare

distortion to the way that a liquid crystal display screen is seen (LCD) and are not suitable for pilots because they can make flight instruments difficult to read and objects in the sky less visible.

Why do my eyes feel uncomfortable and my vision blurred when I work on the computer?

Working in front of the computer means that we are concentrated on a demanding near task, probably for long periods of time. It has been proven that when doing so, we tend to blink much less compared to when looking into the distance. It is the blinking though that provides the front surface of the eye with the essential



When should the first eye exam be performed in children?

Most children have their first eye exam around 5 years old, when they start kindergarten and begin to learn to read. There are however reasons that your pediatrician would ask for an eye exam earlier such as eye squinting, an eye turn or even a child complaining about headaches or difficulties in seeing clearly.

How will I know if my child has vision problems?

Parents and teachers should be aware of the following signs in relation to suspicious visual function in small children:

- Sitting close to the television and returning back close to it, after some time of being told to sit further away
- Bumping into objects
- Frequent squinting or rubbing of eyes
- One or both eyes turning inward or outward

for the viewer. Polarized lenses are treated with a laminated surface which contains vertical stripes which allows only vertically angled light to enter the lens. In this way glare is eliminated because the horizontal light cannot bypass the vertical filter. Polarized sunglasses are particularly recommended for fishing and water sports since they eliminate unwanted glare from the water. They are particularly enjoyed by boaters since the view inside the water from above, is so much clearer. However, because polarized lenses may reduce light entering the eye up to 50%, they should not be used at night time when the appearance of shadows is critically important. They do not usually work well with snow glare since snow tends to reflect light equally in all directions and not mainly in the horizontal direction. Downhill skiers should not use polarized lenses since visibility is reduced by the fact that snow reflects light in all directions. Moreover, polarized lenses can cause

moisture. Incomplete blinking however is not the only cause of dry eye syndrome. Other factors include sun and wind, heating and air-conditioning, medication, hormone imbalances, autoimmune disorders and even pregnancy. In fact up to 70% of pregnant women experience eye dryness during the last semester of child bearing.

Dry eyes can feel itchy and burning, may look red and tired and even the vision can be blurred, the later becoming exacerbated with the use of contact lens combined with prolonged computer work.

Lubricating eye drops which are universally available can help especially in mild cases of eye dryness. However, they are reported to only provide temporally relief from the symptoms of more severe cases of eye dryness. In such cases, special medication or nutritional supplements maybe prescribed by ophthalmologists after assessing the situation.