

Eye Care

Medical Eye Care

At Jan de Winnaar Optometrist we diagnose, treat (within the scope of Optometry) and /or refer ocular emergencies when indicated. Jan de Winnaar has completed a post graduate certificate of Advanced study in Ocular disease and Treatment. Where indicated he refers to Ophthalmology for further treatment and care. He is also a certified Orthokeratology practitioner.

- Foreign body
- Glaucoma
- Eyelid disorders
- Macular degeneration
- Diabetic retinopathy
- Hypertensive eye disease
- Dry eye & Conjunctivitis (pink eye)
- Corneal issues & Retinal problems
- Refractive and cataract surgery co-management



Paediatric Eye Care

SAOA Optometrists, through their clinical training, education and experience have the means to provide primary eye care and vision services to children. Jan de Winnaar has a very keen interest in paediatric optometry and has completed post graduate studies in paediatric eye care and attended ADHD/ADD courses. Paediatric comprehensive eye examinations are advised as follows:

- 6 months
- 3 years
- 5 years (just before school going year)

The most common vision problems in children are:

- **Strabismus / Squint** – affecting about 4% of children, microtropia is prevalent in 1% of the population
- **Amblyopia** – which can be secondary to strabismus, anisometropia, congenital cataracts, etc
- **Refractive Errors** – such as myopia and hypermetropia and corneal disorders

Strabismus / Squint

Types of strabismus commonly seen in children:

1. Esotropia / Inward Squint



a) Infantile /Congenital

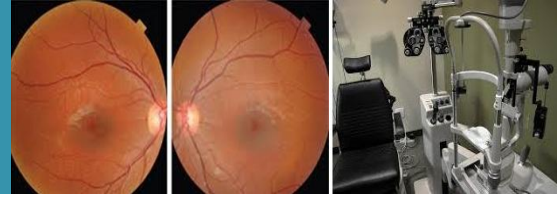
Present within 6 months since birth. Treatment is usually surgical.

b) Accommodative

- Refractive
- Non- refractive
- Mixed

This type of squint usually manifests at age 2-3 years and is frequently hereditary. These children usually present with moderate to high hypermetropia. Treatment is usually corrective lenses.





2. Exotropia / Outward Squint



a) Constant

- Congenital
- Decompensated intermittent
- Sensory deprivation
- Consecutive

Intermittent exotropia is often treated by means of visual therapy and/or glasses. Constant exotropia is generally treated with surgical correction.

Amblyopia

The term lazy eye is often used by many when referring to amblyopia. Amblyopia is NOT a lazy eye, but rather the result of the brain suppressing / dis-regarding the bad eye in order to avoid diplopia/double vision and confusion. This will result in a marked difference in vision between the eyes even when wearing corrective lenses. Stereopsis / 3-D vision will be affected often giving the impression of a clumsy child. Treatment options include:

1) Occlusion therapy where the good eye is patched for a few hours a day



2) Atropine drops to blur vision in the good eye



3) Ploectics

4) CAM Therapy

5) Modification of corrective lenses

6) Surgery