

Eye Examinations

How regularly should I have my eyes examined?

The recommended time frame is every 2 years for a routine examination, but can be more frequent in the case of severe problems. Young children should be thoroughly examined on an annual basis to ensure that the visual system develops to its full potential.

Patients very seldom experience pain or symptoms in eye disease even in advanced cases. Even if pain or discomfort is encountered, patients tend to wait too long before seeking help.

Family history and genetics plays a very important role in eye related problems and should an appointment be scheduled regularly to exclude possible problematic areas especially when a positive family history is present.

The comprehensive examination will take approximately 45 minutes.

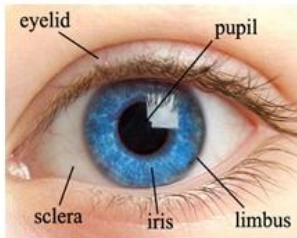


Eye Muscles / Movement

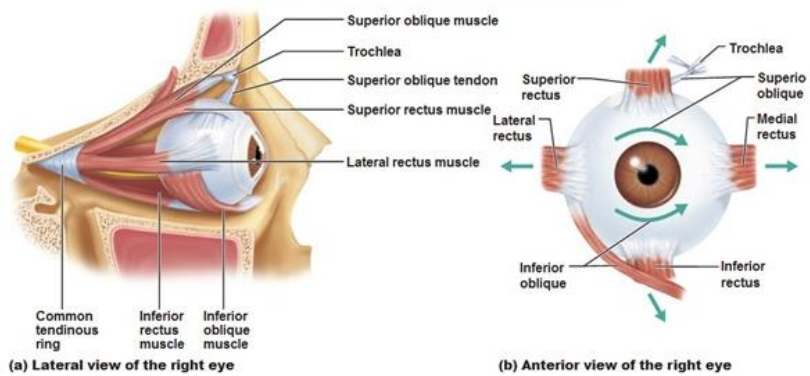
The human eye has 6 external muscles to control movement. Your Optometrist will measure the extend and limitations of eye movement and to exclude the presence of a strabismus (squint).

Pupils

PERLA – Pupils are equal round, reactive to light and accommodation. If not ALL features of the pupils are present, Jan de Winnaar will investigate and/or refer for further tests.



Extrinsic Eye Muscles



Slitlamp Examination

The slitlamp is a microscope that is used to examine the external structures of the eye. With the use of a VOLK lens the retina and internal structures can be viewed. A fundus camera takes images of the retina that can be used for future reference to monitor the progression of intra-ocular disease. As part of the examination a yellow dye called Fluorescein is used that will show if there is any abnormalities present of the outer cell layers as a result of trauma, injury or disease. Glaucoma testing is done routinely for all adult patients and when there is possible cause for concern, - it will be done for children as well. This test is done under local anaesthetic (drops) with an aplanation tonometer. This procedure is painless and the patient can drive after the examination.

Refractive Status

The term refractive status is classified in the following categories:

- Myopia / shortsighted
- Hyperopia / farsighted
- Astigmatism / uneven curved cornea and/or intra ocular lens
- Presbyopia / "short arm problem" – over 40's
- Amblyopia / lazy eye

Objective measurements are mainly used for young children or patients with limitations such as speech difficulty or mental incapacity. In a subjective refraction a phoropter is placed in front of the face and a screen with letters/numbers/symbols or shapes are shown on a wall chart. The best corrected visual acuity is obtained and the lens prescription documented to obtain this vision. Objective measurements can include:

- Cycloplegic refraction
- Dynamic and static retinoscopy
- Auto refractometer

The Optometrist will discuss the best option for refraction with you and if a cycloplegic refraction is indicated, you will be instructed to wear sunglasses as your pupils will be dilated and must not drive a vehicle for the next 12hrs.