

AAOP-Talk: “Got Tips on How to Do Good Visual Fields for Ptosis Patients?”

When technicians need advice, to whom should they turn? If they are members of the American Academy of Ophthalmic Professionals (AAOP), they can seek guidance from their colleagues on AAOP-Talk, a members-only online community for technicians, scribes, and other clinical staff. For example, a query about visual fields (VFs) elicited the practical advice below.

Crowdsourcing Advice

The question. “Has anybody got tips on how to do good taped and untaped VFs for ptosis patients?” This query prompted the following feedback.

Check for allergies and avert discomfort. “Ensure the patient does not have any allergies to the tape being used,” said Aaron V. Shukla, COMT, PhD, from St. Paul, Minnesota. “Also, before taping, you should instill one drop of artificial tears. Otherwise, the eye can get dry and uncomfortable, and the patient will be focused on finding relief rather than focused on the test. The patient can wipe the excess artificial tears with a clean tissue before being positioned.”

Ensure the patient is mentally prepared for a taped VF. “I encourage the patient not to ‘fight’ the tape,” said Jan K. Ledford, COMT, from Franklin, North Carolina. “I also make sure that patients understand why we’re doing this, and how important it is if they need a procedure. I will also let them

know that they might find it a little uncomfortable.”

Applying the tape. “Make the tape look like an upside-down ‘T,’ with the horizontal part on the eyelid near the lashes, and the vertical part pulling up into the eyebrow,” said Lisa S. Moore, COA, OSC, from Seneca, South Carolina.

Patient instructions for the untaped and taped VFs. “For an untaped VF, we coach the patient to keep their lids relaxed and keep looking at the target,” added Siminda J. Rasnake, COT, OSA, from Carmel, Indiana. “If it is a taped VF, we tell them to hold the lids wide open. We also find that we have better success with a technician holding the lid up so that we can allow the patient to blink.”

Timing. “In addition to the previous comments, I tend to do the taped field first. We find that patients are more likely to be fatigued during the second (untaped) field,” said Denise M. Marshall, OSA, COMT, OSC, from Anchorage, Alaska.

Removing the tape. “I always have the patient remove the last part from the eyelid margin since they can feel the pull and proceed accordingly,” said Dr. Shukla.

Note: The above tips are drawn from a discussion thread on AAOP-Talk, the online community for AAOP members. The quotations were edited for length and published with permission of the participants.

Sign Up Your Technicians for AAOP

The AAOP, the Academy’s newest membership group, offers training, education, and professional development resources for your entire clinical team.

Benefits of AAOP membership include the following:

AAOP-Talk. An exclusive online community that connects your clinical staff with supportive peers in real time.

Clinical Teams Express. A quarterly e-newsletter that includes tips and pearls for clinic flow, technical skills, patient experience, professional development, coding, compliance, and more.

AAO 2024. Discounted registration for the next Academy annual meeting, featuring a technician learning track.

Discounts at the Academy Store. Savings of up to 40% on coding references, technician training tools, and more at aao.org/store.

Who can join AAOP? Membership is open to ophthalmic clinical personnel—including technicians, ophthalmic assistants, technologists, surgical and keratorefractive techs, photographers, nurses, and orthoptists—who are employed by a current paid ophthalmologist member of the American Academy of Ophthalmology. (Note: Optometrists and commercial representatives are not eligible for AAOP membership.)

Why staff should join soon. Staff who join the AAOP by Jan. 1 will get the most out of their membership, which runs on a calendar year basis.

To learn more about the AAOP, visit aao.org/aaop.