

Central Lancashire Online Knowledge (CLOK)

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Conclusion This retrospective audit shows that iStent procedure has been successful in reducing IOP and reducing the burden of medical therapy on patients. Results indicate that ethnicity and socioeconomic data do play a role in the outcome of iStent procedure.

6 EPIMAX OINTMENT- RELATED OCULAR SURFACE TOXICITY AND ANTERIOR UVEITIS

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Reflecting on the potential ocular surface toxicity and anterior uveitis associated with Epimax has provided important lessons in my practice. I've encountered patients who reported eye irritation after using Epimax, typically an emollient for the skin.

This year, we had eight patients (aged 26–69, 3 females and 5 males) who presented with corneal epitheliopathy after using Epimax ointment. Interestingly, two patients had not applied the ointment above the neck. All patients reported reduced vision and pain, with 62.5% reporting photophobia. Visual acuity ranged from 6/9 to counting fingers, and 75% had bilateral involvement. Key findings included significant corneal epithelial defects in 50%, conjunctival injection in 66.6%, and punctate keratopathy in 93.3%. Corneal oedema or Descemet's membrane folds were noted in 35.7%.

One case involved an elderly patient using Epimax for eczema who developed persistent eye irritation and blurred vision. After discontinuing Epimax, her symptoms resolved. Another case involved two patients with anterior uveitis, one with a 0.5mm hypopyon.

All patients were treated with preservative-free topical steroids and lubricants, with 87.5% also receiving preservative-free antibiotics. Visual outcomes were favourable, with seven patients achieving 6/6 or better vision in at least one eye.

We reported these cases via the Yellow Card scheme and collaborated with dermatologists and GPs to raise awareness. The MHRA has now issued a safety update advising against using Epimax around the face.

My encounters with Epimax-related ocular toxicity have taught me valuable lessons and I made a poster which I would like to share in WVUK meeting.

7 HOW COMPLIANT ARE NATIONAL HEALTH SERVICE (NHS) ENGLAND UNIFORM POLICIES WITH REGARDS TO RELIGIOUS HEAD COVERINGS AND BARE BELOW THE ELBOW (BBE) ADJUSTMENTS?

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Background The '2020 NHS England Uniform and Workwear: guidance for NHS employers' has made clear provision for religious head coverings in theatre and adjustments to bare below elbow (BBE) rules, including disposable oversleeves. We

conducted a national audit to assess the compliance of local dress code policies with national guidance.

Methods Freedom of Information requests to access local uniform policies were sent to all 211 NHS England trusts, as listed on the NHS England Provider directory between 29/07/2024 and 05/08/2024. Uniform policies were compared to the '2020 NHS England Uniform and Workwear: guidance for NHS employers'. Compliance in three areas was assessed: (1) Provision of religious head coverings in theatre; (2) Allowance of full sleeves when not engaged in direct patient care activity; (3) Provision of disposable oversleeves.

Results Overall, 200 uniform policies were received (95%). Provisional analysis shows that of the trusts with surgical theatres, 30% allowed individuals to wear their own cloth headscarf whereas 8% only allowed disposable scarves/orthopaedic hoods. 62% did not mention any provision for religious head coverings in theatre. Regarding BBE adjustments, 30% allowed both full sleeves and disposable oversleeves. 10% only allowed full sleeves and 12% only allowed disposable oversleeves. 48% did not allow any BBE adjustments.

Conclusion Despite national uniform guidance being available since 2020, there is large variability in implementation across NHS England. There is an unmet need to update local uniform policies to value and maintain the dignity of Muslim female healthcare professionals in the workplace.

8 IMPOSTER SYNDROME IN OPHTHALMOLOGY RESIDENTS – ARE WE OUR OWN WORST ENEMIES?

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Background Imposter syndrome (IS) describes the experience of feeling fraudulent or doubting one's achievements despite evidence to the contrary. Female physicians have higher rates of IS. Although explored in other surgical fields, prevalence within Ophthalmology residents has not previously been researched.

Methods An online survey was sent to Ophthalmology residents from our School. This included the Clance Imposter Phenomenon Survey, a validated IS measure, plus participant demographics and items querying experience of potential compensatory mechanisms for IS based on another prior IS publication. Responses were anonymous. Ethical approval was not required but permission was granted by the Head of School.

Results 12 of 26 Ophthalmology residents completed the survey, (46% completion rate). 87.5% of female residents demonstrated moderate or frequent characteristics of IS, compared to 50% of male residents. 62.5% of female residents demonstrated frequent characteristics compared to 25% of male residents. There were no demonstrable additional characteristics linked to expression of IS characteristics.

Conclusion IS is prevalent within Ophthalmology residents, and as found in other specialties, is heightened within the female cohort. IS can result in the downplaying of accomplishments and underestimation of abilities, which may lead to lower levels of recognition and slower career advancements. In addition, IS can be associated with higher levels of anxiety, depression, and stress. Further research is required to fully understand the origins of IS and its impact on the