The Role of Vitreoretinal Retinal Nurse Specialist

Rita Mclauchlan, MA, BSc, PGCE, RGN, ENB-346 (ophthalmology)  
Vitreoretinal Nurse Specialist
Background

- How VR Nurse’s role emerged
- How it evolved
- What we do
- Plans for future
Role of Vitreoretinal Nurse Specialist

The role of Vitreoretinal Nurse Specialist is to take responsibility for care and management of Vitreoretinal patients across the ophthalmic directorate.

This role resulted from an Action Research project in 1998 at Manchester Royal Eye Hospital.
Action Research (1998)

The Action Research project was set up to address a number of concerns that were raised not only by doctors, nurses and managers but also by patients.

In particular there were concerns with the post-operative posturing regime especially following macular hole surgery.

Posturing can be uncomfortable and frustrating, and requires a high level of motivation.
Findings of Action Research

- Unprepared patients-Physiologically, Psychologically Emotionally.
- Increased surgical cancellation
- Delay discharge/increase length of stay
- Less compliance to treatment
Findings of Action Research

• Variation in nurse’s knowledge & skills of VR nursing
• Interdisciplinary communication problems
• Inconsistent and conflicting information
• Unavailability of posturing equipment
Recommendation from Action Research

It was one of the recommendation of AR group to appoint VR nurse who would take responsibilities for Vitreoretinal patients across the trust.

Subsequently the VR Nurse Specialist was appointed in 1989.

2006- VR staff nurse was appointed.
Present overview: Members of VR Team AT M.R.E.H

- 5 VR consultants
- 3 VR fellows
- 2 ST’s
- 1 VR Nurse Specialist
- 1 VR Staff Nurse
# Vitreoretinal Nurse Specialist Time Table

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM:</strong> Ward round</td>
<td><strong>AM:</strong> Ward round</td>
<td><strong>AM:</strong> Ward round</td>
<td><strong>AM:</strong> Ward round</td>
<td><strong>AM:</strong> Ward round</td>
</tr>
<tr>
<td>Acute Retina clinic</td>
<td>Injection clinic</td>
<td>Acute Retina clinic</td>
<td>Injection clinic</td>
<td>Acute Retina clinic</td>
</tr>
<tr>
<td>Nurse led-pac</td>
<td>Acute Retina clinic</td>
<td>teaching/meeting/audit work</td>
<td>Acute Retina clinic</td>
<td>Nurse-led pac</td>
</tr>
<tr>
<td>Ward round</td>
<td>Ward round</td>
<td>Ward round</td>
<td>Ward round</td>
<td>Ward work Admin/teaching/audit work</td>
</tr>
<tr>
<td>Nurse led pac clinic</td>
<td>Ward round</td>
<td></td>
<td>Ward round</td>
<td></td>
</tr>
</tbody>
</table>

**Monday:**
- AM: Ward round
- Acute Retina clinic
- Nurse led-pac

**Tuesday:**
- AM: Ward round
- Injection clinic

**Wednesday:**
- AM: Ward round
- Acute Retina clinic
- Teaching/meeting/audit work

**Thursday:**
- AM: Ward round
- Injection clinic

**Friday:**
- AM: Ward round
- Acute Retina clinic
- Nurse-led pac
OVERVIEW OF VR SERVICES AT M.R.E.H

VR nurse visible acrosss MREH (ward/Day case/theatre/OPD

• Acute retina clinic 5 days am
• Routine Retinal clinic 4 days a week
• Nurse-led VR Pre-assessment
• Lasers everyday
• Diabetic clinics
• FFA/PDT/OCT/IVI
• VR Routine Theatre lists (urgency list a week)
Pre-operative preparation

Acute Retina Clinic

- Receives 600 VR emergencies per year
- Organise admission and prepare patients at short notice

Nurse led pre assessment clinics/patients from any routine clinic

- We do 2800 routine VR surgeries per year
- Coordinate care across the trust
Patient preparation: in Pre-assessment clinic

- Patient education/counselling
- Condition/surgery explained
- Show video (if definitely posturing face down)
- Show equipment/Allow to practice on the ward
- Provision of after care: meals, sleeping, medication, hygiene, toileting, boredom, aches and sex
- Physiological discomfort: advice on gentle exercise etc
Patient preparation: in Pre-assessment clinic

- Discharge planning i.e. D/N, social services
- Written information
- All preoperative investigation
- Liaise with multidisciplinary i.e. GP, Anaesthetists etc
- Patient care is documented in care pathway is initiated
Staff education

Staff education is an essential part of VR nurse’s role. Acting as a role model in the care of VR patients.

Provides formal/informal education and act as a resources for the staff and keep them updated in development to facilitates ongoing learning.
Posturing face support

- 22 face support units in stock
Post-Operative positioning
Posturing face support

- Set up free system to enable patient to loan equipment for the duration of their posturing period

- We have also developed a tracking system to ensure that they are returned.

- If patient fails to return they are sent a reminder letter
Future

1st Post operative check

• Expanding VR nurse’s role in measuring one day post-op IOPs and anterior segment assessment for routine Vitrectomy Post-ops (Mac Holes, ERMs, RDs, etc) including gas bubble size

Intravitreal Injections

• Role of VR nurses is not limited to surgical but also medical Retina Intravitreal injections- performed 160 cases so far
Research and Audits


References


Thank you
Research/Audit & Practice Development

- 2001 - Pressure sore in Ophthalmology
- 2006 - Patient satisfaction/staff perception of a VR pre-assessment clinic
- 2006 - Patient satisfaction with written information leaflets
- 2006 - Documentation of Pain and nausea score following Vitreoretinal surgery:
- 2008 - Posture or not posture
- 2008 - Switching to Day case will pain control be a problem
- 2008 - Pain assessment following laser Photocoagulation
- 2010 - To discover the reasons for the length of in-pts stay following VR surgery
- 2010 - 2 hour pre-operative fasting under local anaesthetic
- 2014 - Patient support to reduce risk of diabetic retinopathy

References available on request