Murphy et al (see page 308)
Rates of glaucoma surgery in Britain have changed over 20 years. Trabeculectomy is most commonly performed however rates of aqueous shunts are increasing. Use of cyclo- crotocoagulation has dramatically declined whilst cyclophotocoagulation is more widely used.

Wright et al (see page 313)
A web-based electronic medical record proves to be an efficient way to provide glaucoma specialist review of optometrist decision-making in the setting of a community based glaucoma clinic.

Sehi et al (see page 318)
In this prospective study, the authors observed that retinal oximetry measurements using non-invasive spectrophotometric retinal oximeter (SRO) are highly reproducible in both treated glaucomatous and normal eyes.

Flanagan et al (see page 323)
Hypercapnia influences ocular blood flow. In this study of normal individuals, an increase flicker sensitivity was observed with higher CO2 levels.

Sung et al (see page 329)
Various kinds of brain lesions show considerable reduction of ganglion cell thickness even before a visual field abnormality becomes apparent. Ganglion cell thickness can be an early marker to estimate the status of visual pathway.

Baudouin et al (see page 336)
In vivo confocal microscopy (IVCM) is an easy way to identify eyelid Demodex infestation. Forty eight patients had this examination associated with IVCM meibomian glands evaluation.

Hwang et al (see page 342)
Base-out prisms were helpful in maintaining fusion in consecutive esotropia after bilateral lateral rectus recession. The amount of overcorrection gradually decreased and most patients were weaned off prism glasses after 3 years.

Lee et al (see page 346)
This prospective study introduces a novel concept of “functional eyelid centre”. The authors report that the optimal point for eyelid lifting lies slightly temporal to the mid-pupillary line in ptosis surgery.

Dimopoulos et al (see page 350)
In a retrospective study of 46 eyes with vitreomacular traction that were not treated with Ocriplasmin, the authors observed spontaneous resolution in 20 with a mean improvement in visual acuity of one line.

Tan et al (see page 354)
In a prospective study of 100 subjects, subfoveal choroidal thickness measurements were comparable between DRI OCT-1 and Spectralis OCT (Intra-class correlation 0.989). This difference was larger among eyes with retinal diseases compared to normal eyes.

Gillies et al (see page 359)
Eyes receiving antivascular endothelial growth factor therapy for neovascular age-related macular degeneration with choroidal neovascular fronds that were persistent active did not have significantly worse visual outcomes than those whose membranes quickly became inactive.

Lin et al (see page 371)
In a 2 year randomised placebo-controlled study of lutein and zeaxanthin supplementation in patients with early AMD, enhanced retinal sensitivity was observed in the treatment groups.

Andrew et al (see page 376)
In a retrospective clinico-pathological study of orbital inflammation, IgG4-related orbital disease was found to account for 50% of orbital benign lymphoid hyperplasia and up to 24% of idiopathic orbital inflammation, depending on the diagnostic criteria used.

Gritz et al (see page 382)
In a cross-sectional population-based study in Cuba, 279 individuals with ocular toxoplasmosis were identified, just over half of whom presented with active ocular toxoplasmosis.

Newton et al (see page 387)
In a study of 282 children with retinoblastoma in Uganda the authors concluded that diagnostic delay was a significant contributory factor to the relatively high mortality of almost 50% by the conclusion of the 6 year study.

Shin et al (see page 391)
The authors compared the clinical outcomes of conventional monovision with those of crossed monovision in pseudophakia and observed no significant differences between both groups. In pseudophakic monovision therapy, ocular dominance may not be so important.

Hugkulstone et al (see page 396)
Suction posterior capsulorhexis offers a simple technique to manage posterior capsule problems, such as plaques or tears. Complications are rare and the visual outcomes in experienced hands are better than the Cataract National Dataset.

Greenberg et al (see page 401)
An analysis with the Appraisal of Guidelines for Research and Evaluation (AGREE) II Instrument revealed that cataract surgery clinical practice guidelines can be improved by targeting stakeholder involvement, applicability, and editorial independence.

Auffarth et al (see page 405)
In a prospective clinical study of a +4.0 D asymmetrical near addition IOL with compensation for corneal spherical equivalent, the authors observed adequate correction of presbyopia with good visual results in distance and near and functional vision in the intermediate range.

Jefferis et al (see page 412)
In a cohort of 112 older patients, followed up for a year following cataract surgery, the authors show that cognitive impairment can adversely influence visual outcomes from cataract surgery.

Ali et al (see page 418)
The authors present visual and structural outcomes in a series of 26 children with corneal anaesthesia and discuss underlying diagnoses, the impact of co-existing facial palsy and how the frequently poor prognosis might be improved.

Yang et al (see page 425)
This study identified the mutation profile of CYP1B1 and provided a mutation spectrum of CYP1B1 in Chinese individuals with POAG patients.

Mlakar et al (see page 431)
Infection with human papillomaviruses is associated with non-keratinising conjunctival squamous cell papilloma morphology.