

## Challenges Management of Monocular Patients, a Combined Effort of the Ocularist, Ophthalmologist, Optometrist and Psychologist

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### Abstract

Monocular patients (one eyed) need ocular prosthesis which is satisfactory fit both physically, psychologically and socially. Ocular prosthesis is being worn by monocular patients to make them socialize, heal physically and psychologically. These patients face lots of challenge ranging from psychological (depression, loss of self-esteem and displeasure), clinical (reduced visual field, loss of stereopsis, poor hand and eye coordination, orbital tremors, socket contracture and lid abnormalities).

**Keywords:** *Ophthalmologist; OCULARISTRY; Refractive state; Eye*

A latest advance in oculoplastics has revealed that optimum satisfaction for monocular patients can be achieved through fabrication of customized ocular prosthesis (OCULARISTRY). Since prosthesis is made to the exact fit of the patient considering the hue of the good eye with natural details, patients have derived some level of satisfaction compared to the use of readymade prosthesis.

The Ophthalmologist (ophthalmic surgeon) performs an enucleation, evisceration or exenteration, refers to the ocularist for the fabrication of an ocular prosthesis who after consultation with the patient refers to the Ophthalmologist and Optometrist for ophthalmic medications and Protective eye wear respectively, while the psychologist is supposed to have some counseling session with the patient, especially in cases of emotional heartbreak.

Life monocularly is more tasking because of adaptation, this is reflected in depth perception, line of sight, binocularity, field of vision, hand and eye coordination. A good personnel is supposed to counsel the patient ahead, letting him or her know challenges expected to be faced and ways to surmount them. Over the years in the practice of ocularistry, we still encounter patients who do not derive satisfaction from a well fitted ocular prosthesis, such patients will benefit from counsel by the psychologist.

### Conclusion

In conclusion of this opened article of mine, management of monocular patient is not restricted to personnel, but effectively by these four personnel and is dependent on:

- Age
- History of eye loss
- Occupation
- State of mind
- Level of compliance with health instructions
- Financial state
- State of eye socket
- Refractive state of the good eye
- Angle of vision of the good eye

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There is a need to get all of these four personnel involved in the management of the Monocular patient to achieve good results.

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