

Dear Colleague,

Welcome to this ME update.

People on the move

Deborah Symons is our newly appointed Aviation Medicine Team Leader. We welcome her and her enthusiasm. She is keen to improve the way we work and the delivery of services.

We also welcome *Wiebke Ashby* who has joined the Team as a licensing adviser, filling in the role of *Adam Lovick* who has ended his temporary cover.

CAA - CME meeting - Wellington

The CAA CME will be on Friday 9 September (circa 9:30 -16:00) to coincide with the AMSNZ conference on 10 September 2016.

Deceased pilots

Should you become aware of a pilot or ATC's death in your community we would appreciate being informed to allow administrative closure at CAA and prevent us from sending mail inappropriately.

Sending completed assessments.

A reminder that completed assessments should be sent to CAA within 5 working days, by post. Fax documents are not of suitable quality for scanning at our end.

We have completed a trial with a selected number of MEs who send their medical assessments by e-mail. We have identified a number of issues to be addressed; they include: quality of scans, documents not attached and application pages missing.

We are looking at the process with view to accept digital assessments in the future. We will provide you with an update when possible.

Medical Manual.

Parts 1, 2, 4 and 5 of the manual, available on the CAA website, have been changed to the Part 3 format and have undergone a minor revision.

Small Incision Lenticule Extraction laser procedure (SMILE).

This modern laser refractive surgery technique was made possible by the development of

femtosecond lasers. This technique limits the surgical damage to peripheral corneal nerves. This can be expected to reduce the incidence of dry eye and other side effects. The localisation of the treatment to intrastromal corneal depths beneath the anterior elastic lamina can be expected to improve the strength of the treated cornea. However the loss of tissue volume inside the cornea rather than on the surface might result in complications not seen before. The Kamiya et al (2015) study has showed good stability of the correction with no change over 0.5 D over 12 months. Blum et al (2014) reported stability within +/- 1 D over five years.

In conclusion, the safety and outcomes are thought to be good, with minimal risks. The full picture will only be available when longer term follow up studies are published. Meanwhile, CAA will impose stricter surveillance conditions following SMILE surgery than for other types of laser surgery. Please consult with CAA for any such cases.

Irlen syndrome

The syndrome and its treatment are controversial as there is little accepted medical evidence to support this non-streamline optometry school of thoughts. Irlen syndrome is described as a perceptual problem affecting some people with dyslexia, attention deficit, reading difficulties and other functional problems. 'Irlen syndrome practitioners', who are generally optometrists, often treat their patient with coloured lenses.

From an aeromedical consideration there are two issues: 1- Functional difficulties, and 2- the use of coloured lenses. Such lenses are not acceptable in aviation. It is appropriate to consider anyone with this diagnosis as having a condition that is of aeromedical significance.

With best regards from the Av Med Team. Happy Easter.