

# OCULAR HAZARDS FROM EXPOSED VISIBLE , IR , AND OTHER RADIATION

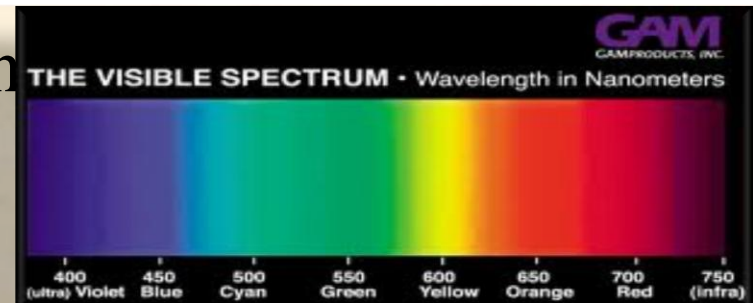
OLHEK RADIATION



# (A) VISIBLE LIGHT



## □ Sources & site of absorption



visible wavelength (nm)	Sources	Site of ocular damage
400-780	Sunlight; Incandescent , fluorescent and arc lamps	RPE , hemoglobin , macular pigment photoreceptors
	Lasers- argon , krypton	Resulting in visual loss , color vision problems



# OCULAR EFFECT



- High levels of radiation within the visible spectrum can cause both photochemical & thermal injury
- The short wavelengths end of visible spectrum tends to produce photochemical damage
- The long wavelengths of visible spectrum tends to produce photochemical damage & thermal damage
- IR radiation produces only thermal damage



# OCULAR EFFECT

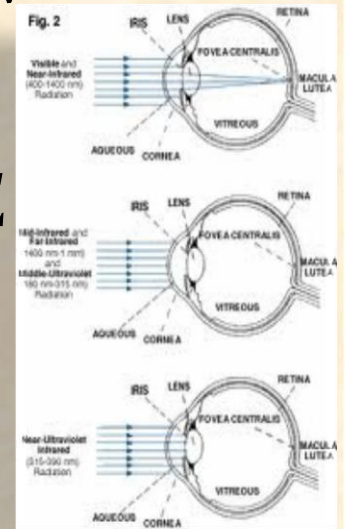


- There are following degenerative changes to occur to rod & cones
  - a) Vacuole formation of the outer tip of the photoreceptor
  - b) The outer segment loses its lamellar structure & becomes tortuous & swollen
  - c) Outer segments breaks off from the inner segment
  - d) Photoreceptor disappear but remaining layers are intact



# ❧(I) VIOLET & BLUE RADIATION ❧

- ❑ Violet & blue radiation have been implicated in the etiology of ARMD
- ❑ Long-term exposure to low levels of UV & visible radiation damage to the photoreceptor—specially the cones & RPE

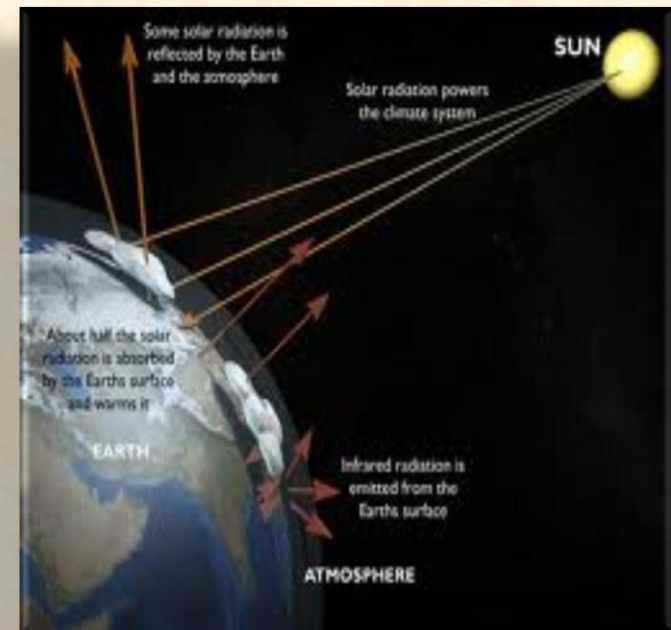




## (II) SOLAR RETINOPATHY



- Caused by staring @ the sun , even for very short periods of time , with out suitable eye protection
- Damage primarily to photochemical trauma in the outer segment of photoreceptor



# ∞(B)INFRA-RED RADIATION ∞

## □ Sources & site of absorption

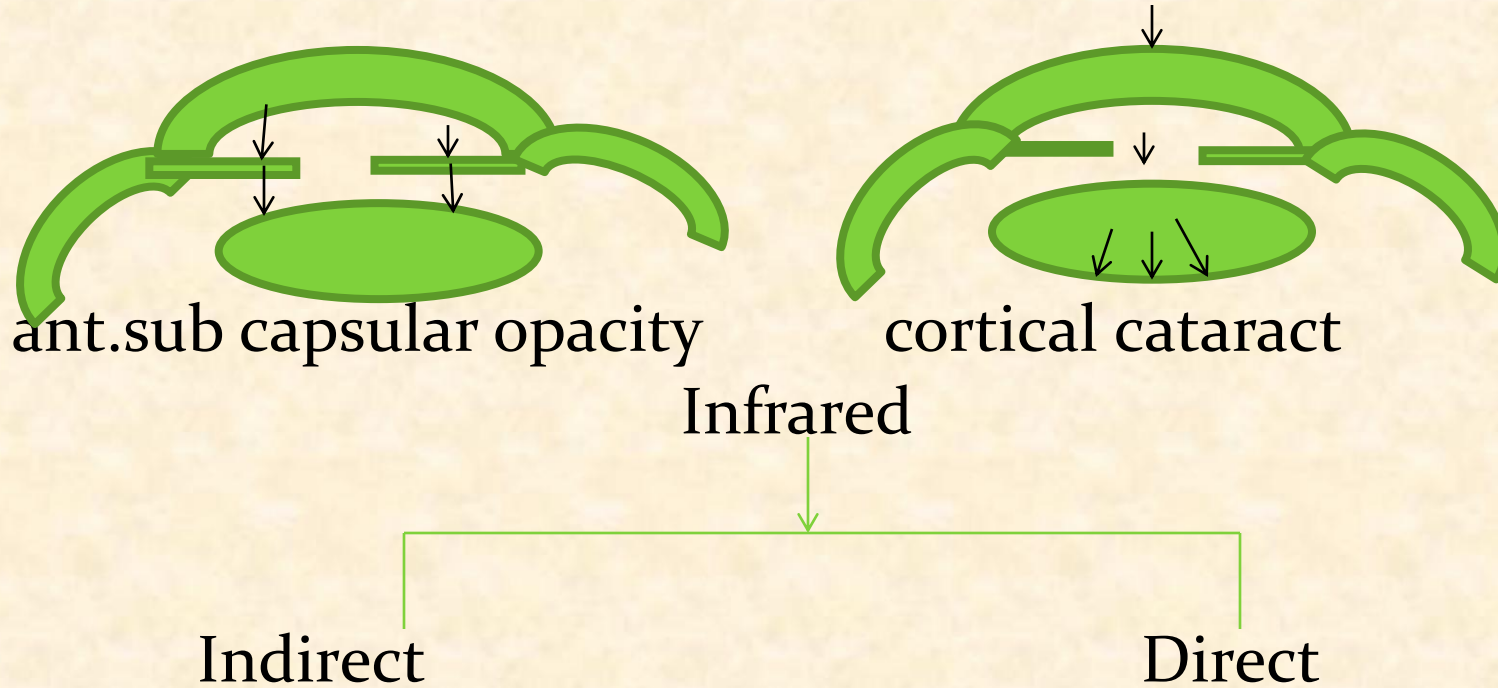
SPECTRAL DOMAIN		WAVELENGTH( nm)	SOURCES	SITE OF OCULAR DAMAGE
BIOLOGICAL	PHYSICAL			
IR-A	Near IR	780-1400	SUNLIGHT, ARC LAMP,ND- YAG LASER	PIGMENT EPITHELIUM OF RETINA,IRIS, CATARACT
IR-B	Far IR	1400-3000	SUNLIGHT,U RBIUM LASER	CORNEAL & LENS EPITHELIUM
IR-C	Far IR	3000-10000	FURNACES, CO <sub>2</sub> LASER	CORNEAL EPITHELIUM, RESULTING CORNEAL OPACITY



# OCULAR EFFECT



- A. The cornea absorb IR-C RESULT → Opacification
- B. The lens absorb IR-B RESULT → Cataract





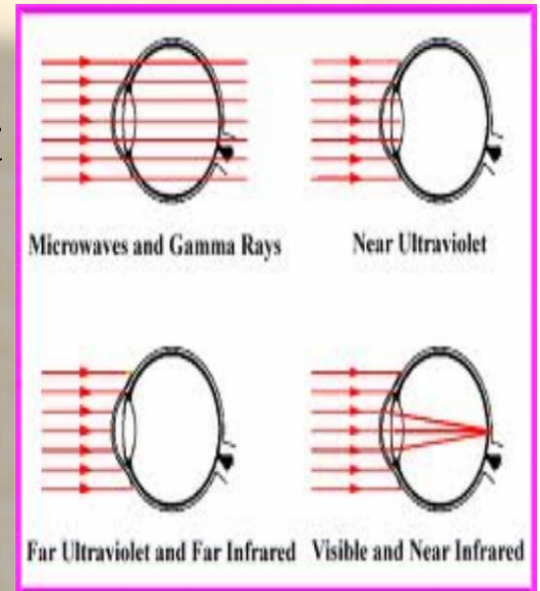


# OCULAR EFFECT



c. The Retina absorb IR-A RESULT retinal burns

IR-radiation absorb by the melanin pigment granules in pigmented epithelium & underlying choroid these result inflammatory response



# ❧(c) OTHERS FORMS OF RADIATION ❧

- ❑ X-rays and Gamma rays are known to produce adverse effects on the eye & living tissues
- ❑ Sources & site of absorption

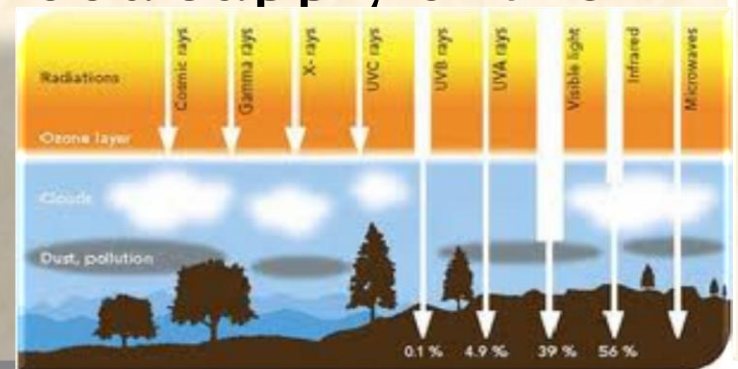
Sources	Site of absorption	Ocular effects
X-ray	Lens epithelium and nucleus, resulting in cataract	Sensitivity of the ocular tissue decreasing, cataract,
Gamma ray	Lens epithelium and nucleus, resulting in cataract	Pigmentary changes in skin & dry eye



# OCULAR EFFECT



- These radiation may have direct & indirect effect upon the tissues
- A direct action upon the cells can result in cells death
- Indirect damage can occur as a result of damage bl.vs , leading to a reduce blood supply of the tissue



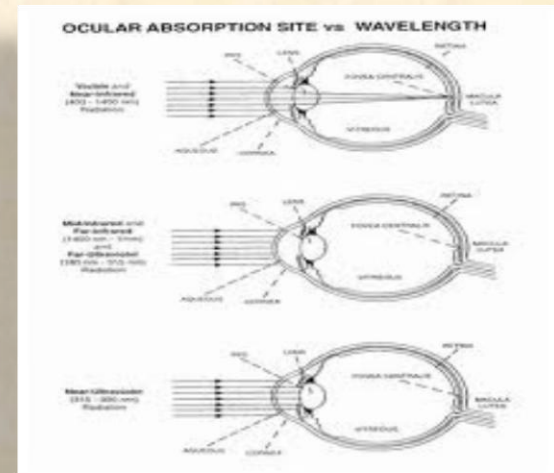




# OCULAR EFFECT



- The most common effects are cataract formation because lens contain ocular tissue
- The latent period & the severity of lens damage depends on:
  - a) Duration & concentration , single or multiple exposure (>250nm can cause cataract )
  - b) Type of radiation- low or high penetration
  - a) Age of the person-younger person shorter latent period and greater the lens damage





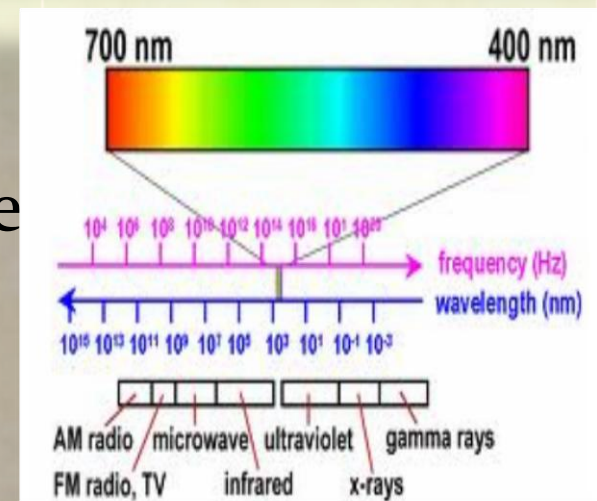
# I.MICROWAVE RADIATION

WAVELENGTH	SOURCES	SITE OF OCULAR DAMAGE
0.001m to 0.3 m	Microwave oven , FM radio, television & radar	Avascularity of intra ocular cavity will result increase temperature

□ Absorption depends on :

a) Type of tissue: water base tissue absorb much more energy than fat or bone

a) Tissue with higher amount of water absorb microwave energy , such as muscle tissue



# ∞ Absorption depends on... ∞

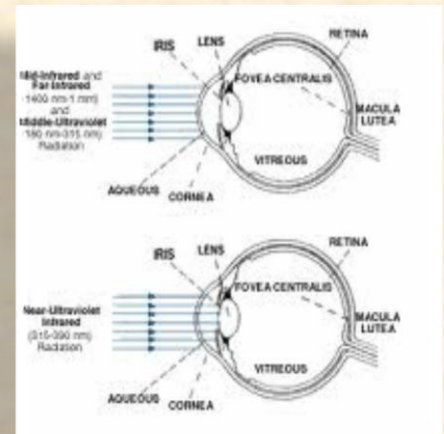
## □ Wavelength:

a) Degree of penetration of microwave length is directly related to wavelength

b) Thermal effect of longer wavelength are more penetrate .

e.g: 1) 12cm microwave penetrate 1cm eye (up to post. Cortex of lens)

2) 3cm microwave penetrate 1mm eye (temperature raise up to cornea)



# ∞ Absorption depends on...∞

## □ Frequency :

- a) relationship between microwave frequency & amount of absorption
  
- b) Amount of absorption @ the surface expose tissue ↑ with ↑ microwave frequency





# OCULAR EFFECT



- Can only be assessed by experimental or clinical means
- Population surveys have failed to show a correlation between exposure & cataract formation





# (B)LASER



## □ Sources & site of absorption

SOURCES	WEAVE LENGTH	SITE OF ABSORTION	SITE OF OCUAR DAMAGE
Ruby , argon , YAG	For UV (300nm) to far  IF (>1400nm) far	<300nm absorb cornea(damage corneal epithelium) 300-400 nm cataract	Depend on the weave length  Absorb cornea crystalline lens



# OCULAR EFFECT



## □ Cornea

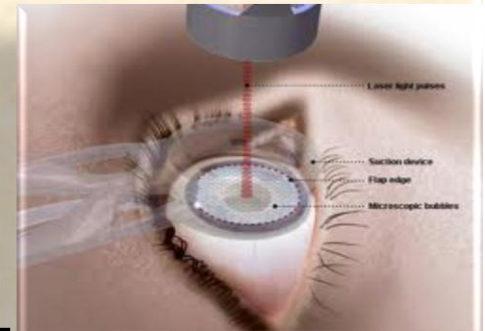
UV laser emit radiation  $<300$  nm absorb the will damage the corneal epithelium

## □ Lens

UV from 300-400 nm causes cataract

## □ Surgery

Wavelength of 193 nm was optimal for corneal surgery





# OCULAR EFFECT



- Radiation from visible & IR laser focused on the retina can cause:
  - a) Thermal injury following absorb by melanin pigment epithelium and choroid
  - b) Photochemical damage , specially in the blue region of visible spectrum which absorb the inner retinal layer



# OCULAR EFFECT



- Type & degree of retinal damage caused by a laser will depend upon :
  - a) Power density of the laser
  - b) Time of exposure
  - c) Size of image upon the retina
  - d) Wavelength & transmission through the ocular media
  - e) Degree of retinal and choroidal pigmentation





# OCULAR EFFECT



## □ Ophthalmic instruments

Instruments	Avg.retinal irradiance	Safe time
Direct ophthalmoscope	29.0(mW)/cm <sup>2</sup>	—
Indirect ophthalmoscope	7.8- 8.4 V	23
Slit lamp	6 V	13
Operating microscope emmetrope & myopes aphakic	100.0-970(mW)/cm <sup>2</sup>	29-1.8
	59-.0-590(mW)/cm <sup>2</sup>	49-3.7

# ∞ Ophthalmoscope ∞

- Indirect ophthalmoscope can produce retinal irradiation 5 times greater than by a direct ophthalmoscope.
- Power of the condensing lens also affects the retinal irradiation
- IO is considered to be unsafe after 23 sec of exposure in a normal patient with clear media & dilated pupil.





# SLIT LAMP



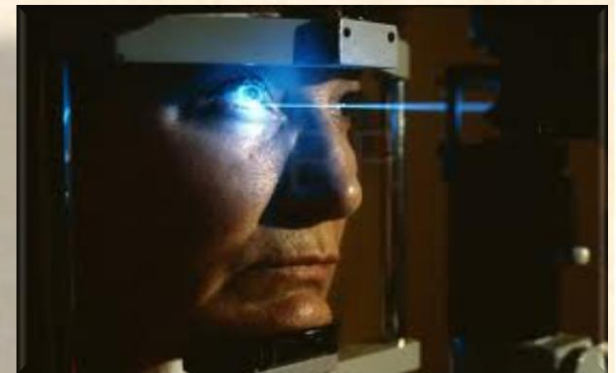
- Slit lamp examination of retinal procedure up to three times more irradiance than direct ophthalmoscope

- The level of irradiation depends on \_

- a) Lamp voltage

- Range -140 mW/cm<sup>2</sup> for 5 V lamp

- 385 mW/cm<sup>2</sup> for 7.5 V lamp



- b) Safe duration for retinal examination shorter than IO as little as 10 sec for patient with retinal or macular degeneration



# OPERATING MICROSCOPES



- It can produce retinal irradiation 10 times greater than by a direct ophthalmoscope.
- Safe time varies from 1.8 to 49s which is relatively short during operation
- It has been suggested that corneal occluder be used during prolonged procedure
- Light sources such as surgical illuminating lid speculum provide





# OPERATING MICROSCOPES



## □ Recommendations

- a) Use IR filter to absorb wavelength longer than 700 nm
- b) absorb wavelength below 450 nm eliminate blue light & UVA . This will improve light scattering & chromatic aberration
- c) Use min amount of light & time necessary for examination





# REFERENCE



- “ Work & the eye ” rachel v, north , 2<sup>nd</sup> edition
- “ clinical optic ” troy E. Fannin , theodore Grosvenor , 2<sup>nd</sup> edition



*Thank you*

