OPTOMETRISTS AND DISPENSING OPTICIANS BOARD
Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti

STATEMENT ON AMNIOTIC MEMBRANE TRANSPLANTATION

The Optometrists and Dispensing Opticians Board (the Board) Board has received enquiries seeking the Board's comment on the use of amniotic membranes by optometrists. It is not the Board's role to give opinion on particular modes of treatment, but the Board would like to highlight the following points in regard to the amniotic membrane transplantation (AMT).

AMT is now used for a wide range of ophthalmic conditions. In the ophthalmic patient, the role of AMT is to support damaged tissue, to aid in re-cellularisation and to prevent further degradation. It is important to note that, in many cases, the use of the amniotic membrane does not address the underlying pathology.

When an amniotic membrane is used to cover an area of the ocular surface and is eventually removed, this is referred to as a patch. When it is used with the expectation that it will become epithelialised and incorporated into host tissue, this is referred to as a graft. When used as a patch, epithelialisation will occur beneath the membrane (i.e. the membrane acts as a bandage). When used as a graft, the epithelialisation is expected to occur over the membrane.

There are multiple ways in which amniotic membrane can be applied, these include onlay transplantation, inlay transplantation or combination transplantation. In some instances, amniotic membrane application can be considered a surgical procedure where the epithelium is breached in the process of suturing.

The Board's position is that AMT sits within the optometrist scope of practice only when application does not involve breaching the epithelium or any surgical intervention (including suturing), as this would be considered a breach of a restricted task. It is important that when applying/recommending amniotic membranes optometrists must abide by the Board's clinical, ethical and cultural standards.

As with all healthcare interventions, the optometrist is responsible for ensuring that the patient has been advised of the possible benefits and risks associated with the use of amniotic membranes in order that the patient can make an informed decision and provide consent to the treatment plan.

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