

Joel Hayden, OD, believes optomap ultra-widefield (UWF™) retinal imaging to be the prudent and preferred method of conducting safe and comprehensive hybrid eye exams.



Practice Information: Hayden Optometric, Mansfield, MA, single doctor, private practice
Optometrist: Joel Hayden, OD

Device: **Daytona**, recent **California** upgrade

Reasons for Purchase: optomap image quality, higher standard of care, patient education, revenue generation

Joel Hayden, OD, of Hayden Optometric, has been impressed with ultra-widefield retinal imaging from the early days of its groundbreaking but, due mostly to office space constraints, was unable to offer the service until 2014.

Dr. Hayden purchased the Optos **Daytona**, offering a 200° view of the retina in a single capture high-resolution image, in less than a half second, through an undilated pupil. “Not everyone wants to be dilated and I am also always concerned that I might miss something with standard BIO. **optomap** captures far out into the periphery but also offers me the ability to navigate through the color separations...it is just amazing. This was the biggest investment I had ever made in my practice and it was well worth it.”

In 2019 after initial reluctance, Hayden decided to upgrade to the **California** device. “I was really doubtful that it would be worth it. I was already doing well with my **Daytona**, and I didn’t want to have to retrain my staff, but she assured me that I would be amazed by the improvements and convinced me to do a device trial at no cost.” Hayden was quickly amazed. On the first day that the device was in the office, a 14-year-old girl came in for a routine checkup. At check-in her mother declined the **optomap** screening.

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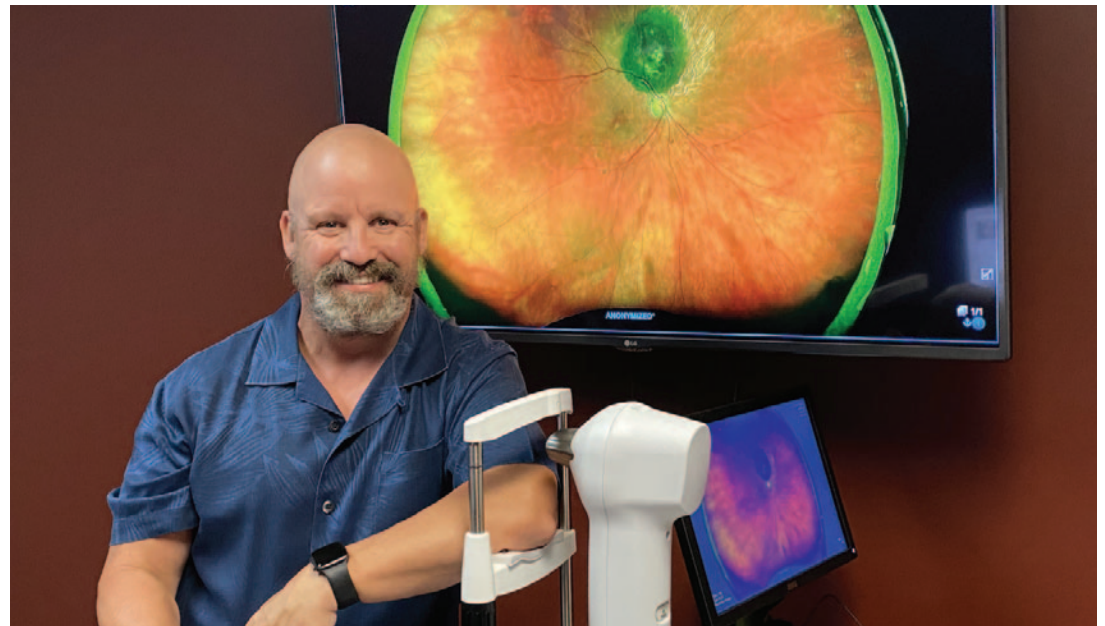
Dr. Joel Hayden on his **California** device



“We asked if we could do the **optomap** anyway just so that we could get practice with the new machine and she agreed, “Hayden explained. Although the *California* captured the same field of view as the *Daytona*, the resolution clarity and illumination are uniform throughout. Hayden credits this improvement to be largely part of the reason they made a dramatic discovery that day. “We found three retinal holes in the periphery of a young, otherwise healthy, asymptomatic patient...and that was the sale right there. To be able to see these peripheral detachments and save a 14-year-old girl’s vision was certainly worth the investment.”

Hayden also points out the smooth transition during training and the staff adapted quickly. The ease-of-use, and the new mechanism which allows the device to move to the patient, saves the technician from the challenges of hands-on positioning. **optomap** imaging on the *Daytona* had already expedited exam flow, but these changes vastly enhanced that efficiency. Hayden also adopted an opt-out approach to offering the **optomap** screening. He notes that acceptance increased dramatically from 25% to only one or two patients a day refusing the screening. He adds that amidst the pandemic of 2020 most appointments are made online or over the phone and all paperwork and consent forms are filled out before arrival. “This has been so much easier for the entire staff. They simply explain that the doctor does not want to get in their face with the ophthalmoscope and that the **optomap** ensures a safe distanced exam. We rarely have anyone opt out.”

Hayden feels that the *California* device has been a critical component in being able to protect his staff and his patients during these challenging times. He believes that going forward it will be the prudent and preferred method of conducting safe and comprehensive hybrid eye exams.



Joel Hayden, OD



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