

David Nelson, OD, MBA of Eye Contact in Madison, Wisconsin was the first to bring **optomap** technology to the area 13 years ago. He observes that while initially there was some skepticism in the community of local eye specialists, now many practitioners prefer the **optomap** for screening retina images for pathology, as part of their comprehensive eye examinations. In addition, most have found **optomap** technology critical in the symptomatic visual disturbance patient with flashes and floaters, as well as, for

following chronic health conditions for signs of change in the eye, such as diabetes and hypertension. Nelson is such an advocate for **optomap** that he regularly images himself and recently self-diagnosed a retinal detachment in progress.

“I had a posterior vitreous detachment that I had been watching for a couple of weeks, noting that my symptoms didn’t really change, until one morning I woke up and they had changed.

I had a different kind of light flash that was more central,” Nelson explained. “I went into

the office early knowing that in this situation it is best to be proactive and I hoped that when I imaged that it would look okay – but it didn’t.”

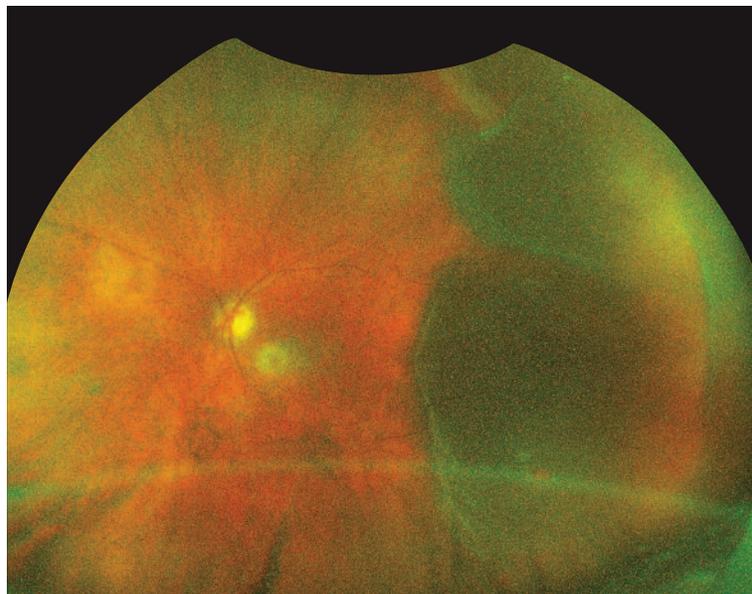
Nelson took a quick screen shot of the image and texted it to a retinal specialist. “She saw me at 9 a.m. and by 2 pm I was in surgery. At the time the macula was still on and thankfully I had a 25 gauge vitrectomy performed by Dr. Michael Ip at University of Wisconsin-Madison’s UW Hospital before the detachment progressed and I have retained my vision.”

Nelson has imaged himself subsequently, monitoring the regression of the gas bubble as it recedes and his vision clears.

*“If it hadn’t been for the quick acquisition of the optomap image and my ability to review and expedite correspondence with the specialist, I may very well have had permanent vision loss.”*

**David Nelson, OD**  
**optomap Customer and Patient**

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Color **optomap** image - Posterior vitreous retinal detachment.

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