Several studies published in Diabetes Care have found that optomap detected 17% more diabetic retinopathy and was more efficient than traditional non-mydriatic fundus imaging. Results from several recent clinical studies published suggest that optomap may be an essential element to an ocular telehealth screening program. Ease of capture and review allow for point of care evaluation thereby reducing reading center burden.

“Given the potential benefits of a substantially lower ungradable rate, decreased image acquisition time, ease of use and increased disease detection, the higher capital outlay for UWFI devices may be offset, especially in large volume telemedicine programs.”

— Diabetes Care, 2013

CLINICAL SUMMARY

- Ocular screening programs that include optomap imaging have a higher rate of diabetic retinopathy detection and more effectively identify patients at high risk for progression.\(^1,3\)

- Implementing optomap reduces ungradable rates by up to 81%, due to the ability to easily image through small pupils and media opacity. This capability allows for more effective screening for retinal pathology.

- optomap captures nearly 3 times more retinal area than traditional 3 field fundus photography, therefore capturing more pathology while reducing image evaluation time. Software provided with the device allows for remote image review and efficient review of multi-layer images (color, red and green channels).\(^2\)

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Building The Retina Company
Diabetic retinopathy was identified 17% more frequently after optomap was implemented and peripheral lesions may have suggested a more severe diabetic retinopathy level in 9% of patients, consistent with other published studies\textsuperscript{1,2,4,5}. Recent research that found the presence of DR lesions located predominantly in the periphery also identified a subset of eyes at a nearly 5-fold increased risk of diabetic retinopathy progression\textsuperscript{6}.

Implementing optomap reduced the ungradable rate by 81% (to 6%). Traditional fundus photography has a reported ungradable rate up to 20%. This is likely due to the ability to easily image through small pupils and media opacity.\textsuperscript{1}

optomap evaluation time, per patient, was reduced 28% due to the utility of the multi-layer images (color, red and green channels) to identify diabetic retinopathy changes.\textsuperscript{2}

Nearly 3 times more retinal area is visible on optomap when compared with traditional 3 field fundus imaging used previously in this telemedicine program.\textsuperscript{2}

Optos provides a comprehensive image management solution called Optos\textsuperscript{Advance} which enables clinicians to review, refer and archive images from many eye care diagnostic devices.

Referrals for further investigation or treatment can be quickly and securely sent through Optos\textsuperscript{Advance} because of the browser design. Live consultation with colleagues via online meetings invoked from within Optos\textsuperscript{Advance} supports collaboration between colleagues at different locations about shared patients.

References:
\textsuperscript{1} Potential Efficiency Benefits of Nonmydriatic Ultrawide Field Retinal Imaging in an Ocular Telehealth Diabetic Retinopathy Program. Diabetes Care. 2013
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