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.1

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 burden2.

“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 1

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.1,2

- Implementing optomap reduces ungradeable rates by up to 81%, due to the ability to easily image through small pupils and media opacity3. 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 channel)4.

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For more information call 800-854-3039 or email BDS@optos.com

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• 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. 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.

• 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.

• optomap evaluation time, per patient, was reduced 28% due to the utility of the multi-layer images (color, red and green channel) to identify diabetic retinopathy changes.

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

• Optos provides a comprehensive image management solution called Optos 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 Advance because of the browser design. Live consultation with colleagues via online meetings invoked from within Optos Advance supports collaboration between colleagues at different locations about shared patients.

References:
2 Real-Time Ultrawide Field Image Evaluation of Retinopathy in Diabetes Telemedicine Program. Diabetes Care. 2015
3 Identification of Diabetic Retinopathy and Ungradable Image Rate with Ultrawide Field Imaging in a National Teleophthalmology Program. Ophthalmology. 2016
6 Peripheral Lesions Identified on Ultrawide Field Imaging Predict Increased Risk of Diabetic Retinopathy Progression over 4 Years. Ophthalmology. 2015.