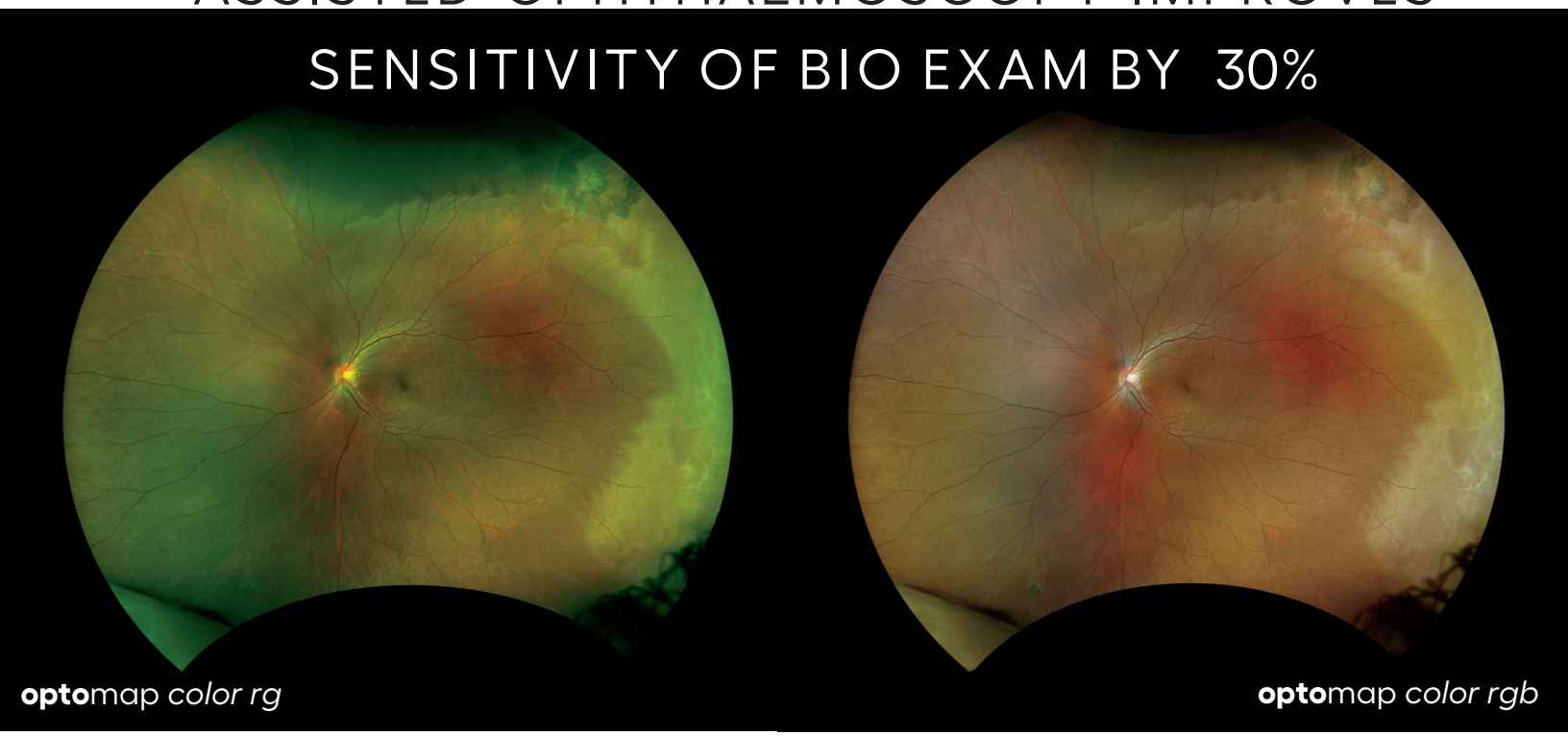
optomap®

ASSISTED OPHTHALMOSCOPY IMPROVES SENSITIVITY OF BIO EXAM BY 30%



optomap *color rg*

optomap *color rgb*

Adding an optomap **to a traditional dilated exam may improve sensitivity by up to 30%[1].**

- A study published in Eye and Brain found good agreement between **opto**map-guided and traditional fundus examination[1].
- The sensitivity of dilated ophthalmoscopy in published studies ranges from 32% to 82%.
- In cases of disagreement, the adjudicator agreed with the image-assisted method in over 70% of cases[1].
- This suggests that adding nonmydriatic **opto**map to guide improves the clinical examination, improve the examiner's ability to detect lesions by up to 30%[1].
- Another study comparing **opto**map to indirect ophthalmoscopy, **opto**map was 89.2% sensitive in detecting peripheral retinal lesions. Authors cited **opto**map as "accurate and reproducible[2].

"Image-assisted fundus examination may enhance detection of retinal lesions compared with traditional fundus examination alone "

— *Eye and Brain 2014*

See how **opto**map will help you manage your patients. For more information call **800-854-3039** or email **BDS@optos.com.**

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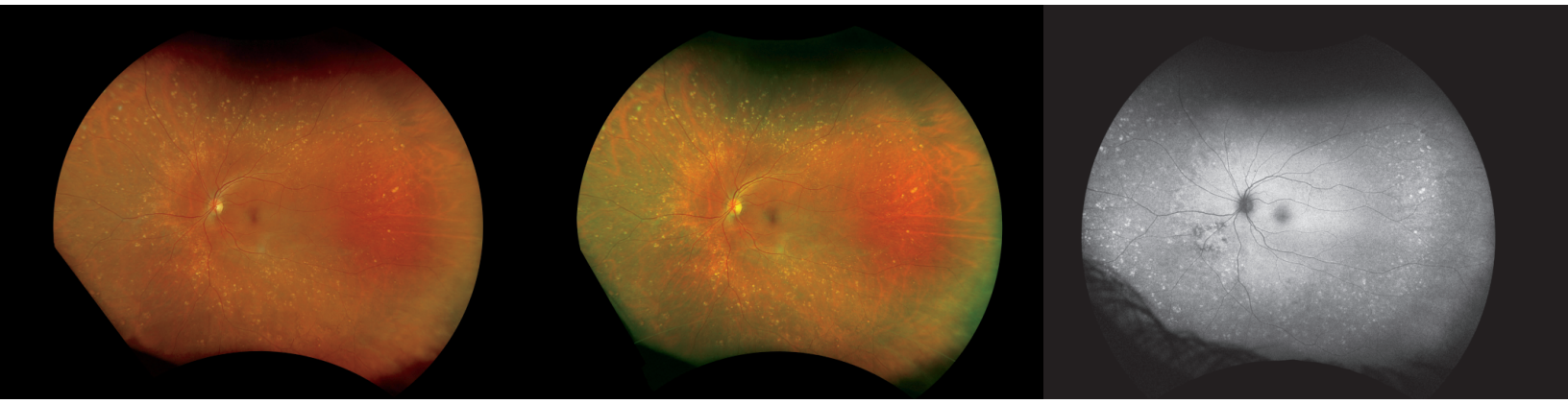
CLINICAL SUMMARY

Image-assisted Versus Traditional Fundus Examination



optomap *color rgb*, **opto**map *color rg*, and **opto**map *green af* images showing peripheral drusen.

- Image-assisted fundus examination may enhance detection of retinal lesions by 30% compared with traditional fundus examination alone[1].
- There was a higher rate of detection of posterior pole lesions using the image-assisted method in this study (90.1%).
- The image-assisted method detected 92.2% of all vitreoretinal interface abnormalities while the traditional examination detected 54.7%.
- Image-assisted method detected 90.6% of drusen in the posterior pole compared with 43.8% detected by the traditional fundus examination alone.
- When the methods disagreed for any lesion type, the image-assisted method was correct in 75% of the disagreements as determined by a retinal specialist.
- Agreement between image-assisted and traditional fundus examination varied by lesion type and was excellent for staphyloma fair for suspicious cupping, drusen in the posterior pole/macula and mid-to-peripheral retina, retinal pigment epithelial changes in the posterior pole/macula, peripheral retinal degeneration, cobblestone, vitreoretinal interface abnormalities, and vitreous lesions.
- When the methods disagreed, the results indicated a statistically significant advantage for the image-assisted examination in detecting suspicious cupping, drusen in the posterior pole/macula and mid-to-peripheral retina, retinal pigment epithelial changes in the posterior pole/macula, nevi in the posterior pole/macula and mid-to-peripheral retina, peripheral retinal degeneration, hemorrhage in the mid-to-peripheral retina, and vitreous lesions.
- **opto**map has demonstrated to have a sensitivity of 89.2% in detecting peripheral retinal lesions when compared to indirect ophthalmoscopy[2].

Reference: 1. Brown et al. Comparison of image-assisted versus traditional fundus examination. Eye and Brain, 2014 2. Fogliato et al. Comparison Between Ultra-Widefield Pseudocolor Imaging and Indirect Ophthalmoscopy in the Detection of Peripheral Retinal Lesions. Ophthalmic Surg Lasers Imaging Retina. 2019

optomap Ultra-widefield cSLO imaging is available on Optos P200T, P200DTx, P200TE and P200TxE devices.

optomap *color rgb* imaging is available on P200DTx only.

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