



STRENGTHENS PRE AND POST CATARACT SURGICAL CARE



- 53% of eyes in asymptomatic patients post cataract surgery have peripheral lesions (non-surgical related retinal breaks and/or detachments) visualized on **optomap**, supporting the preservation of improved visual acuity.¹
- 85% of the time **optomap** is clinically useful through hazy media, up to grade 3+ dense cataracts and offers superior visibility to clinical exam where opacity may compromise accuracy.^{2,3,4}
- **optomap** performs better than B-scan ultrasonography when used preoperatively for extreme myopes at greater risk for postoperative detachment, and is comparable to indirect ophthalmoscopy for atrophic holes.³
- **optomap** provides more information than traditional fundus examinations and imaging systems in a capture taking as little as 0.5 seconds, thereby meeting the cost reduction and time demands in a busy anterior segment ophthalmology clinic.¹
- **optomap** significantly increases the detection of pathology postoperatively including age-related macular degeneration (AMD), macular holes, retinal dystrophy, myopic and vascular abnormalities related to diabetes and/or hypertensive retinopathy when compared to preoperative evaluation.⁵

“The integration of Optos UWF™ retinal imaging into our preoperative assessment and postoperative follow-up protocols is helping to address these issues by offering an efficient, economical, and patient-friendly evaluation tool.”

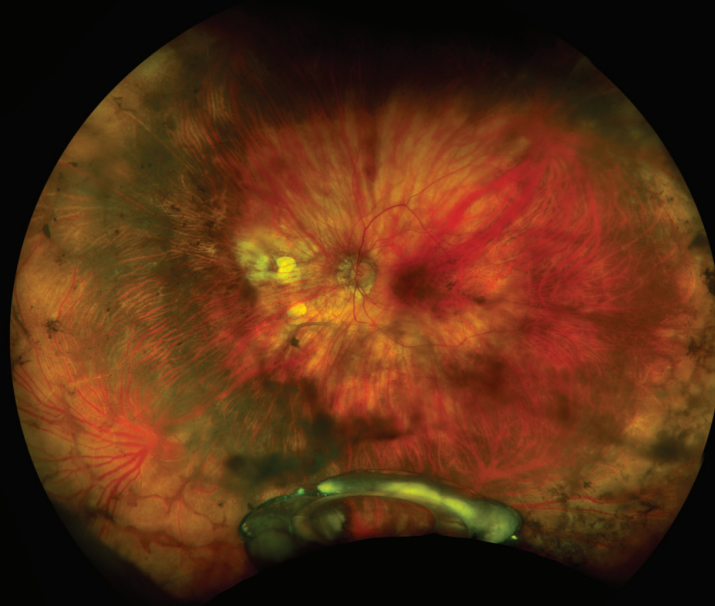
– US Ophthalmic Review, 2017

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



CLINICAL SUMMARY

Additional clinical evidence supporting the value of **optomap**



optomap *rg* image of a dislocated IOL

- **optomap** is non-mydriatic, non-invasive and clinically advantageous providing a four channel image review from one capture and may be easily used for elderly patients such as those exhibiting poor pupil dilation secondary to Alpha-1 antagonist use and diabetes.¹
- **optomap** doubles the identification of diabetic retinopathy, and reveals associated peripheral lesions that resulted in a more severe diabetic retinopathy diagnosis in almost 10% of patients, supporting presurgical systemic screening.⁶
- **optomap** *af* (autofluorescence) is effective and reliable for geographic atrophy (GA) measurement, supporting physician co-management, surgical planning and expectation setting.⁷
- **optomap** imaging, which records vitreoretinal conditions in an explicit and stable way, alongside Optos**Advance™** review software facilitates follow-up examination, referral and patient education.^{1,4}
- Even in uneventful surgery, soluble inflammatory factors are released and compromise the blood retinal barrier (BRB) integrity causing vascular leakage. Secondary retinal swelling and vitreous opacity can be assessed with **optomap** *fa* (fluorescein angiography) to ease the common postoperative complaints of floaters and blurred vision and educate cataract and refractive lens exchange patients.⁸

1. Peng J, Zhang Q, Jin HY, Lu WY, Zhao PQ. Ultra-wide field imaging system and traditional retinal examinations for screening fundus changes after cataract surgery. *Int J Ophthalmol*. 2016 Sep 18;9(9):1299-303. 2. Wendy S. Chen, Thomas R. Friberg, Andrew W. Eller, Carlos Medina: Advances in Retinal Imaging of Eyes with Hazy Media: Further Studies. *Invest. Ophthalmol. Vis. Sci*. 2011;52(14):4036. 3. Meng J, Cheng K, Huang Z, He W, Zhang K, Lu Y, Zhu X. COMBINED APPLICATION OF B-SCAN ULTRASONOGRAPHY AND EYE-STEERING ULTRA-WIDE FIELD IMAGING TO IMPROVE THE DETECTION OF RETINAL TEARS BEFORE CATARACT SURGERY. *Retina*. 2024 May 1;44(5):810-819. 4. Miao, A., Xu, J., Wei, K. et al. Comparison of B-Scan ultrasonography, ultra-widefield fundus imaging, and indirect ophthalmoscopy in detecting retinal breaks in cataractous eyes. *Eye* 38, 2619–2624 (2024). 5. Schwartz S, Gonzalez CL, Bhandari R, Oliver SN, Mandava N, Quiroz-Mercado H. Retina evaluation with nonmydriatic ultrawide-field color imaging after cataract extraction surgeries in asymptomatic patients. *Ophthalmic Surg Lasers Imaging Retina*. 2015 Jan;46(1):50-5. doi: 10.3928/23258160-20150101-08. PMID: 25559509. 6. Silva PS, Horton MB, Clary D, Lewis DG, Sun JK, Cavallerano JD, Aiello LP. Identification of Diabetic Retinopathy and Ungradable Image Rate with Ultrawide Field Imaging in a National Teleophthalmology Program. *Ophthalmology*. 2016 Jun;123(6):1360-7. doi: 10.1016/j.opht.2016.01.043. Epub 2016 Mar 2. PMID: 26949120. 7. Froines CP, Saunders TF, Heathcote JA, Pak JW, Chew EY, Blodi BA, Domalpally A. Comparison of Geographic Atrophy Measurements Between Blue-Light Heidelberg Standard Field and Green-Light Optos Ultrawide Field Autofluorescence. *Transl Vis Sci Technol*. 2024 Nov 4;13(11):1. doi: 10.1167/tvst.13.11.1. PMID: 39495181; PMCID: PMC11540041. 8. Baek J, Lee MY, Kim B, Choi A, Kim J, Kwon H, Jeon S. Ultra-Widefield Fluorescein Angiography Findings in Patients with Macular Edema Following Cataract Surgery. *Ocul Immunol Inflamm*. 2021 Apr 3;29(3):610-614. doi: 10.1080/09273948.2019.1691739. Epub 2019 Dec 18. PMID: 31850812.



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