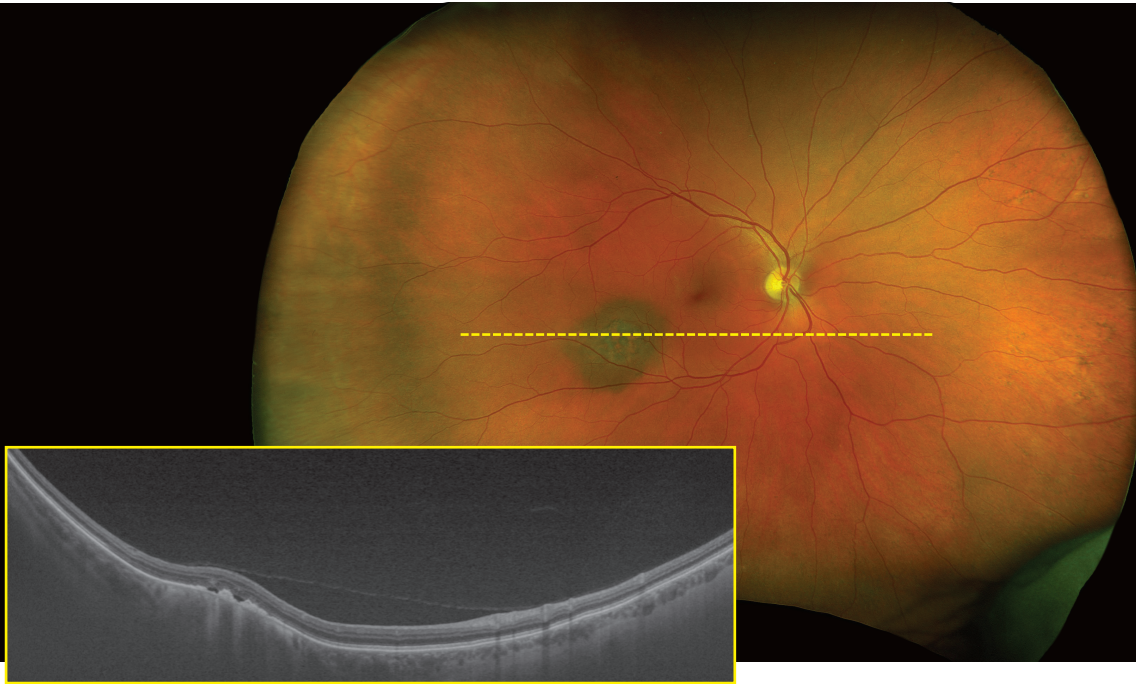


OPTOMAP[®] GUIDED OCT IMPROVES PATIENT MANAGEMENT



Recent studies demonstrate the new Silverstone imaging device, which combines ultra-widefield fundus capture with optomap guided SS-OCT, can improve patient management and change treatment decisions.

- optomap guided OCT imaging impacts clinical decision making in 84% of cases¹
- 69% of cases had pathology only in the periphery while 31% had pathology in the central pole¹
- In 38% of cases, optomap navigated SS-OCT directly contributed to patient management plans (laser, injection or surgical treatment)²
- optomap guided OCT impacted management and was useful in determining the presence or absence of vitreoretinal traction with retinal holes or tears. It was also helpful in differentiating retinal detachment, schisis-detachment and retinoschisis in cases where it was not apparent clinically.³
- Silverstone enabled several novel findings such as vitreous adhesion at the posterior border of a retinal dialysis.³
- When performed longitudinally before and immediately following laser retinopexy and cryopexy microstructural changes were consistent with chorioretinal adhesion immediately following laser versus postprocedure following cryopexy.³
- Silverstone enables a more extensive evaluation of the choroid and one study has concluded that diabetic choroidopathy progresses with worsening of DR toward proliferative disease; choroidal depletion is more prominent in the macula.⁴

“The ability to capture peripheral pathologies using integrated (optomap UWF) imaging with full-field swept-source provided anatomical insight that guided medical and surgical management in the majority of cases.”

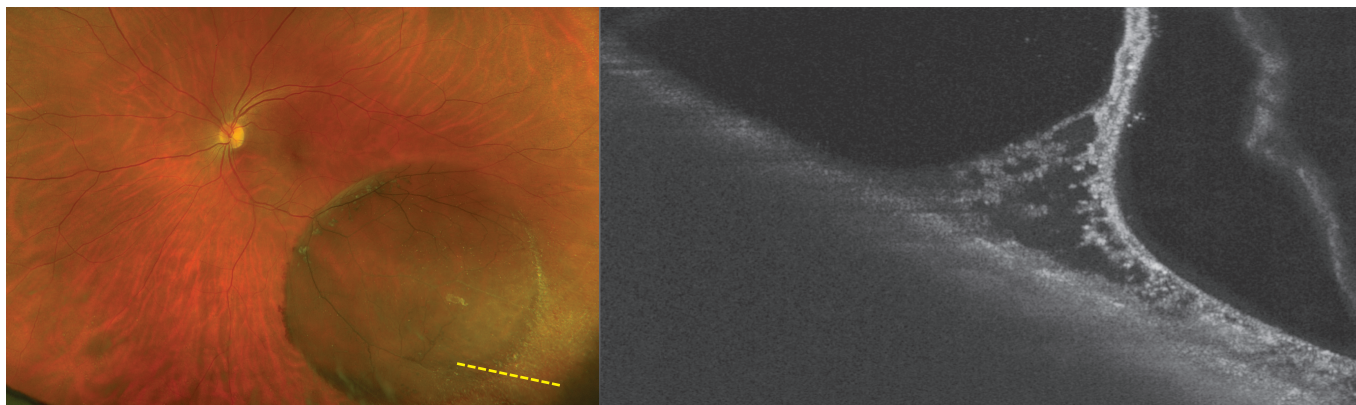
— International Ophthalmology, 2021

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



CLINICAL SUMMARY

More Findings on the Clinical Value of Silverstone



Silverstone combines UWF fundus imaging with **optomap** guided swept-source OCT.

- Silverstone enables single-capture ultra-widefield fundus imaging with high definition, widefield SS OCT and image guided OCT scanning anywhere across the **optomap**. An extensive body of clinical literature exists underlining the importance of evaluating as much of the retina as possible during an exam.⁵
- 69% of study eyes had peripheral only pathologies (pathology in the area which cannot be visualized by standard OCT devices), while only 31% had only macular pathologies.¹
- The most common findings were: chorioretinal scars, retinal tears and holes, retinoschisis, detachments, retinal tufts, CSR, lattice degeneration, choroidal nevi, vitreous inflammation overlying a peripheral scar, Coats disease, and peripheral retinal traction in sickle cell retinopathy.^{1, 2}
- Capturing peripheral pathologies using SS-OCT also assisted in the differentiation of lesions that were previously misidentified.^{1,3}
- In 38% eyes, the images were meaningful in supporting clinical decision-making with definitive findings.²
- Even complex image series including UWF and peripheral OCT were obtained quickly in an average of 4 minutes.²
- 86.4% of the image series were deemed diagnostically significant for the peripheral pathology²
- Only 2% of eyes had pathology that could not be imaged by the study device.¹

References:

1. Feasibility of peripheral OCT imaging using a novel integrated SLO ultra-widefield imaging swept-source OCT device. *International Ophthalmology*, 2021.
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3. Single-capture ultra-widefield guided swept-source optical coherence tomography in the management of rhegmatogenous retinal detachment and associated peripheral vitreoretinal pathology. *BJO*, 2022.
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5. Ultra-widefield Fundus Imaging: A Review of Clinical Applications and Future Trends. *Retina*, 2016.



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