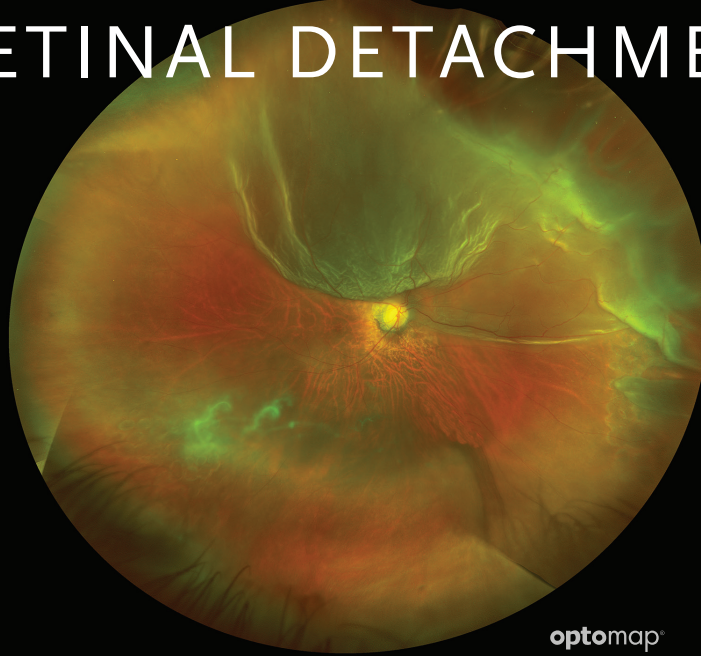


# optomap<sup>®</sup>

## IMPROVES MANAGEMENT OF RETINAL DETACHMENTS



optomap<sup>®</sup>

**Many studies have demonstrated the benefits of using optomap to assess, manage, and treat retinal detachments, holes and breaks.**

- optomap ultra-widefield (UWF<sup>™</sup>) imaging was equivalent to dilated fundus examination (DFE) when assessing rhegmatogenous retinal detachment (RRD) and was also consistent with intraoperative findings.<sup>1</sup>
- optomap has been reported to be significantly better at detecting retinal breaks especially in the temporal quadrant when compared to indirect ophthalmoscopy.<sup>2</sup>
- One study found that hyperautofluorescent findings on optomap af can suggest the presence of a neurosensory retinal detachment. This helps differentiate between RD and RS, which is often clinically difficult.<sup>3</sup>
- One study has found that optomap af was able to identify retinal reestablishment up to 30 months after RRD with good correlation to visual function.<sup>4</sup>
- Preoperative analysis of optomap may also be useful for estimating the distance from the limbus to retinal breaks, which might aid scleral marking during scleral buckling surgery.<sup>5</sup>

*“UWF-AF imaging reveals abnormalities in RRDs that allow excellent demarcation of the extent of the retinal detachment and assist in preoperative characterization of the detachment and postoperative counseling.”<sup>5</sup>*

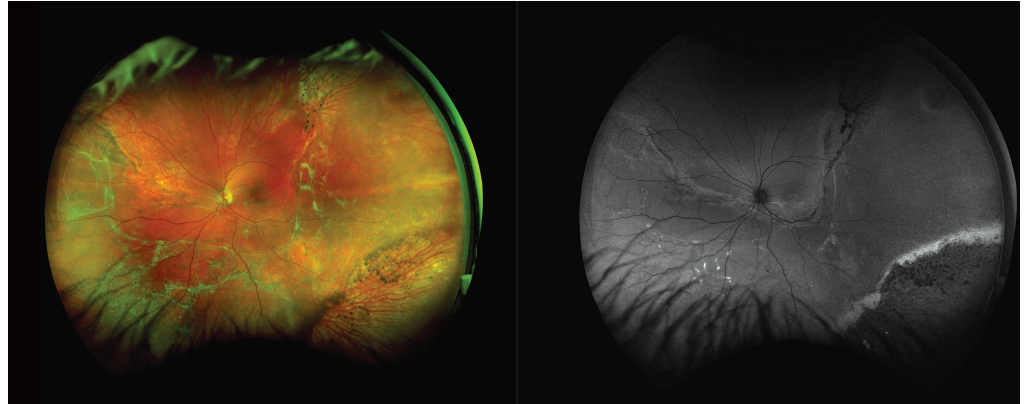
— Eye, 2012

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



# CLINICAL SUMMARY

## optomap Improves Management of Retinal Detachments



optomap *color* and *af* images demonstrating the value of ultra-widefield in assessing RRD.

- Ultra-widefield imaging may help with monitoring clinical progression and surgical planning as well as be used to confirm, or more accurately show, the extent and location of retinal detachments. This can have important treatment implications as well as assisting in postoperative counseling.<sup>7</sup>
- The RRD description and assessment of macula status (34.5% macula-on) did not differ between UWF, DFE, and intraoperative examination. Intraoperative exam detected 96.7% of retinal tears compared with DFE 73.2% and UWF imaging 65%.<sup>1</sup> Steered **optomap** images may further improve sensitivity.
- When eyesteering is used, **optomap** has been reported to be significantly better at detecting retinal breaks, especially in the temporal quadrant, when compared to indirect ophthalmoscopy. It was also noted that **optomap** may be a useful method of teaching indirect ophthalmoscopy examination to junior residents.<sup>2</sup>
- The presence of subretinal fluid (SRF) associated with retinoschisis (RS) is often subtle and difficult to identify. One study showed that **optomap af** may be an important method to detect areas of full-thickness neurosensory retina separation associated with RS.<sup>3</sup>
- In one study, at baseline, **optomap af** demarcation of RRD was demonstrated by a hyperfluorescent edge in 92.0% and was associated with visual impairment at months 6 and 30. Results demonstrate that **optomap af** images and SD-OCT can serve as non-invasive predictors for long-term visual acuity in RRD.<sup>4</sup>

#### References:

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