optomap®

STRENGTHENS PRE AND POST

CATARACT SURGICAL CARE







Multimodal optomap imaging supports the assessment of retinal health pre- and post-cataract surgery.

- 53% of eyes in asymptomatic patients post cataract surgery have peripheral lesions (non-surgical related retinal breaks and/or detachments) visualised on optomap, supporting the preservation of improved visualised 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 **opto**map will help you manage your patients. For more information scan the QR code on the back.







optomap strengthens pre and post cataract surgical care



optomap color 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 OptosAdvance™ review software facilitates follow-up examination, referral and patient education.¹⁴
- 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
- optomap color rgb is now available on some Optos devices. The clinical utility of this new modality has been found to be similar to optomap color rg and superior to fundus camera and multi-color imaging.⁹

References

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 ULTRAWIDE FILE DIMAGRING TO IMPROVE THE DISTECTION OF RETINAL TEARS BEFORE CATARACT SURGERY. Retina. 2024 May 1,44(6):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, 2519–2624 (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. Ophthalmol. Lasers Imaging Retina. 2015 Jan;46(1):50-5. doi: 10.3928/123258160-20150101-08. PMID: 25559509. 6. Silva PS, Horton MB, Clary D, Lewis DG, Sun JK, Cavallerano ID, 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.ophtha.2016.01.043. Epub 2016 Mar 2. PMID: 26949120. 7. Fraines CP, Saun Les MY, 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(17):1. doi: 10.1167/tvst.13.11. PMID: 3949518; 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: 10.1080/09273948.2019.1991



Optos UK/Europe +44 (0)1383 843350 ics@optos.com **Optos North America** 800 854 3039 usinfo@optos.com Optos DACH
DE: 0800 72 36 805
AT: 0800 24 48 86
CH: 0800 55 87 39
ics@optos.com

Optos Australia +61 8 8444 6500 auinfo@optos.com

