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Dear Mr. Patton,

Our 12-physician practice tends toward early adoption of advanced technology, and we now have optomap in eight of our offices. Our initial motivation for investing in optomap was to image the periphery and possibly improve patient flow. Upon implementation, we quickly realized that we had never imaged as much of the retina in a single image capture, and that we were documenting significantly more pathology.

I have found that optomap provides an excellent perspective of the level and extent of pathology in my patients' eyes. I have a retina-referral practice, and optomap has been beneficial in many situations including making management decisions for retinal vascular diseases including diabetic retinopathy and venous occlusive disease, documentation of retinal tears and detachments, and comprehensively visualizing the extent of activity in eyes with uveitis. Optomap also provides objective documentation efficiently and effectively pre- and post-surgical intervention.

As Director of our clinical research endeavors, I am extensively involved with research utilizing UWF imaging and recently published data from the WAVE clinical trial employing optomap imaging to assess the role of targeted laser to areas of peripheral retinal non perfusion in the management of ischemic retinal vein occlusion. Without optomap, this study simply would not have been possible. The optomap imaging system has expanded my ability to perform innovative trials because it offers a quick, reproducible and reliable way to image through the periphery.

Additionally, optomap is valuable for clinic flow and patient education. In our highly visual specialty, patients like tangible evidence of what is occurring in their eyes. My patients' understanding of their conditions and the effect of treatment is substantially enhanced with optomap. For example, with diabetic retinopathy patients, I show them the extent of the vascular damage in their eyes and explain how ocular specific treatments and systemic risk factor control will impact their retina. The optomap imaging helps patients comprehend their status and often motivates greater compliance with treatment.

I tend to be an early adopter of technology that I believe will improve outcomes for my patients. Optomap widefield imaging allows me to optimize patient care through documentation of pathology, enhanced patient education, and by allowing me to be more objective regarding long term disease management and treatment decisions. On the rare occasion that I work in a practice without optomap, I am limited – I rely on optomap to help me document and explain the extent of disease in my patients' eyes.

In appreciation,

A handwritten signature in black ink, appearing to read "Charles Wykoff", with a long horizontal flourish extending to the right.

Dr. Charles Wykoff