Purpose of the Program:

- Helping you prevent vision loss and blindness from diabetic retinopathy
- Diabetes is an epidemic – approximately 35% of seniors have diabetes
- One of the most serious complications of diabetes is diabetic retinopathy; it is the leading cause of preventable vision loss and blindness among working-age adults
- Like many diseases, if it is detected early, vision loss can be prevented 90% of the time
- More than one-third of patients with diabetes fail to receive an annual retinal exam as recommended – it is inconvenient, or eye specialists may be inaccessible
- We can change that paradigm by enabling retinal screenings in the primary care setting
- The process is very easy – uses a fully automated camera, simple software to acquire images
- From there, the images are transmitted securely to our team of board-certified, fellowship-trained retina experts, who perform a complete review and generate a diagnostic report the same day

Training:

1. Primary keys to success:
   - Properly align the patient in the camera – chin on chinrest, forehead firmly against forehead rest, use your hand to press gently against the back of patient’s head, if necessary
   - Dark adapt the patient’s eyes –
     a. Turn off the lights and let the patient’s eyes dilate a minimum of five minutes in the dark -- 10-12% of seniors will not dilate in the dark.
     b. OPTIONAL: If necessary, use mild dilating drops according the RetinaVue P.C. “Pupil Dilation Protocol”.

2. Walk through one complete example, start to finish
   a. Step 1. Seat the patient; align the table and chair.
   b. Step 2. Turn off the lights.
   c. Step 3. Enter patient information
   d. Step 4. After at least five minutes in the dark, acquire images.
   e. Step 5. Submit the retinal images using RetinaVue software.

3. Review the Image: Identify major landmarks of a fundus image such as the retina (back part of the eye); the optic disk (a white circle which is responsible for converting the photons from light into the electrochemical signals our brain interprets as images); and the macula (a small and highly sensitive part of the retina responsible for detailed central vision).

4. PRACTICE: Each operator runs through the entire process (start to finish) at least 2-3 times

5. Troubleshooting (bad images):
   a. Small pupil (less than 2.6 mm, cancel acquisition and wait longer or use dilating drops)
   b. Discuss cleaning the lens (show example finger print) – DO NOT USE RUBBING ALCOHOL
   c. How to delete an image (e.g., patient has a glass eye)

6. Maintenance:
   a. How to power off the camera (every night)
   b. LENS CAP!!!
   c. How to delete patients from the patient list