

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