THE PanOptic™ Ophthalmoscope

INNOVATIVE OPTICS FOR PANORAMIC VIEWS OF THE FUNDUS

Step 1. Remove spectacles (optional). Place the PanOptic against the brow and, using the thumb on the focusing wheel, focus on an object 3m away so that it is clear and sharp.

Step 2. Using the aperture/filter dial, set to small spot (green line). Ensure that the rheostat is turned on fully. This will assist when obtaining the red reflex in step 3.

Step 3. Sit opposite patient and hold PanOptic 15 to 24 centimetres away, at a 15-20 degree angle on the temporal side. Look through the eyepiece until the red retinal reflex is seen.

Step 4. Move towards patient, following the red reflex into the pupil. To achieve the view the eyecup must contact the patient's brow.

Step 5. To maximise view compress eyecup. Maintaining contact with the patient, move the instrument to observe different areas of the fundus.

Nonproliferative Diabetic Retinopathy:
Old and new haemorrhages, as well as exudates and cotton wool spots are visible in the posterior pole.

Age-Related Macular Degeneration:
Disorganised areas are visible in the posterior pole.

Background Diabetic Retinopathy:
In addition to haemorrhages, areas of exudates can be noted throughout the posterior pole.

Proliferative Diabetic Retinopathy:
New blood vessels can be seen around the optic disc.

Hollenhorst Plaques:
Multiple, small, white plaques are visible in the retinal vasculature of a patient suffering transient ischaemic attacks.

Neuromelanin Retinopathy:
The cultured and out of focus, with coarse granules and AV nicking present.

Hypermature Retinopathy:
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Cerebral Microaneurysm:
A large, saccular, pulsatile plaque on the posterior pole in a patient with a history of hypertension.

Retinal Detachment:
A large, superior retinal detachment. The superior portion is an opaque, greyish appearance.

Central Retinal Vein Occlusion:
Engorged veins along with haemorrhages, oedema, and cotton wool spots are associated with a vein occlusion.

Glaucomatous Cupping of Disc:
The cup in the centre of the optic disc is large with the rim tissue, found on the disc's perimeter, thin for 360 degrees. The vessel at 11 o'clock can be seen to drop into the disc as it passes the rim tissue.

Hypertensive Retinopathy:
The arteries and veins are tortuous, with narrow arteries and AV nicking present.

Macula Hole:
A small, circular defect in the macula of the retina.

Chorioretinal Scar (Toxoplasma):
A chorioretinal scar in the posterior pole of a patient with a history of toxoplasmosis.

Papilloedema:
The optic disc margins are hazy and obscured in this patient with papilloedema.

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A large, greyish elevated pigmented area is visible temporal to the optic nerve.

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