



# Learning to Interpret OCT Discussion Workshop C-78422

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I have been working for Topcon GB Medical since 2018 and prior to my current position I worked within the Clinical Affairs Team training predominantly on OCT Capture and the importance of the basics of interpretation and analysis tools within the Optometry and Ophthalmology sectors.

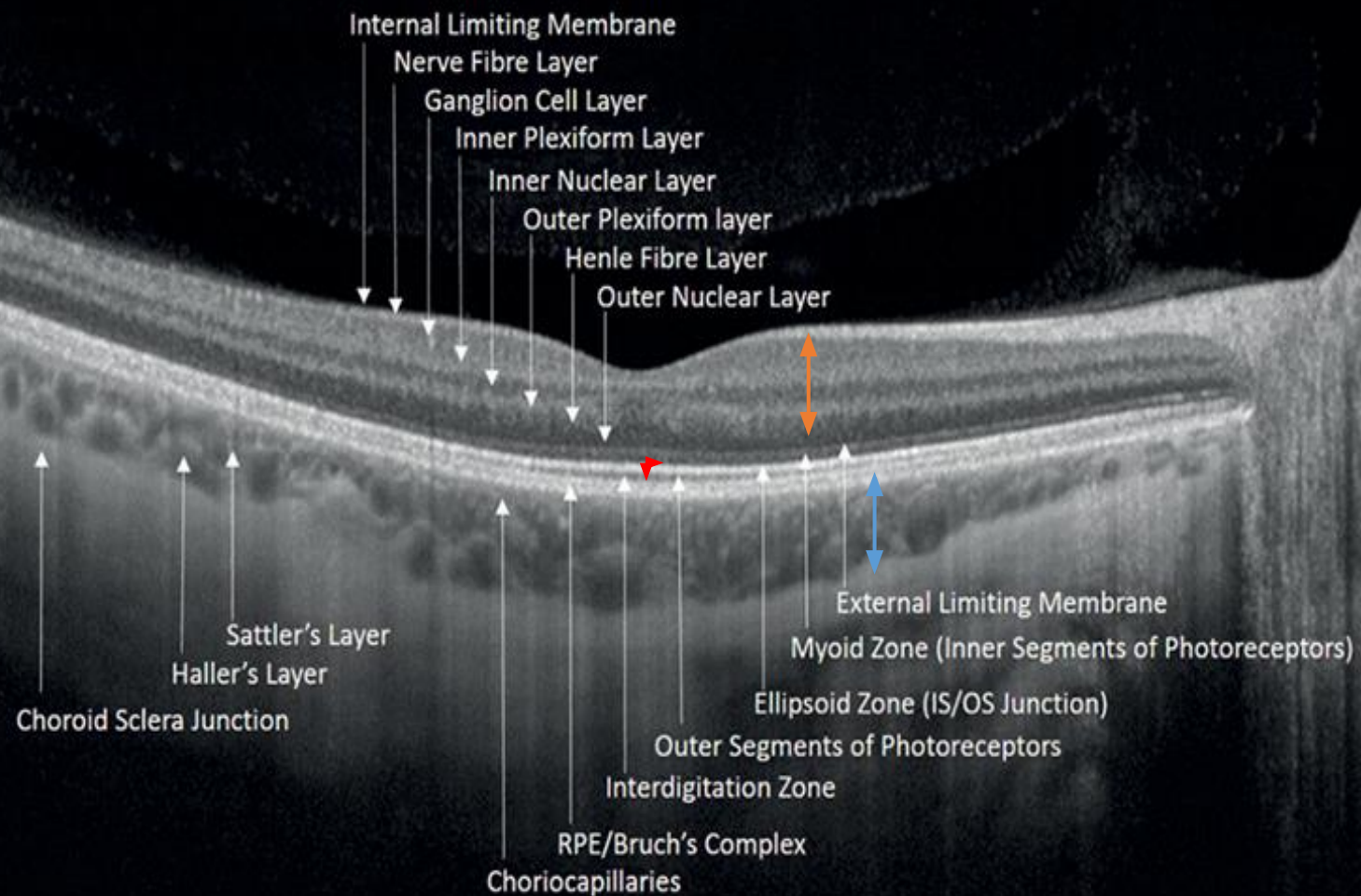
Before joining Topcon, I worked at an Independent High Street Optometry practice as an Optical Assistant, and this is where I first found my passion for Eye health and specifically in relation to OCT.

Since joining Topcon I have obtained the GREG Foundation Degree in OCT Capture & Interpretation.





Formed vitreous



Intra Retinal = Internal Limiting Membrane and External Limiting Membrane

Sub Retinal = Under photo receptors but above RPE

Sub RPE = Under the RPE (choroidal circulation)

# Interpretation

1. Scan Quality
- 2. Overall Scan Profile/Foveal appearance
- 3. Assessment
  - o Vitreous
  - o Epiretinal
  - o Intraretinal
  - o Subretinal
  - o Sub RPE

# CASE 1

- RS, 65yo Female
- Rx R +2.50/-1.00x76 +2.50Add 6/6 N5  
L +2.75/-1.25x80 +2.50Add 6/9 N8
- GH good, Taking Simvastatin, Ramipril and Amlodipine. Reports no allergies and no FOH. Occasional smoker.
- Reports no change since last test but noticed closing eye when reading

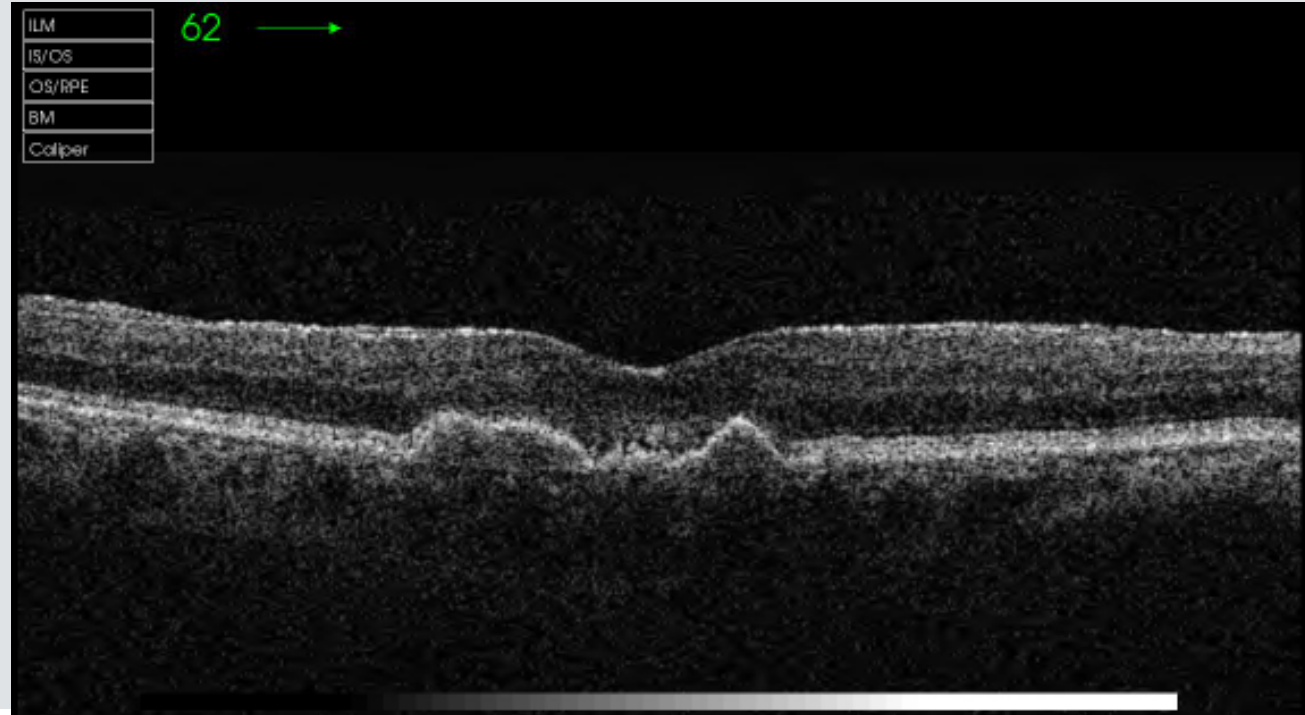
What features do we see? Which area? Likely Diagnosis? Treatment?



Female, 65

VA 6/9

Reports no change since  
last test but noticed  
closing eye when reading



# CASE 2

- GT, 85yo Male
- Rx +4.00/-0.25x90 +3.00 Add 6/15 N14
- Rx +3.50/-0.50x95+3.00Add 6/18 N12
- GH good, no medication. FOH- mother Glaucoma COAG? Px unsure
- PSx's - Noticed gradual reduction in his vision over past 15 years, no change since last check 12/12 ago. Uses Grid given last time when remembers.

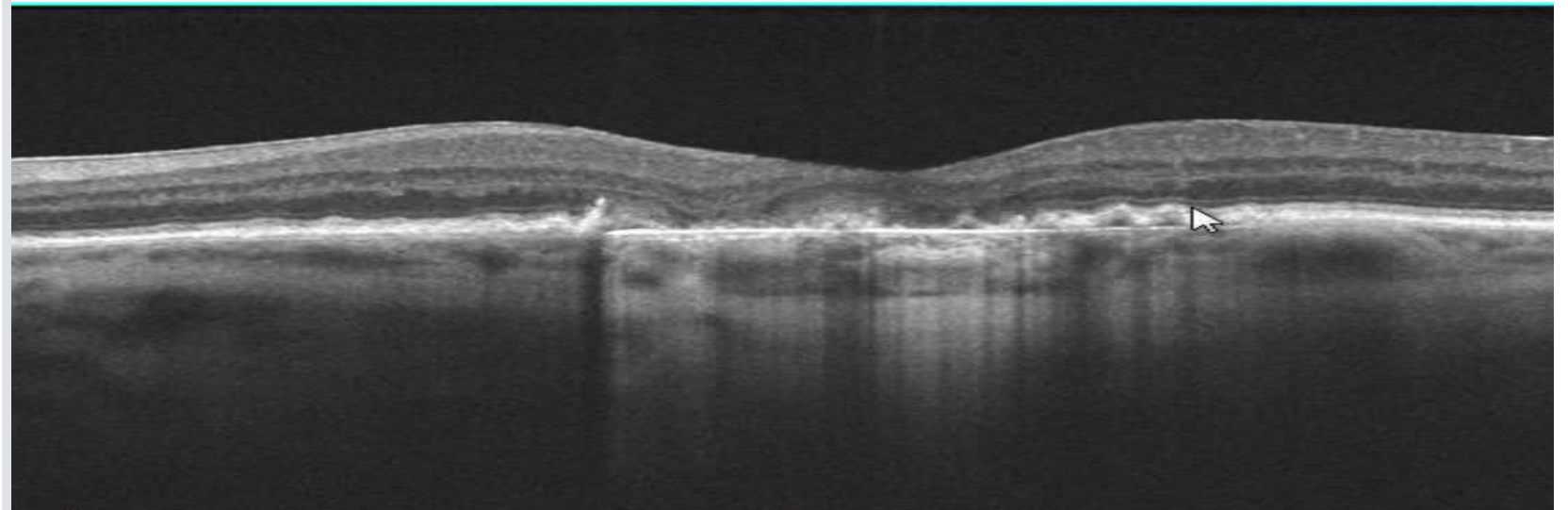
What features do we see? Which area? Likely Diagnosis? Treatment?



Male, 85

VA 6/18

Noticed gradual  
reduction in his vision  
over past 15 years, no  
change since last check  
12/12 ago.



# CASE 3

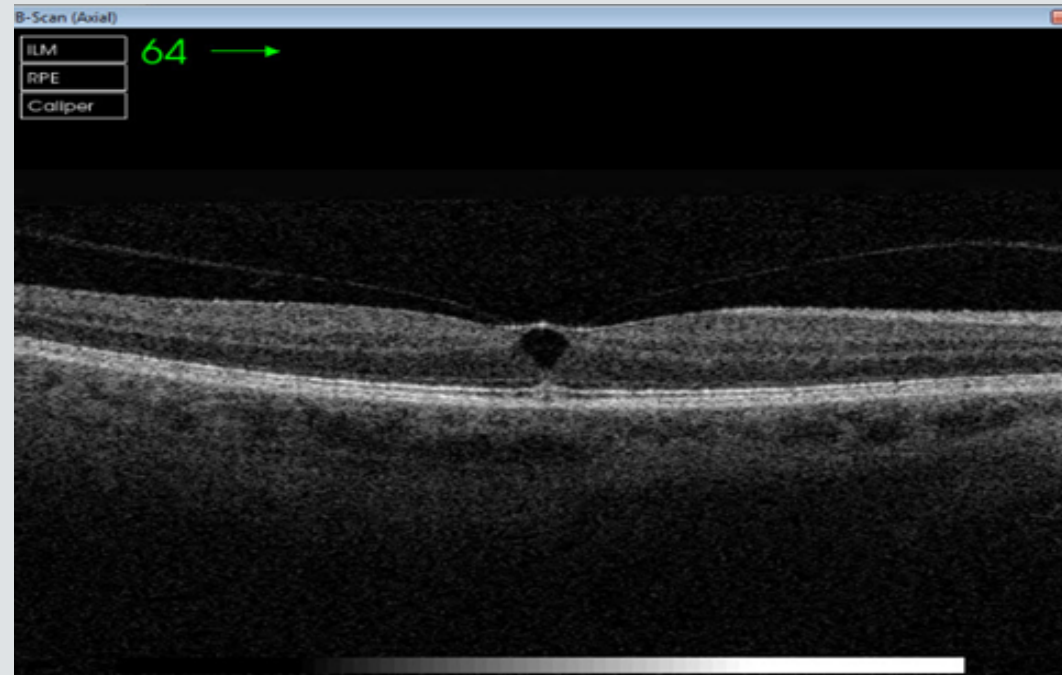
- NB, 57yo, Female
- Rx R -0.75/-0.25X180 +2.00Add 6/7.5 N5 previously (12/12 ago) 6/6  
L -0.50 +2.00Add 6/6 N5
- GH- Diabetes(II), 5 years, Diet controlled. Last DRS 7/12 ago, told 'all ok'. Non smoker. No FOH. Using Hycosan drops 'as and when'.
- Reports no problems, past 4/52 occasionally RE not quite as good but it's still 'ok'

What features do we see? Which area? Likely Diagnosis? Treatment?

Female, 57

VA 6/7.5

‘Vision still ok’



# CASE 4

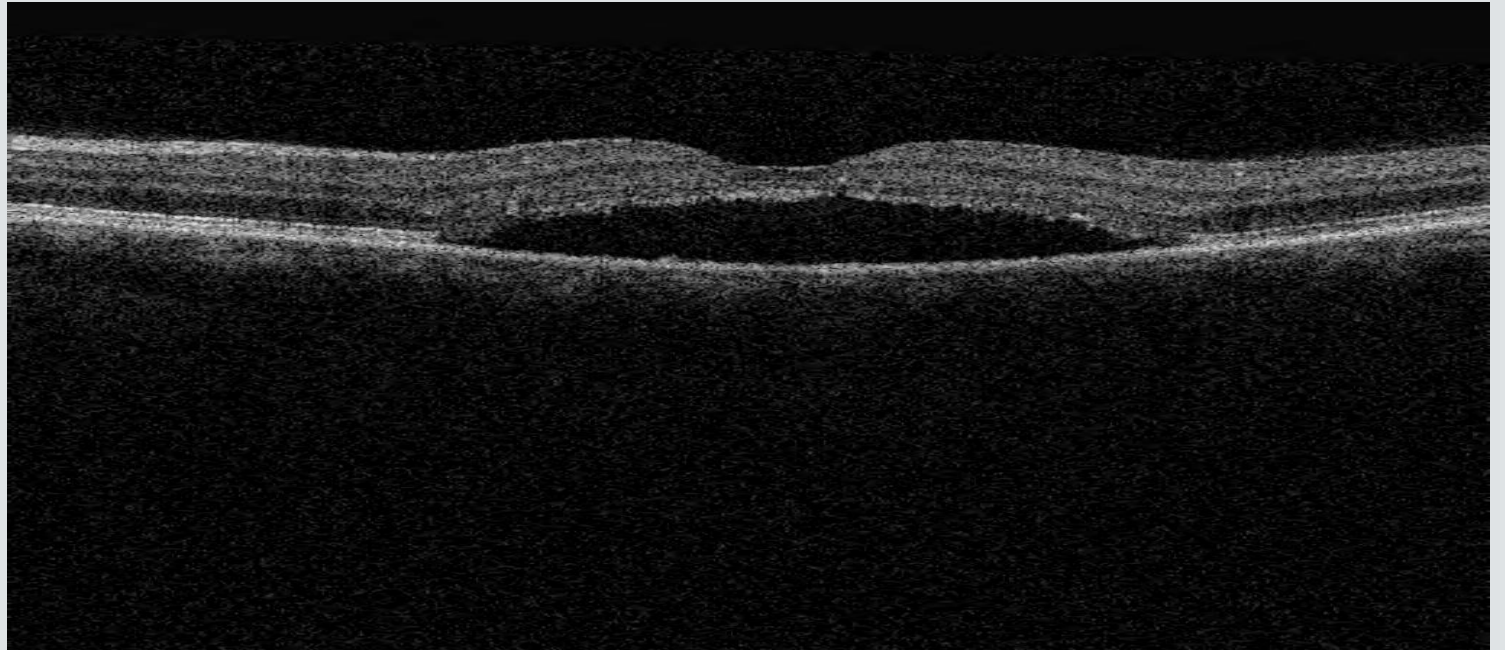
- RG, Male 33yo
- Rx R +0.25 6/4.8 N5  
L +0.75 6/15 N12
- GH- Good, asthmatic- uses daily preventer inhaler . No allergies. Non-smoker. No FOH.
- Reports central vision blurry this morning. Doesn't wear any Rx currently.

What features do we see? Which area? Likely Diagnosis? Treatment?

Male, 33

VA 6/15

Noticed central vision  
blurry this morning. No  
Rx currently.



# Summary

- Learn your retinal layers.
- Be methodical – analyse the scans step by step.
- Don't forget 'before OCT' – Px's history and symptoms, vision, fundus image and refraction can all help with your interpretation.
- Familiarise yourself with key OCT features of Macula & Optic Disc conditions.



Thank you for listening