TOPCON Healthcare

SEEING EYE HEALTH DIFFERENTLY

Learning To Interpret OCT- Part 2

By Nicola Bennett

C-100183 3points

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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.

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Domains and learning outcomes

Clinical practice

Conduct appropriate assessments, examinations, treatments and referrals - analysing OCT images

Learning Objectives

-Understands the interpretation of OCT scans including being able to identify anatomical structures, retinal layers and common retinal abnormalities (fluid, drusen, detachments)

-Understands the role of OCT in the detection and management of a range of common retinal conditions

-Understands the growing role of OCT in optometric practice for the detection of eye disease and referral refinement.

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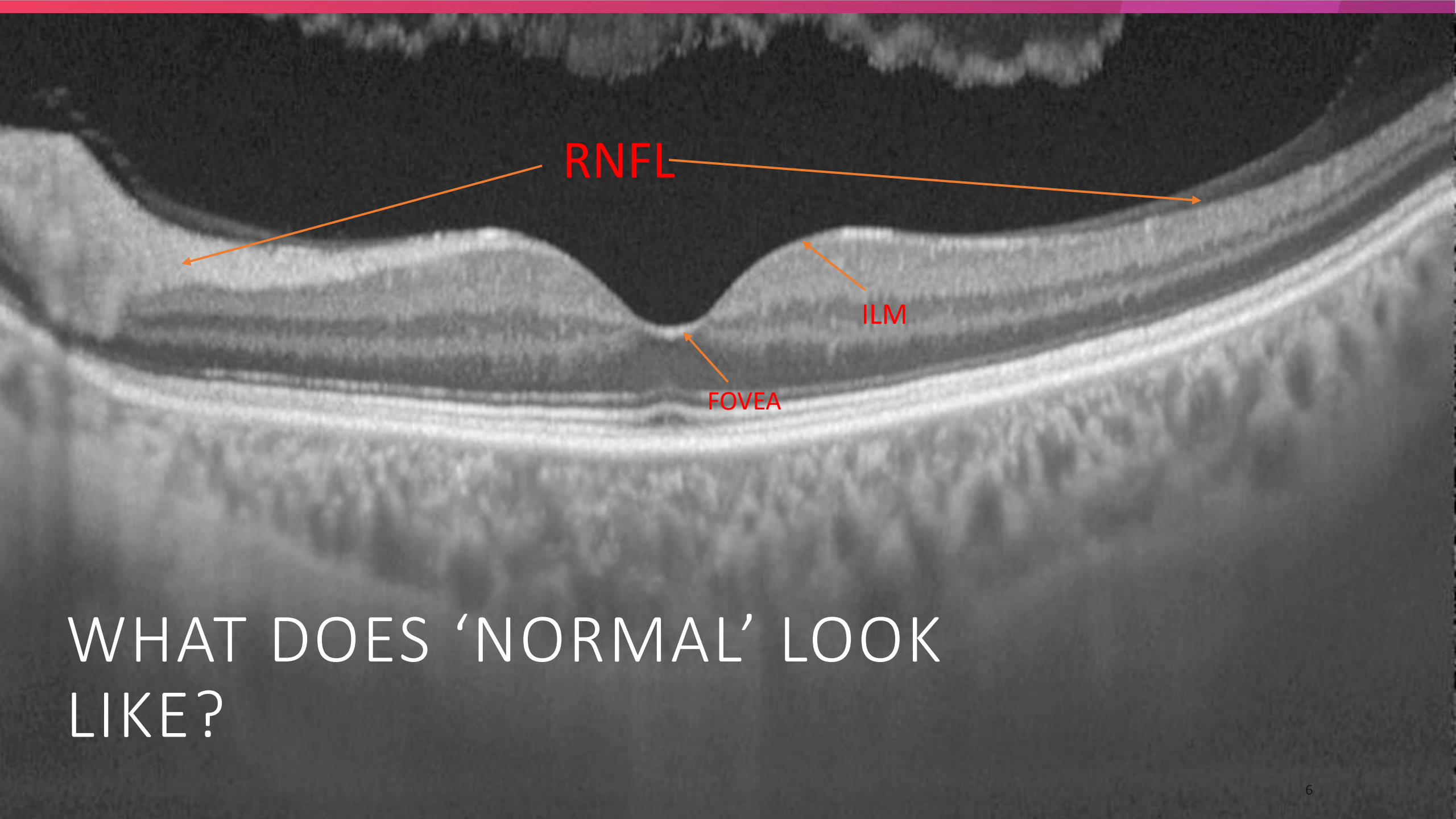
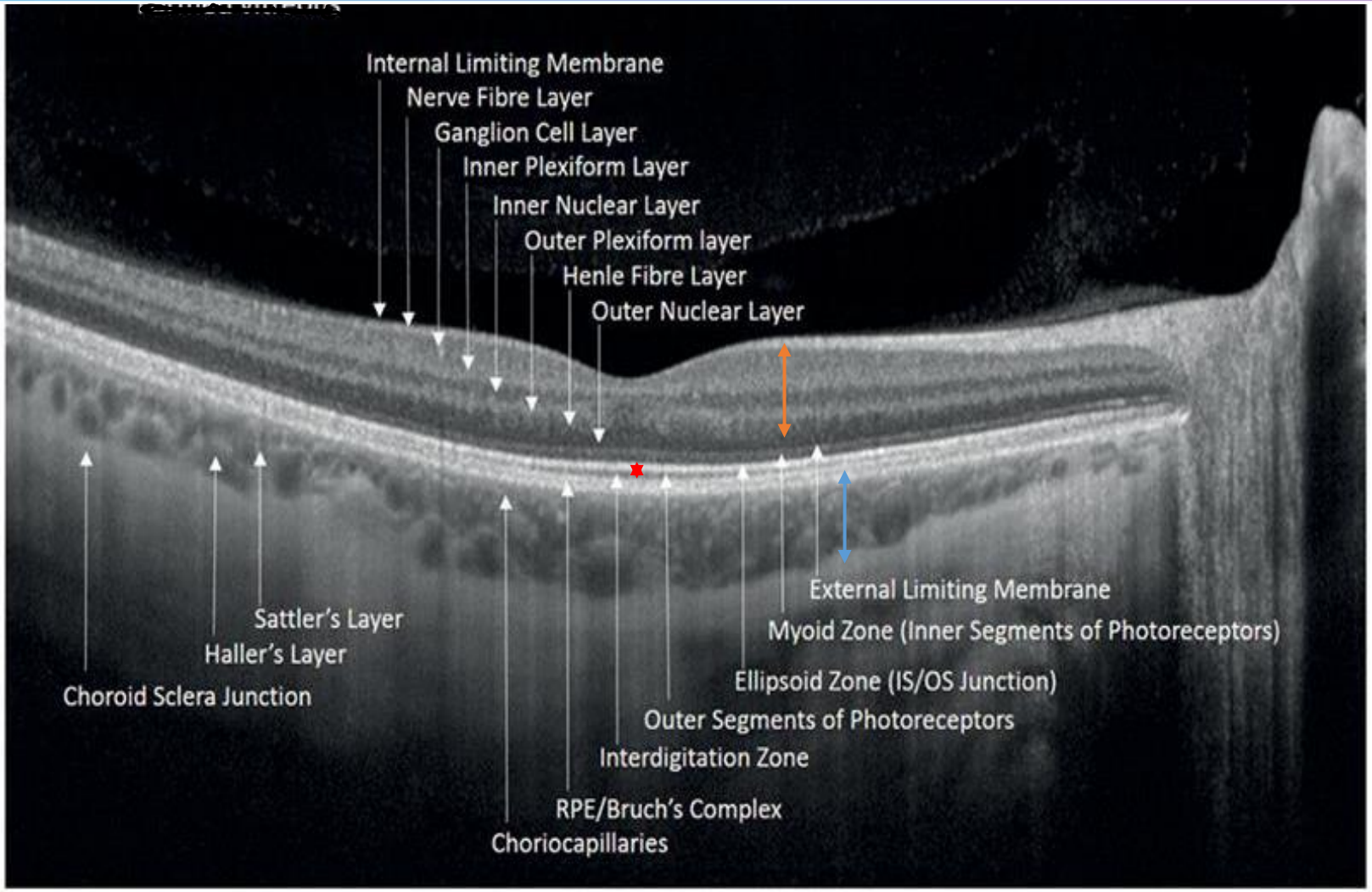
Discussion Workshop House Rules

- Turn off all mobile phones and other electronic devices to avoid any distractions.
- Everything discussed in the session is to remain confidential and should not be discussed outside the group.
- Myself and the other facilitators are here to guide the discussion, not to teach or give personal views on the cases being discussed.
- Everyone should contribute to the discussion positively.
- Respect and listen to each others' views and contributions.



WHAT DOES ‘NORMAL’ LOOK LIKE?



Intra Retinal = Internal Limiting Membrane and External Limiting Membrane

Sub Retinal = Under photo receptors but above RPE

Sub RPE = Under the RPE (choroidal circulation)

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Interpretation

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

Discussion Questions….

- What’s the OCT scan showing you ?
- What’s a potential diagnosis?
- How would you manage this patient?

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Case 1

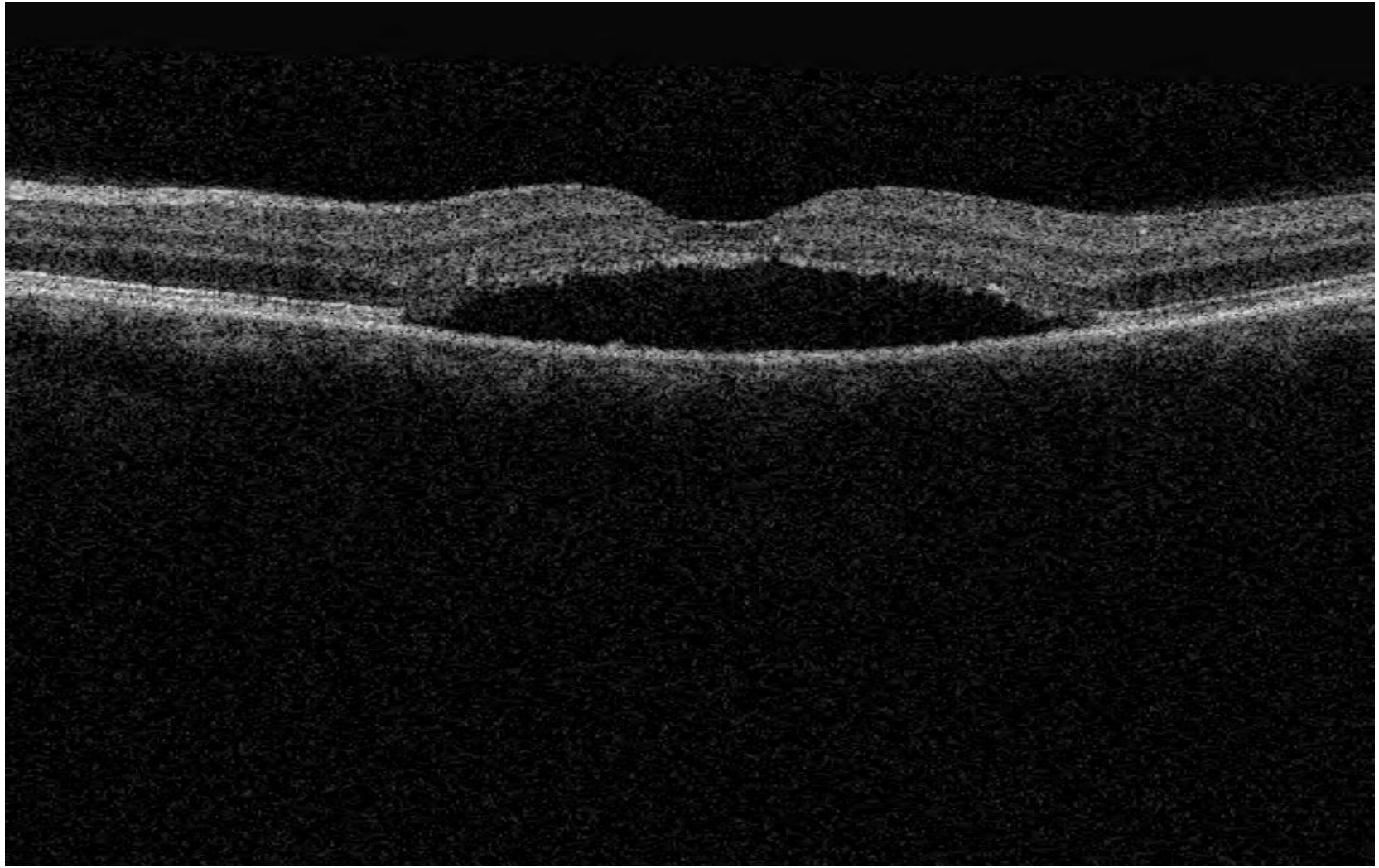
- RG, Male 33yo
- Rx R +0.25 6/4.8 N5
  L +0.75 6/15 N12
- GH- Good, asthmatic- uses daily preventer inhaler . No allergies. Non-smoker. No FOH.
- Reports central vision blurry this morning. Doesn't wear any Rx currently.

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

Male, 33

VA 6/15

Noticed central vision blurry this morning. No Rx currently.



Case 2

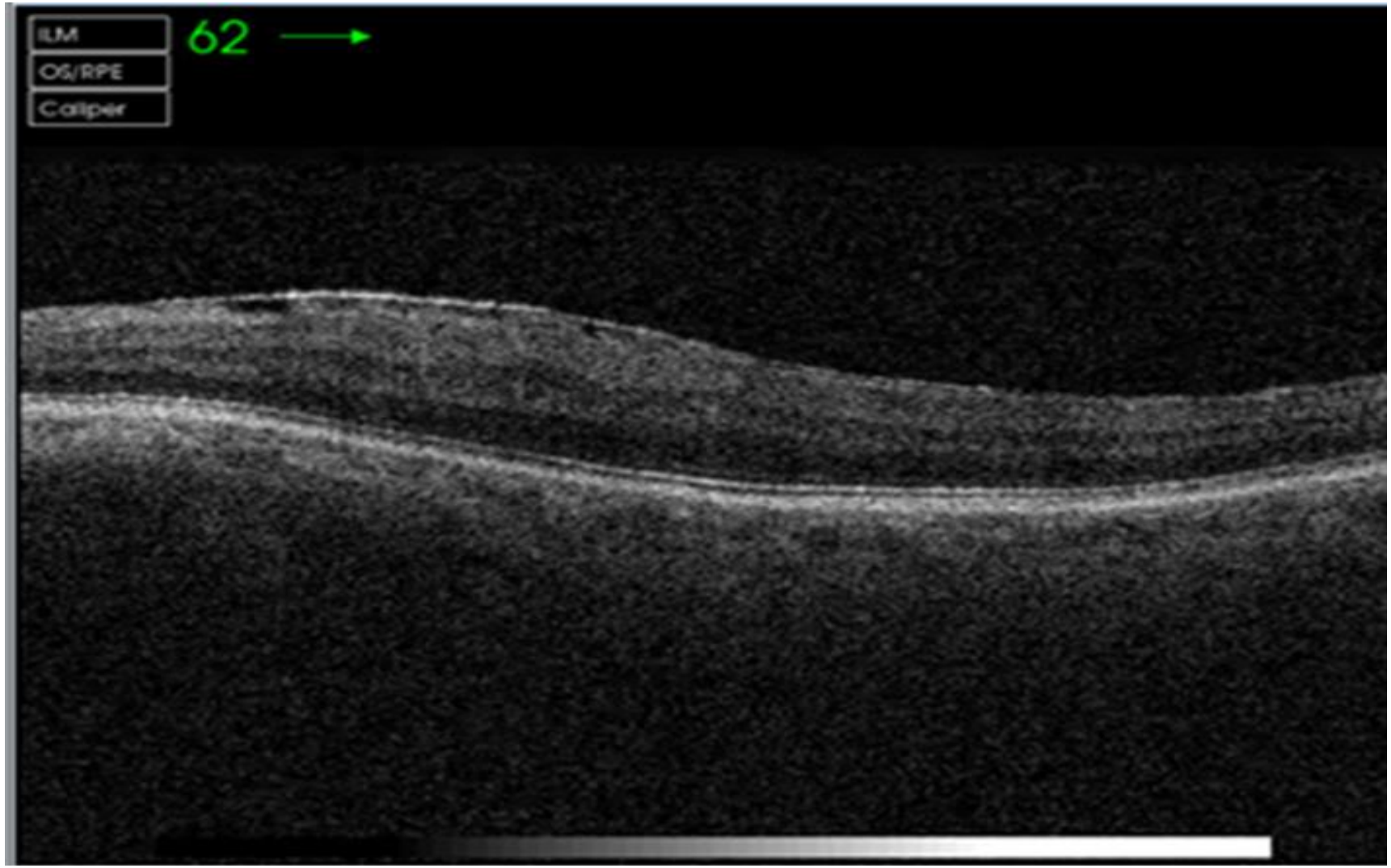
- AB, Male 73yo
- Rx R -1.75/-1.50x23 6/7.5 N6 previously (24/12 ago) 6/6
  L -1.25/-1.25x17 6/6 N5
- GH- ‘OK’ . No regular medication. FOH- Mother- High Myope
- Routine eye test. No complaints

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

Male, 73

VA 6/7.5

Presented for routine ST, reports no Symptoms



Case 3

- LM, Female 60yo
- Rx R -2.75/-0.50x97 6/7.5 N6 previously (36/12 ago) 6/6-
  L -3.00 DS 6/6- N5
- GH- HBP Meds- Enalapril. Smoker-10/day. FOH- Brother AMD
- Overdue test. No complaints

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

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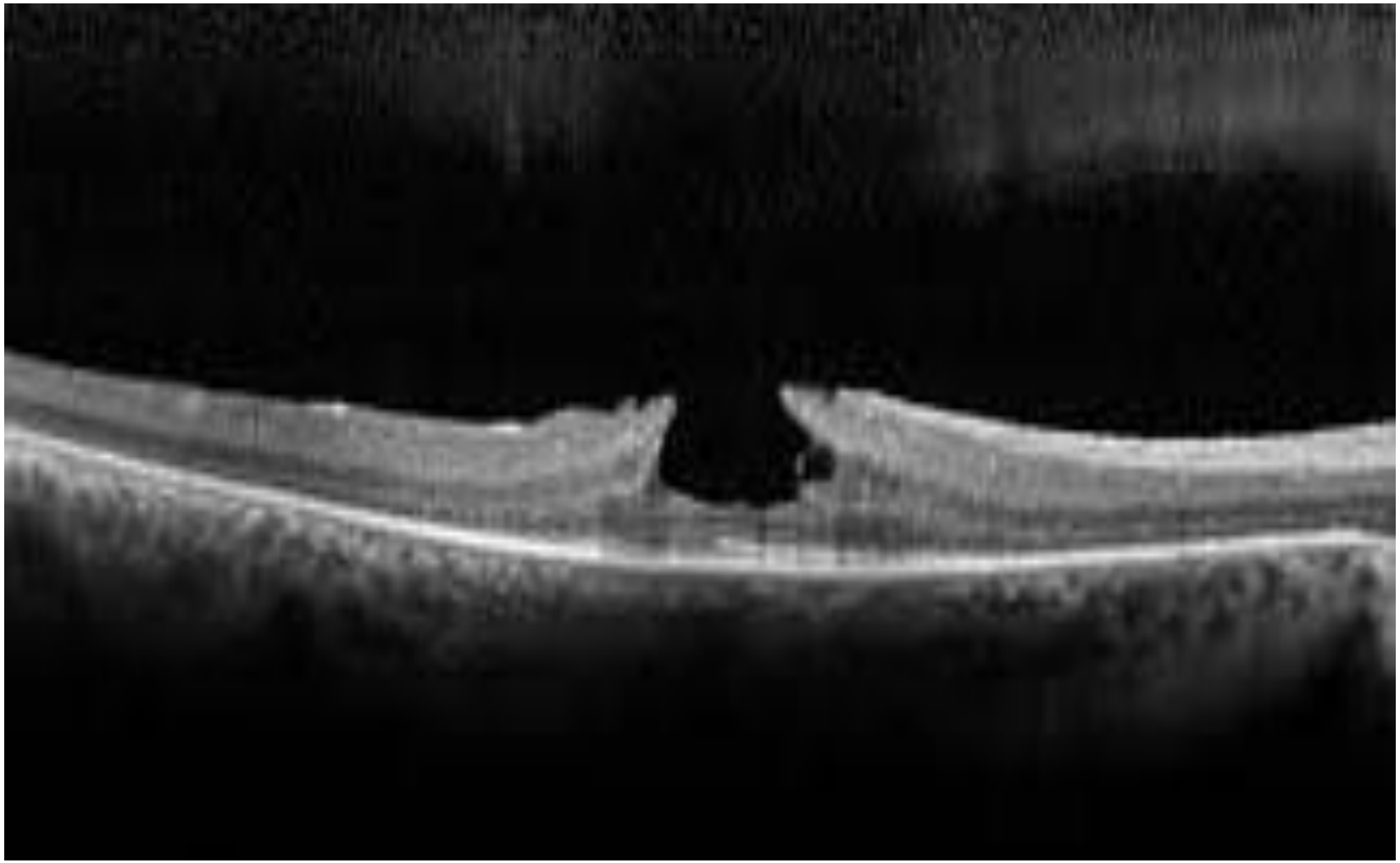
Myopic Female, 60

VA 6/7.5
Previously 6/6-

Attended routine test, reported no symptoms.

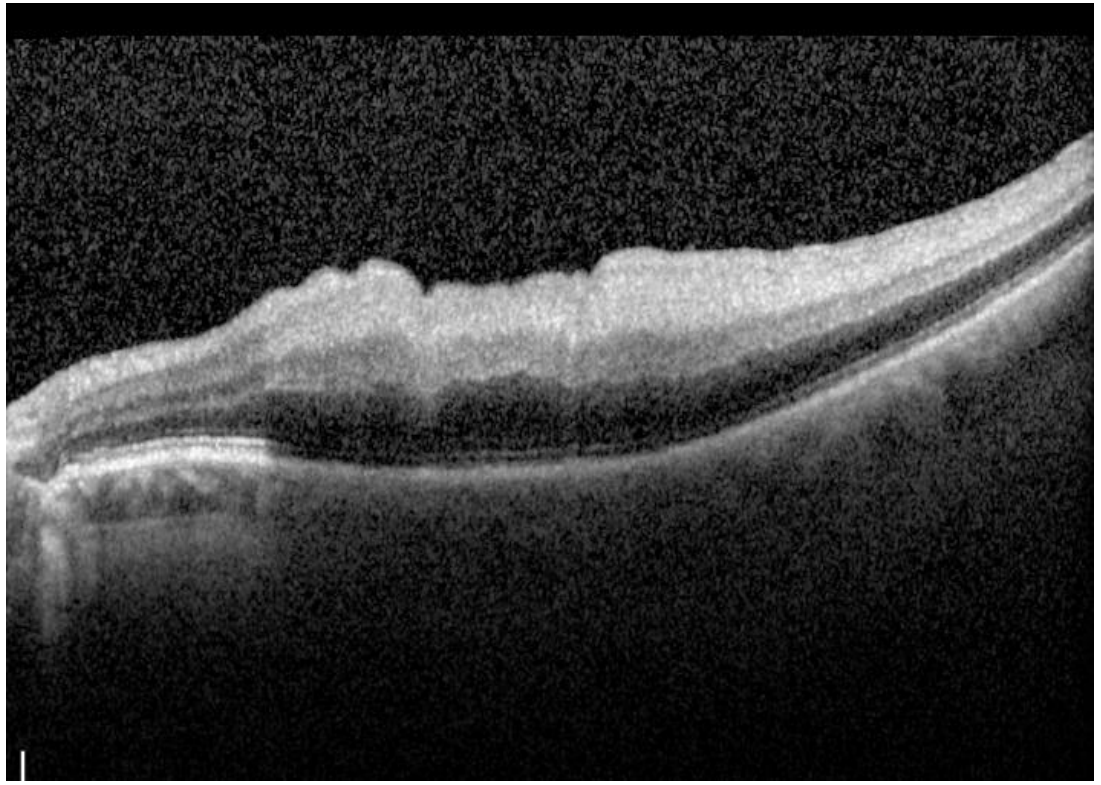


What's happening here?

- Sudden onset of profound vision loss
- Painless
- White eye

Clinical Features Fundus & OCT

- Cherry Red Spot at Macula on fundus
- Central Retina appears pale due to retinal Oedema & Ischemia



(retinagallery.com)

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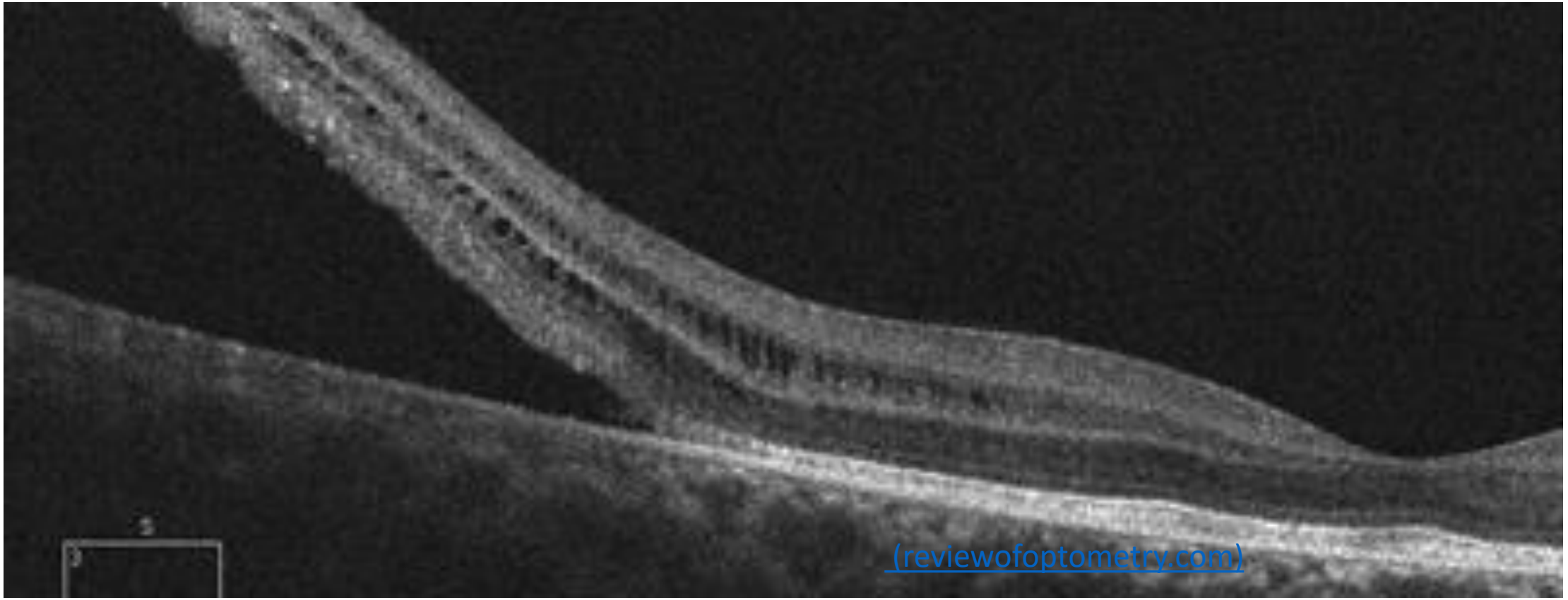

(reviewofoptometry.com)

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Thank you for listening

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Topcon Healthcare University

Eye Health Education Begins Here

Topcon Healthcare University is a living, growing platform to meet the education needs of those involved in eye health. Our educational offering is continuously developing with new and relevant resources added each month.

THU offers a wide range of content: from tips to ensure you get the most from your Topcon products, through to premium peer-to-peer learning. THU has the information you and your staff need to take full advantage of your Topcon Healthcare investment.

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Case 4

Px attended for pre-cat assessment & had RE cat extraction on 06/09/17

Reported NV more difficult, ‘lines appear to have bends’ – over last 3/12.

GH: Good, no F Hx, hypromellose drops in morning, no other meds.

Amsler: RE: Full LE: scotoma inferior left quadrant, distortion all over grid

Vision: R: 6/19 L: 6/12 with existing spex R: 6/12 L: 6/9.5 N8
RX: R: -1.50/-0.75 20 VA 6/12 ADD +2.50 N8
L: +0.25/-0.50 135 VA:6/9.5 ADD +2.50 N8

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

Male, 83

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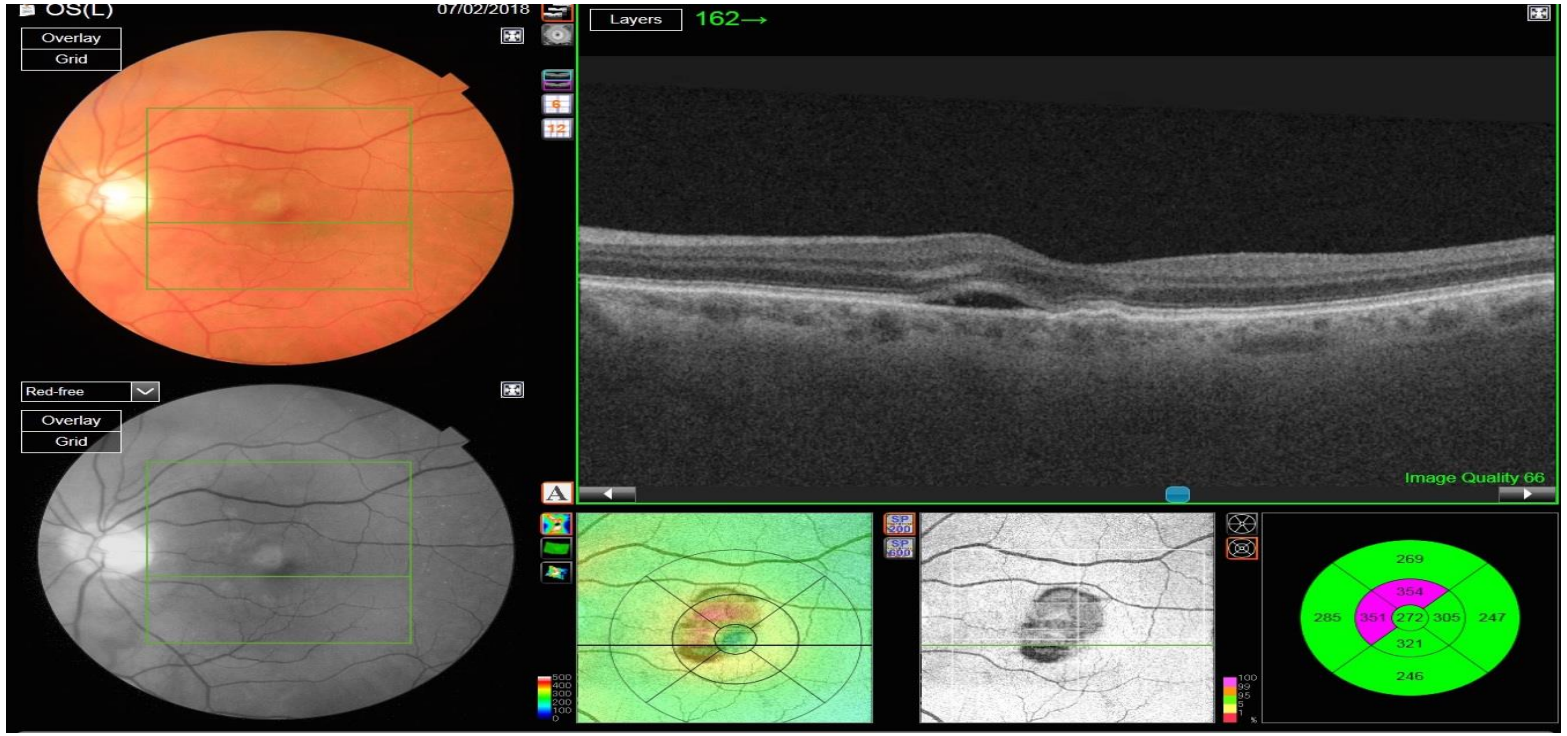
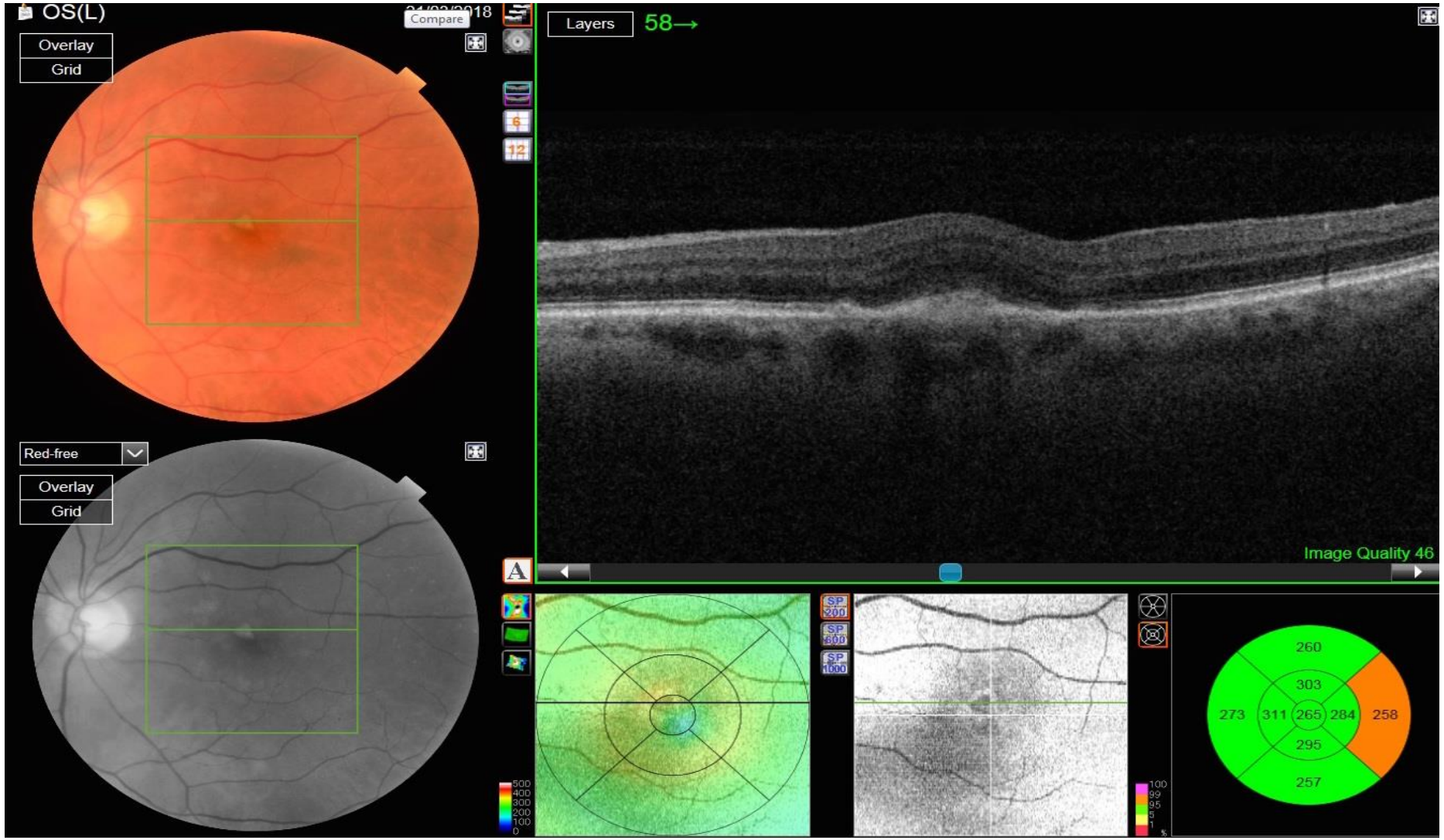
Reported Near vision has become more difficult over the past 3/12



- VA on day of treatment 3 6/12
- Appears dry, no sign of fluid
- Can observe – review in 1/12 or new strategy – treat and extend



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