Focus on OCT- Dispensing Opticians Extended Services Event



Consultants to the Ophthalmic Sectors

SESSION 2

OCT and Clinical Practice



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Learning Objectives

C-79614 OCT and Clinical Practice (Discussion Workshop) 3 CET Points

Optometrist



Standards of Practice



actice Examination

Dispensing optician



Standards of Practice



Ocular Examination



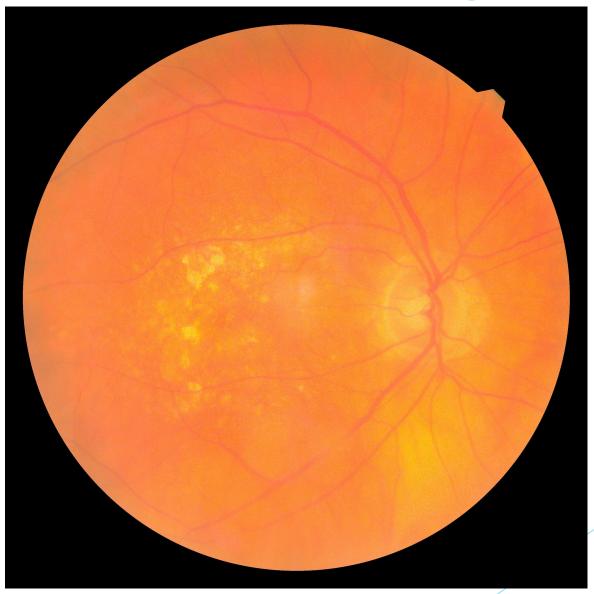
Ocular Abnormalities

Ocular Disease

Case 1

81 year old female Caucasian. Presenting with distortion on Amsler RE. DV/NV worse recently. VA R 6/18+ L 6/24 IOP R 16mmHg L 15mmHg Fields unreliable OH- Lens opacities. No operations or drops. FOH-Nil Non Driver

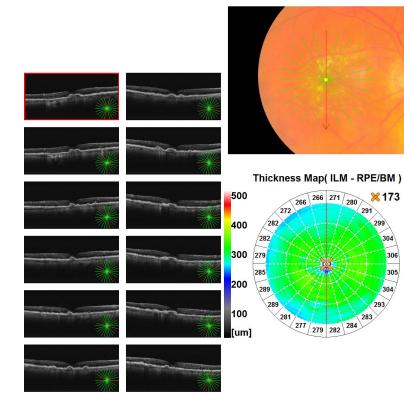
Case 1 - RE Fundus Image

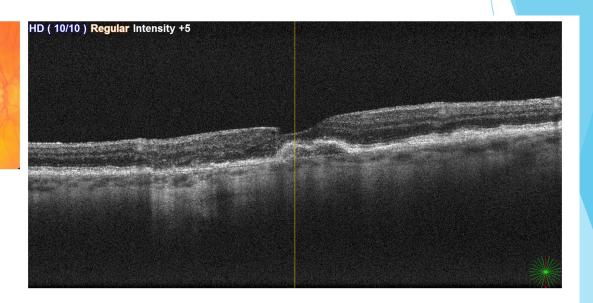


Case 1 - LE Fundus Image



Case 1 - RE B-Scan



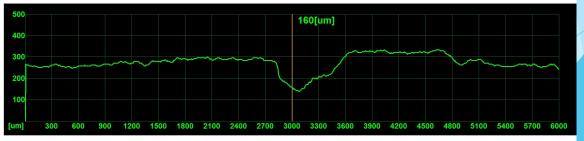


Select OCT

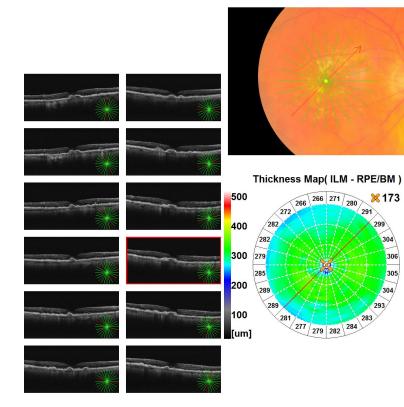
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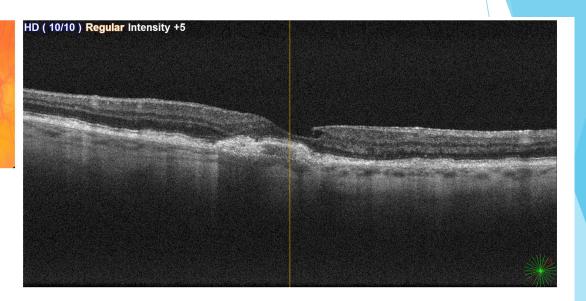
283

Thickness Graph(ILM - RPE/BM)



Case 1 - RE B-Scan



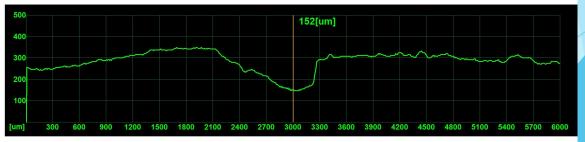


Select OCT

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283

Thickness Graph(ILM - RPE/BM)



Case 1 - Discussion

- i. What clinical signs are present on the fundus images?
- ii. From the image, B-Scan 1, what condition do you think is present?
- iii. What signs are visible on this image?
- iv. Looking at image, B-Scan 2, what might have caused the foveal aplasia (misshaping)?
- v. How might this patient be managed and what advice might they be given?

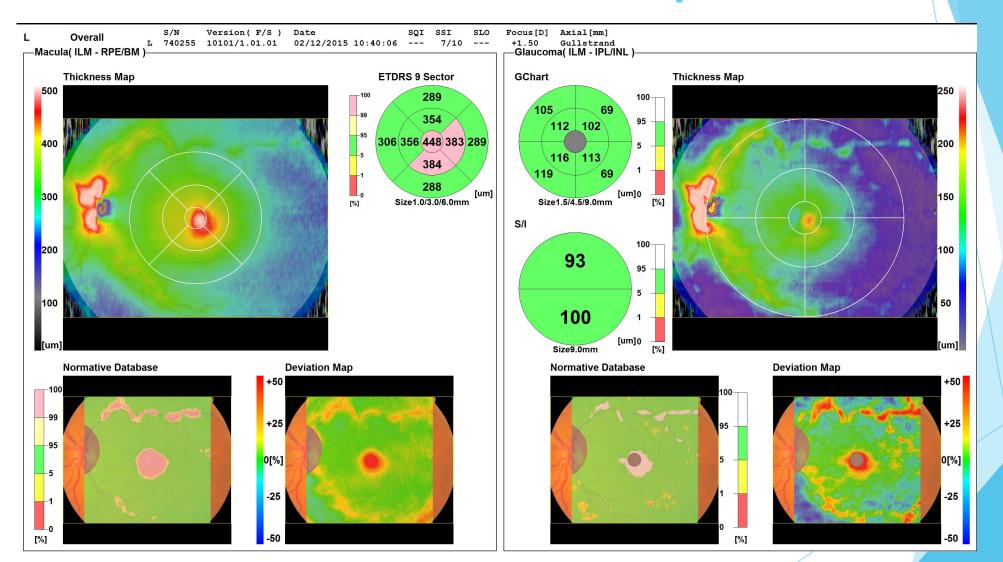
Case 2

79 year old male Caucasian. Recent IOL LE 4 weeks ago; just stopped drops. Px presenting with blurred vision LE recent onset. Distortion LE. VA R 6/9 L 6/12- IOP R 14mmHg L 17mmHg Driver

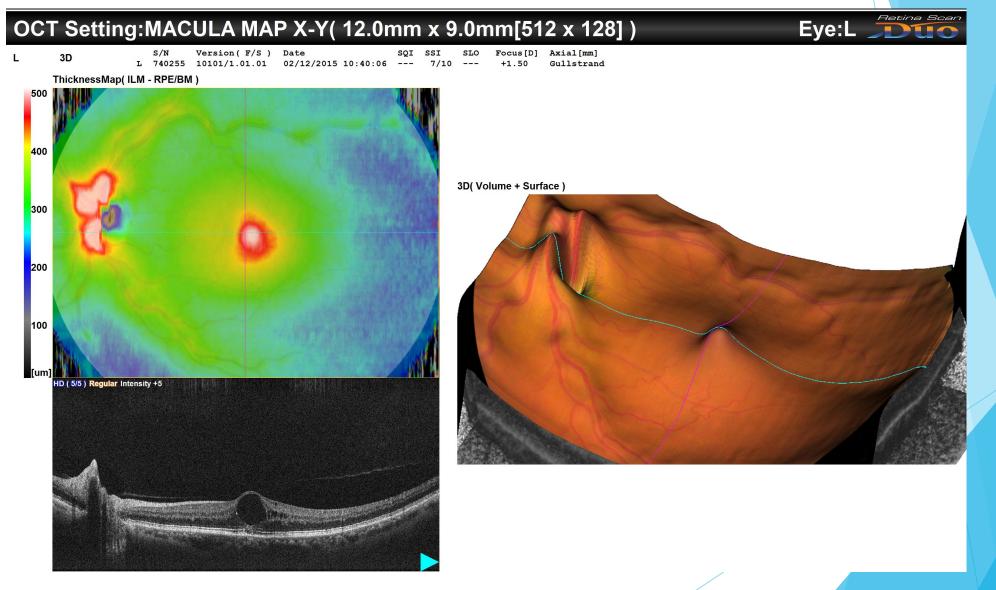
Case 2 - LE Fundus Image



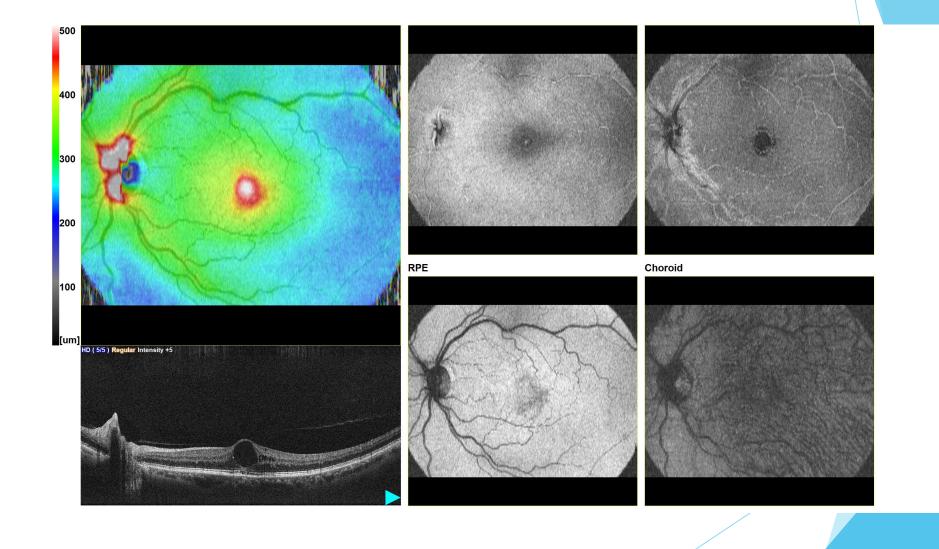
Case 2 - LE Macula Map



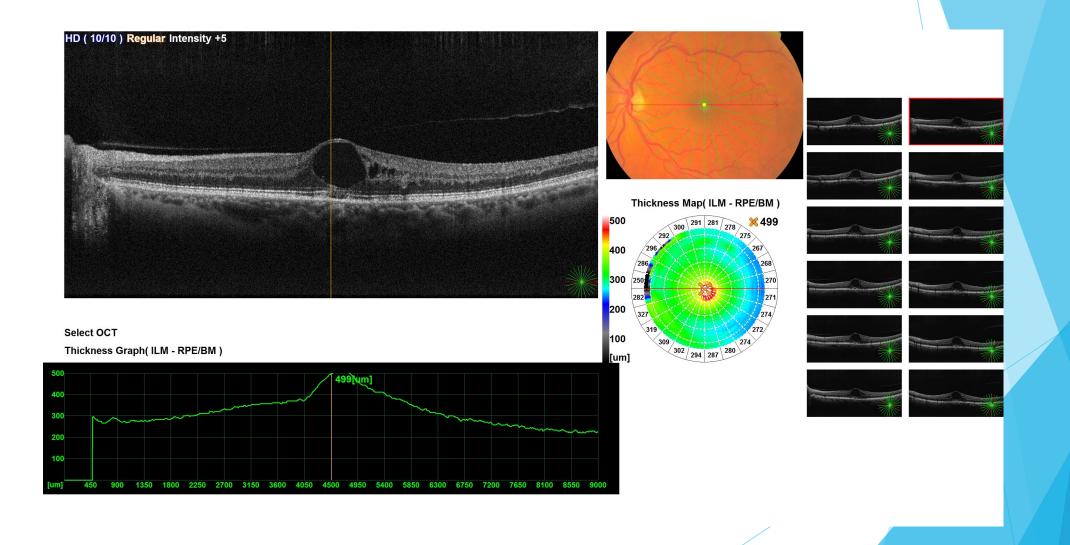
Case 2 - LE 3D scan



Case 2 - LE En Face



Case 2 - LE Radial Scan



Case 2 - Discussion

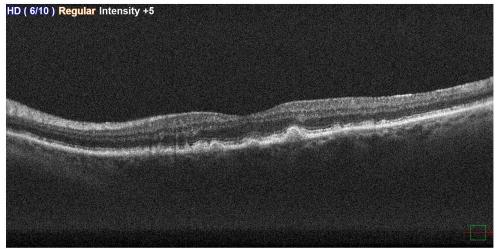
- i. Looking at the Macula Map, what does the pink on the ETDRS represent?
- ii. Looking at the thickness map on the Macula Map, what does it's shape tell you?
- iii. Looking at the B-scan, what is present in the retina? Is it fluid or blood? Describe its location.
- iv. What condition do you think this might be?
- v. How would this be managed? How might they treat this?

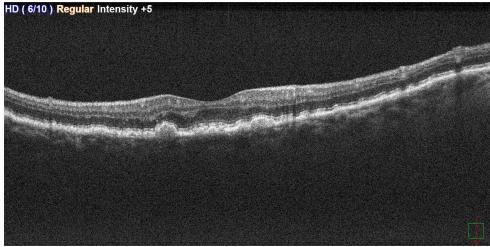
Case 3

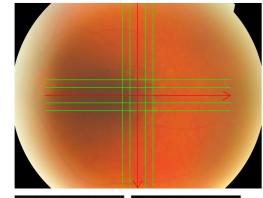
94 year old female Asian. LEE 2 months ago. Very poor vision long term, but has got a lot worse in the RE past 6 months, but has come in today with her family as it's much worse and there is no optometrist in the practice. FROM current record card: OH - AMD and cataracts. No Op's. Registered sight impaired. FOH - Mother 'went blind' Fundus images very poor VA R 1/60 L 3/60. IOP R 22mmHg L 21mmHg **Today** R CF L 2/60.

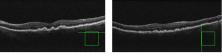
Case 3 - LE Multi Scan

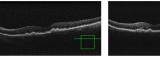
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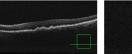


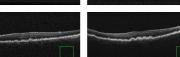










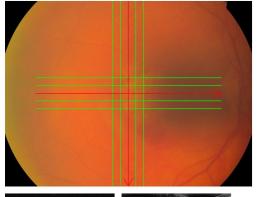


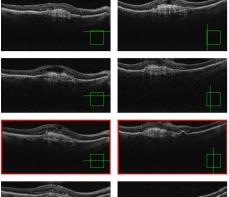
Case 3 - RE Multi Scan

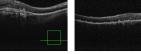
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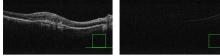
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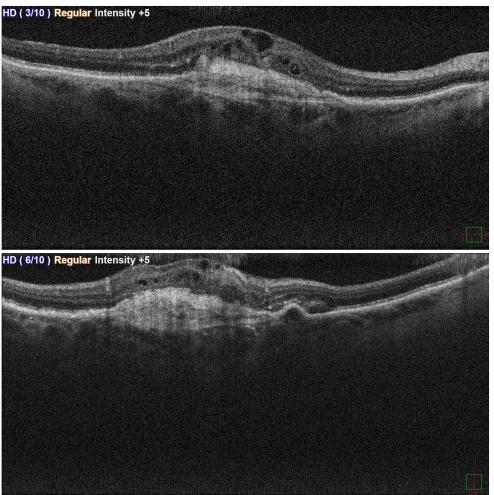








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Case 3 - Discussion

- i. Looking at the images, describe all the clinical features present on the OCT scans in both eyes
- ii. What is the bright area beneath the RPE in the RE?
- iii. How would you manage this patient?
- iv. What extra tests might the HES perform?
- v. Would treatment be offered? What might that be?

Thank you for listening

References

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- 8. E Z Karam, T R Hedges. Optical coherence tomography of the retinal nerve fibre layer in mild papilloedema and pseudopapilloedema. BMJ Ophthalmology, Volume 89, Issue 3.
- 9. A. Mishraa, S.R. Mordekaral, G. Rennieb, P.S. Baxtera. False diagnosis of papilloedema and idiopathic intracranial hypertension. European Journal of Paediatric Neurology, Volume 11, Issue 1, January 2007, Pages 39-42.
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