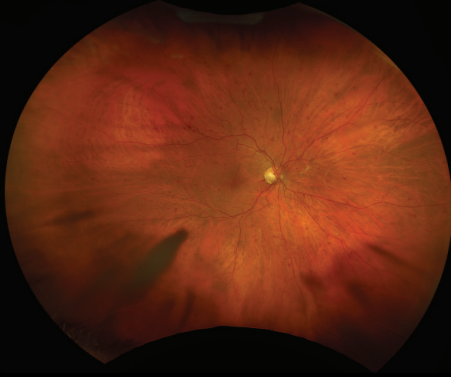




STRENGTHENS PRE AND POST CATARACT SURGICAL CARE



- 53% of eyes in asymptomatic patients post cataract surgery have peripheral lesions (non-surgical related retinal breaks and/or detachments) visualized on **optomap**, supporting the preservation of improved visual acuity.¹
- 85% of the time **optomap** is clinically useful through hazy media, up to grade 3+ dense cataracts and offers superior visibility to clinical exam where opacity may compromise accuracy.^{2,3,4}
- **optomap** performs better than B-scan ultrasonography when used preoperatively for extreme myopes at greater risk for postoperative detachment, and is comparable to indirect ophthalmoscopy for atrophic holes.³
- **optomap** provides more information than traditional fundus examinations and imaging systems in a capture taking as little as 0.5 seconds, thereby meeting the cost reduction and time demands in a busy anterior segment ophthalmology clinic.¹
- **optomap** significantly increases the detection of pathology postoperatively including age-related macular degeneration (AMD), macular holes, retinal dystrophy, myopic and vascular abnormalities related to diabetes and/or hypertensive retinopathy when compared to preoperative evaluation.⁵

“The integration of Optos UWF™ retinal imaging into our preoperative assessment and postoperative follow-up protocols is helping to address these issues by offering an efficient, economical, and patient-friendly evaluation tool.”

– US Ophthalmic Review, 2017

See how **optomap** will help you manage your patients. For more information call **800-854-3039** or **BDS@optos.com**.



CLINICAL SUMMARY

Additional clinical evidence supporting the value of **optomap**



optomap rg image of a dislocated IOL

- **optomap** is non-mydratric, non-invasive and clinically advantageous providing a four channel image review from one capture and may be easily used for elderly patients such as those exhibiting poor pupil dilation secondary to Alpha-1 antagonist use and diabetes.¹
- **optomap** doubles the identification of diabetic retinopathy, and reveals associated peripheral lesions that resulted in a more severe diabetic retinopathy diagnosis in almost 10% of patients, supporting presurgical systemic screening.⁶
- **optomap af** (autofluorescence) is effective and reliable for geographic atrophy (GA) measurement, supporting physician co-management, surgical planning and expectation setting.⁷
- **optomap** imaging, which records vitreoretinal conditions in an explicit and stable way, alongside Optos**Advance™** review software facilitates follow-up examination, referral and patient education.^{1,4}
- Even in uneventful surgery, soluble inflammatory factors are released and compromise the blood retinal barrier (BRB) integrity causing vascular leakage. Secondary retinal swelling and vitreous opacity can be assessed with **optomap fa** (fluorescein angiography) to ease the common postoperative complaints of floaters and blurred vision and educate cataract and refractive lens exchange patients.⁸

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