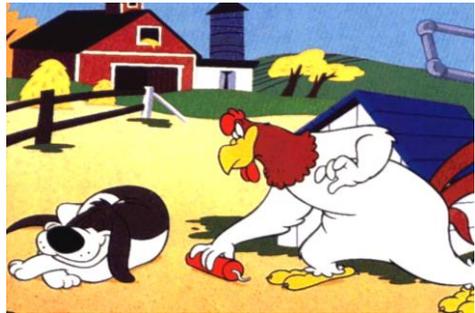


Diagnostics: What's All The Fuss About ?



"Why can't they get the schedule right?"



This is what the front desk sees when a tech comes out and starts a sentence like this:
" How many times do we have to tell you guys not to put a fundus photo in that time slot ??!"



And this is what the tech "sees" after they ask that question !!!!

So... when I have an angry tech or an even angrier front desk person come to me after one of those incidents.....



My first response is.....

Have you asked *them* **WHY** they continue to do so - even though you have so "kindly, professionally and politely" asked them not to ???



Houston, we have a problem....

Communication is the key. We all assume that the other people in the office know what we do, how we do it, and what we need in order for us to do it.



Apollo 13

So, what is it we do when we do what we do ?

Humphrey Visual Field (HVF)

vs

Goldmann Visual Field (GVF)



Goldmann Visual Field

"Tech is the machine"... This perimeter allows us to perform **kinetic** as well as **static** perimetry. **Kinetic** is used to determine the *boundaries* of the visual field.

Static is used inside of a boundary (*isopter*) to determine the *sensitivity* in a given area to a given stimulus.

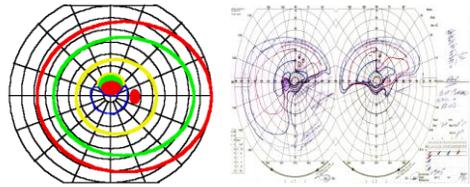


Humphrey Visual Field

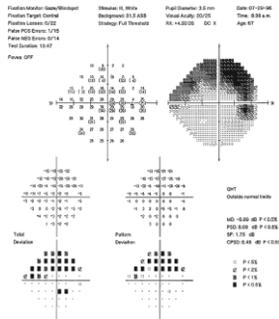
This perimeter performs **static testing** to determine the sensitivity of a stimulus in a given area. Humphrey visual field is a shorter testing process that can determine the earliest visual field changes as they occur.



With Goldmann, the tech "draws" what the patient sees or does not see.



With the HVF, the machine documents the degree of stimulation that the patient sees. It also analyzes and compares that information with past results.

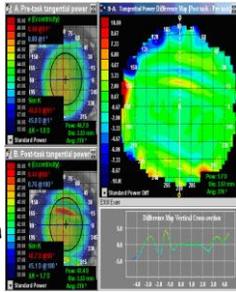


Procedure to Perform: It's What Your Doctor Prefers !

Dilated or Undilated:

- Dilated:** Maximum amount of visual field potential that a patient has
 VA, TA, DILATE, GVF = 1 1/2 hrs
 VA, TA, DILATE, HVF = 1 hour
- Undilated:** How a patient sees normally
 VA, TA, GVF = 40 minutes
 VA, TA, HVF = 20 minutes

Tangential map: "true" Map. Does same as axial, but uses a different mathematical configuration to determine the peripheral cornea. Offers a better visualization of the location of corneal defects.



Scheduling Considerations:

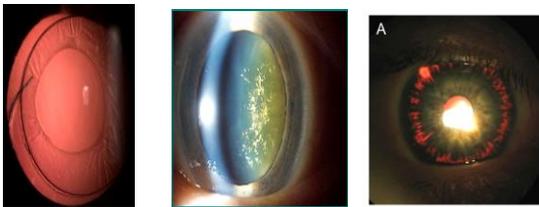
Ideally, patient should not have a procedure such as tonometry or gonioscopy performed on them prior to having the topography to ensure that the cornea is not disturbed.

No dilation needed.

Ex: VA, Topography, TA, Dilate

Photography: Slit Lamp

Takes pictures of the lids, anterior chamber and front surface of the lens.



Scheduling Considerations:

In most cases the patient is not dilated for this test - so you would schedule them the same way as topography.

VA, Slit Lamp Photo, TA, Dilate

IF MD wants dilation:

VA, TA, DIL, Slit Lamp Photo

Photography: External

A facial camera shot of one or both eyes as well as a part of the face. Patient **can be identified** by this photo so be careful of HIPAA ! No considerations needed.



Photography: Fundus

Photography of the posterior part of the eye from the vitreous back to the optic nerve. Pupil **must** be dilated.



Scheduling Considerations:

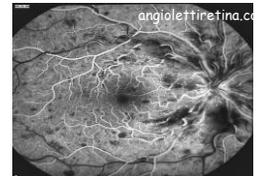
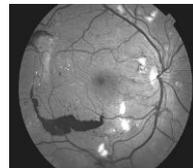
Patient must be dilated ! Anytime a patient is dilated, they need at least 30 minutes for the pupil to dilate. *Warn the patient* they will be dilated.

VA, TA, DIL, Fundus Photo or
VA, TA, DIL, GVF, Fundus Photo

No gonio prior to any photos, topography, pachymetry!

Photography: Angiography

Fluorescein dye is injected into the patient's arm, and then sequential fundus photography is performed using different camera filters.



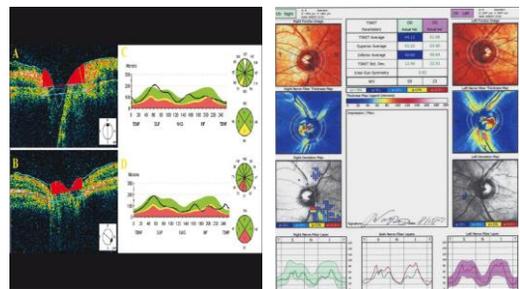
Scheduling Considerations:

Patient will be in the office at least 1-1½ hours.

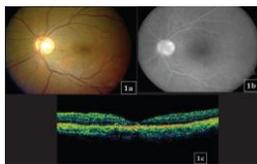
I recommend that they bring a driver as sometimes they can have an episode of nausea immediately after the dye is injected.

Patient **WILL** be dilated.

OCT vs GDX

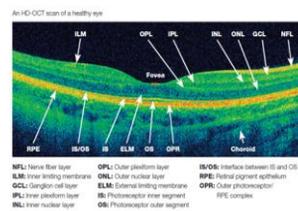


GDX: confocal scanning laser measures thickness of the retinal nerve fiber layer and allows comparison to other people of that age to determine if a patient is showing the early signs of glaucoma. Uses polarized light.



OCT: ocular coherent tomography
A thin, coherent beam of light shows two and three dimensional images of macula, fovea and retina areas. Also

of the optic nerve. High resolution of tissue cross section.



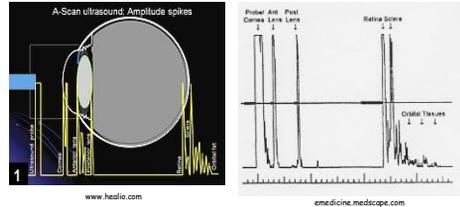
Scheduling Considerations:

OCT: Patient may be dilated depending on pupil size and technician preference.

GDX: Patient will be dilated

A- scan: Manual

Ultrasonography to determine the **axial length** of the eye prior to cataract surgery. Also known as **biometry**. Probe touches the front of the eye.



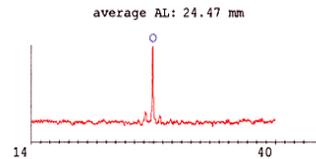
Scheduling Considerations:

Cornea should **NOT** be touch by applanation or gonioscopy prior to a-scan. They will need keratometry performed as well. **No dilation needed unless the pupil is very small.**

VA, (Keratometry), A- scan whatever else the MD needs for the rest of the visit.

A-scan: IOLMASTER

Laser beam is used to determine the axial length. **Non contact** ability gives the most accurate axial length reading because the **cornea is not indented**. Patients **may be** dilated for this exam. Keratometry will also be performed.

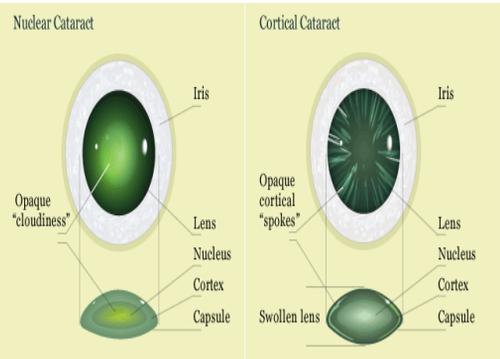


Scheduling Considerations:

Patient needs to be warned that they **may be dilated** for this test (depending on their pupil size, type of cataract (PSC) and technician preference).



weaverescare.blogspot.com



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All the old adages make sense:
"plays well with others" !

COMMUNICATE - it's much more fun !

