

Access all areas

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Product
PanOptic ophthalmoscope

Company
Welch Allyn

The PanOptic ophthalmoscope has a revolutionised view of the fundus with its 25-degree field of view. This is possible even through a small pupil. This accessibility is due to Axial PointSource Optics that converges illumination to a point at the cornea, allowing easy entry into the smallest pupil without unwanted reflection or glare. The focusing wheel that allows continuous focusing is a big improvement on the step focusing used in conventional ophthalmoscopes.

PanOptic is unique in highlighting the choroid and I have described it to colleagues as the 'choroidal camera'. It is excellent at showing choroidal

naevi, primary non-pigmented and pigmented melanomas and the difficult-to-see pale metastatic choroidal lesions. It is a valuable tool in diagnosis of age-related macular degeneration in showing choroidal neovascularisation. Most clinicians will appreciate that many of these lesions would be missed with a conventional ophthalmoscope.

By using its red-free filter, it is excellent at detecting nerve fibre layer damage. In a recent case, it was the best diagnostic tool at revealing nerve fibre layer damage from an infarct that was not visible, being situated in an arteriole in the anterior nerve head.

If you examine patients for diabetic retinopathy, the PanOptic ophthalmoscope is essential. I routinely dilate diabetic patients and use a BIO and a PanOptic ophthalmoscope and do slitlamp examination with a 90 D lens or similar. The PanOptic will often reveal microvascular changes, small haemorrhages or focal leakage that can be missed with the other two techniques. This is because the PanOptic has the optimum field of view and magnification for an instant assessment of the degree of non-proliferative diabetic retinopathy.

I am also impressed with its ability to allow a view of the peripheral retina. I recently examined a patient with a posterior vitreous detachment in which no holes or tears could be seen through a dilated pupil with a BIO and a 2.2 panretinal lens. On examination with the PanOptic, a tiny operculated tear was found that required photocoagulation. The ophthalmologist asked the patient, 'How did he find that?' The answer was that the PanOptic found it.

To provide adequate patient care, a clinician must have many diagnostic tools. The PanOptic ophthalmoscope is to be added to the list. ■



The writer has no financial interest in this instrument and no financial relationship with the manufacturer.