



# FACT SHEET

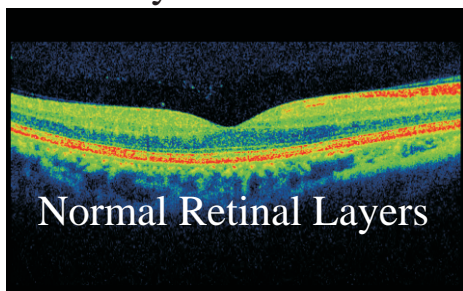
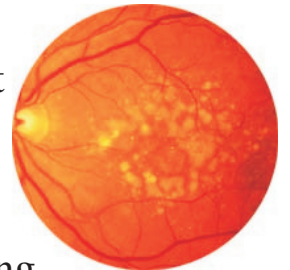
## Ocular Coherence Tomographer (OCT)

Similar to Ultrasound, the OCT uses light rather than sound waves to visualise inside the retinal layers of the eye. This dramatically overtakes all traditional

techniques. OCT, a non-invasive, painless and quick scan lets us see into the retina, never previously possible. Very subtle changes, beneath the retinal surface, due to diabetes, macula degeneration, macular holes, detachments and glaucoma can be detected at the earliest stages; ensuring most successful treatment.

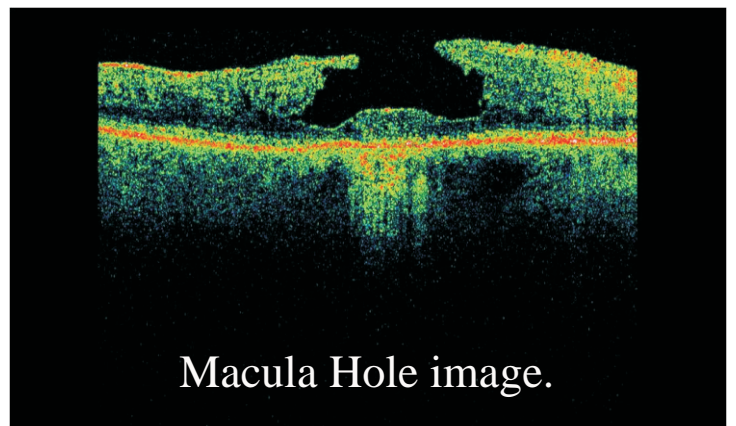
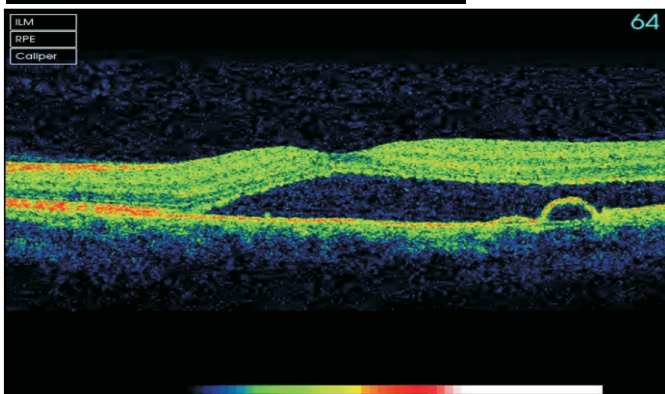
**Importantly, with new technologies, must come competence. Without the skill to interpret the results makes the technology of little clinical value. Aarons has used this technology for nearly a decade and liaised with Mr Talks, Consultant Ophthalmologist to hone skills ensuring we refer on an intent-to-treat basis. Further we have colleagues with the advance 'Medical Retina' diploma. This ensures we can advise and reassure patients, explain their symptoms and only refer when appropriate.**

While retinal photos (right) show the surface of the retina, they cannot show subtle changes below the surface. An OCT lets us visualise deep layers within the retina. The example below shows the normal retinal layers. Bottom left shows a close up of fluid within the retina



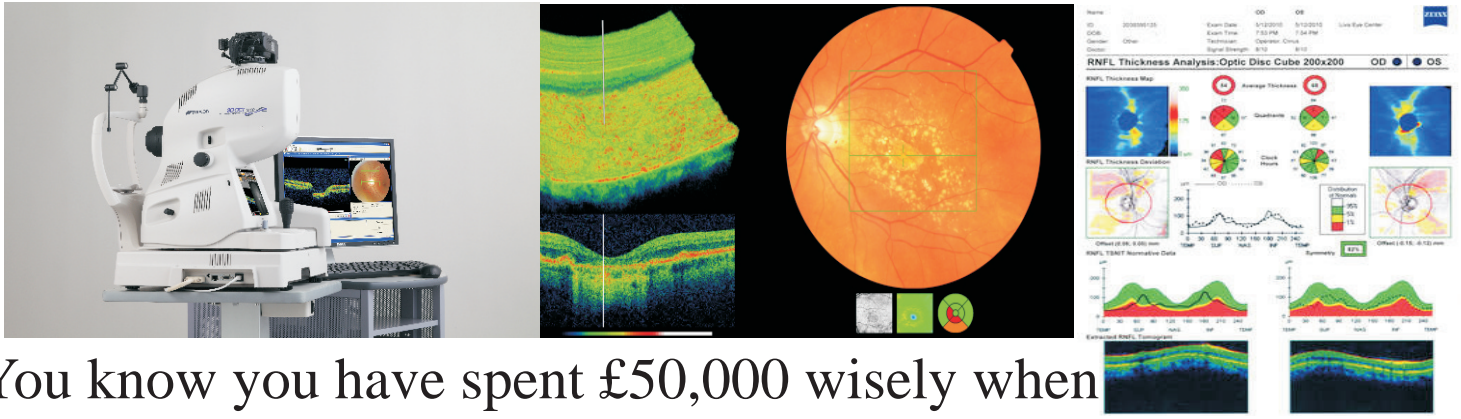
Normal Retinal Layers

due to 'Wet' macula degeneration, requiring prompt referral and treatment with an AntiVEGF drug. Compare that OCT image with the normal retinal layers or with a macula hole (below right) which give similar symptoms but may not require treatment.



Macula Hole image.

# Have we the right to decide what you may value?



You know you have spent £50,000 wisely when within a month of having the OCT you wonder how you coped without! Regardless of not being funded by the NHS, like our Corneal Topographer and Disc Mapper for Glaucoma, lack of public funding is no reason to not offer the services.

We could simply take the decision not to offer advance services, but we have no right to assume patients put so little value on their eye health. It has certainly revolutionised our diagnostic capabilities.

Dr Peter Frampton, presenting at a conference, was invited by an exhibitor to invest in their new technology (we already had it of course). The ‘hook’ to buy was not patient care, rather trying to differentiate ourselves from the competition.

**WRONG.**

Simply buying lots of expensive kit to impress does not make a clinician. Do not be fooled. The educational qualifications are to be valued, not technology in isolation; that is flannel.

Detecting abnormalities with advanced technology is NOT the same as understanding the data. It is vital to be able to advise the patient and manage the problem appropriately.

We have a decade of experience interpreting OCT images. We have also organised peer reviews with Mr Talks, Consultant Ophthalmologist at the RVI to hone our interpretive skills. Further, we have colleagues who have passed the advanced ‘Medical Retina’ Diploma.

We will not devalue your care.