

## **Diabetic Retinopathy Eye Health Program**

### **Camera Operator Information**

#### **Who needs to be screened?**

- Anyone that has Type 1 / Type 2 diabetes / borderline diabetics / Gestational Diabetes / High blood pressure

#### **How it happens?**

1. Try taking a picture, make sure the camera works (refer to camera manual for any problems) or contact coordinator if you require further assistance
2. The screening will take around 10 minutes if dilating drops are not required  
The screening may take up to 25 minutes if drops are required
3. You will need to record patient Visual Acuity (VA), Near Vision and condition of eye health using the L.O.V. recording form
4. Sit patient in front of the camera and position for screening, making sure they are comfortable and focused on the lens
5. Press start on the touch screen, check the size of the pupil
6. Pupils need to be above (>3.00) for the flash to fill the retina with light  
If the pupils are too small (< 3.0) you will need to treat each eye with Tropicamide dilation drops 1%

**NB:** Please make sure you're aware of current patient health conditions before you dilate patient with Tropicamide drops

7. If you need to dilate, put gloves on, give the patient a couple tissues and distil two drops of (Tropicamide) dilation solution into each eye; the drops sting a little, ask the patient to keep their eyes close and move them in a circle.  
Dab any run-off with the tissue, do not rub or squash the eye.  
Try taking the photo after 15-20 minutes
8. Try taking a photo, check size of pupil make sure it's above (<3.0) in diameter
9. Make sure your patient is comfortable and maintains their attention focused on the lens  
Speak gently and reassuringly explaining what the camera is doing
10. After the photos are taken recommend the patient does not return to work or drive home after the screening if they had their eyes dilated, the solution may last up to 4 hours  
Also make sure the patient has organised transport to their home in case their eyes are dilated

#### **What the patient needs to bring?**

1. Letter of referral or booking slip
2. A hat and a pair of sunglasses in case they have drops
3. A snack- optional to manage their diabetes
4. A BIG smile

## **Sending a Photo:**

We have a very small dedicated team of amazing image graders:

Verity and Richard

Who spend a huge amount of their time looking at your photos to make this program happen, so please make sure you send a good quality picture (More on that later)...

So here's the best practiced option provided for sending images to Lions Eye Institute (LEI) for grading, depending on which clinical data base your clinic / medical service utilises to store files / records

Make sure you use your VA recording form to provide the required information for the team at LEI

### **Communicare / Best Practice / MMEx:**

|               |  |
|---------------|--|
| Name          | Patient Name                                   |
| DOB           | 14.8.57  |
| Visual acuity | Right 6/12 pinhole 6/6<br>Left 6/6 pinhole 6/6 |
| Last Hba1C    | 6.7%, diet control                             |
| Eye Hx        | Nil on file                                    |
| Comment       | Nil  |

**Patient details, VA sent via email with photo attachments to: [outbackvision@gmail.com](mailto:outbackvision@gmail.com).**

Make sure you send the RGB (colour) images only

It's important that the camera operators know to attach the largest size images (File size of 1.2-1.3 MB) that are downloaded from the camera. Smaller sizes are generally too small to grade properly, but sometimes people download smaller images by accident and don't realise.

## **What happens with the photos / The Referral Pathway?**

1. Photos need to be stored into the clinical data system and then emailed to Lions Eye Institute for grading by the Ophthalmologist
2. Results will be returned to sender within 1 week from the Institute
3. Results are to be placed on the 12 month recall list if there's no DR found follow up with referral to Diabetes Educator for further education and on-going management of condition
4. If there's any Sight Threatening Diabetic Retinopathy (STDR) found, the specialist will request for the patient to be seen at the next specialist clinic for a consultation and possible treatment
5. DR Coordinator will receive results that require further assessment by Ophthalmology and will keep a list of patients requiring on-going specialist eye treatment to coordinate specialist clinic attendances

## **The Future:**

**Remember:** You as a DR camera operator make a difference in the prevention of blindness  
Most Eye Health problems can be treated effectively if detected early enough

**Happy screening...**