

Fundoscopy and You!!

Dr. MS Lee

How to perform?

- You will see a video clip at the end of presentation.
- There are recommended steps for you to pursue.

Steps (1)

1. Have the examining room dark (prevents constriction of pupils);
2. Make sure that both you and the patient are as comfortable as possible before starting the exam;
3. Give the patient a specific object on the wall on which to fixate (prevents constriction of pupils from accommodation);
4. Turn the ophthalmoscope on to a low-moderate light intensity;
5. Use the smallest aperture to look into an undilated eye, and the largest aperture to observe a dilated eye;
6. Place the hand that is not holding the ophthalmoscope either on the patient's head or shoulder to help you judge your distance;

Steps (2)

7. Use your right eye and right hand to look into the patient's right eye (and your left eye/left hand for the patient's left eye);
8. Look through the ophthalmoscope into the patient's eye from a distance and find the red reflex;
9. Follow the red reflex into the eye at a small angle towards the patient's nose;
10. Focus on the optic disc;
11. Follow the Superonasal arcade;

Steps (3)

12. Follow the Inferonasal arcade;
13. Follow the Superotemporal arcade;
14. Follow the Inferotemporal arcade;
15. Focus on the macula (temporal to the optic disc).

What you are looking for?

- Retinal detachment/tear/break
 - Often these occur outside of the field of view of direct ophthalmoscopy and other instruments are used to investigate the findings
- Hypertensive changes:
 - Arteriolar spasm, exudates, flame-shaped hemorrhages, absence of venous pulsations, ghost vessels
- Atherosclerosis
- Glaucoma
- Diabetes
- Occlusive Pathologies

Are you ready for video clip?

Thank you