

Why Doctors Look into the Eye

An ophthalmoscope is used to examine the inner eye, also called the retina or the **fundus**. This is the only way and place in the body that blood vessels and nerves can be seen in their natural state, non-invasively (*in vivo*). The funduscopic (fun-da-scop-ic) exam is clinically valuable because many disease states can be diagnosed based on evidence seen in the inner eye. These disease states include both eye-specific disorders, as well as systemic and neurological conditions affecting the body in general, and leaving clues or “footprints” which appear as changes locally in the vessels and nerves of the fundus.

The Need for PanOptic

Traditionally, the ophthalmoscope has been one of the (if not THE) most difficult instruments for primary care practitioners to learn and use. With a standard scope, obtaining any view at all is a major challenge and often is not even achieved. Even when the view is obtained, it is a “key-hole” view which is so limited that many physicians will tell you they can’t make a diagnosis anyway (think of looking down on a city grid through a narrow round tube and trying to determine where you are). The fundamental technology (and thus limitations) of ophthalmoscopes hadn’t been changed in decades – until PanOptic.

The Applications for PanOptic

In the primary care setting, the ophthalmoscope is most often used on patients who:

- Are known or suspected to have Diabetes
- Are known or suspected to have Hypertension
- Complain of Headaches
- Have had any kind of Head trauma/injury
- Have loss of Vision or degraded vision (flashes, distortion, shadows)
- Have eye Pain – including abrasions (scratches) and foreign bodies in the eye*
- Are undergoing a routine Physical Examination

* The PanOptic Ophthalmoscope model 11820 has a cobalt blue filter and corneal viewing lens that can easily be used with fluorescein dye to detect corneal abrasions and foreign bodies. **This can replace the need for a Woods Light, which can cost as much as \$400, so this is a very valuable application.**

Disease States

Diabetic retinopathy is a common eye complication of type I and type II diabetes which can be blinding and is the **number one** condition being sought with the ophthalmoscope by primary care Internists and most Family/general practitioners. There are many other conditions which can be diagnosed (and/or their progressive effects followed) with the ophthalmoscope. Observing the vessels in the fundus can provide an excellent idea of the state of the vasculature of other organs in the body. AIDS, hypertension, and diabetes are systemic diseases that manifest themselves in the fundus and thus ophthalmoscopy can provide valuable clues to their diagnosis. Papilledema is a sign of concussion or increased intra-cranial pressure. Other important eye disorders such as glaucoma, age-related macular degeneration, and cataracts can be detected.

The Solution -- Why the Doctor Wants to Use PanOptic

Welch Alllyn’s PanOptic Ophthalmoscope greatly simplifies and improves examinations of the fundus, making them more clinically useful and valuable. PanOptic makes it easy to see into the eye – even in the smallest of pupils -- and provides a dramatically wider, more **panoramic view of the fundus** as compared to a standard ophthalmoscope. The bottom line advantage that PanOptic delivers is overcoming the major hurdle of the doctor being able to see what he needs to see to make the exam effective. Think of that city grid again, but now imagine you have a complete aerial view of all the buildings & streets (with magnification so you can see details too) – you are much better off in knowing where you are. That’s what PanOptic does for the doctor – not only does it enable seeing the fundus, but when used correctly it gives a picture of the entire puzzle, not just individual pieces.

The Benefits -- for Everyone Involved

Practitioner – Finally, a breakthrough that makes examining the fundus efficient and effective. Better clinical care through more informed differential diagnoses as a result of good fundoscopic exams.

Rep – GP\$ - PanOptic delivers nice margin from a product that can be successfully shown and sold (at least one unit!) to nearly all of your accounts.

Patient – Earlier disease detection. Better healthcare that could even result in preventing blindness.

Qualification -- Key Questions to Ask the Doctor

- How often do you examine the fundus (or use your ophthalmoscope)?
- On which patients do you use the ophthalmoscope?
- How has your experience with using the ophthalmoscope been?
- If you could, what things would you change about your current ophthalmoscope?
- Do you have a diabetic patient population?
- Do you need/want to screen your patients for diabetic retinopathy?
- Do you perform ophthalmoscopy during routine physical exams?
- Do you ever see cases of head trauma/injury?
- Do you ever see cases of abrasions or foreign bodies in the eye?

Overcoming Objections

“I don't use the ophthalmoscope very often”

Why is that doctor? If that is due to the difficulty in performing ophthalmoscopy with a standard scope, then allow me to show you a revolutionary new approach from Welch Allyn that greatly simplifies and improves the fundoscopic exam.

“It's too expensive”

Most things today sound expensive, especially the newest technology. But consider: the investment is about 3X as much as a standard ophthalmoscope, but it enables you to easily see a 5X larger view of the fundus! Think of the number of patients on whom you would like to do a good fundoscopic evaluation in just an average week. If you extrapolate that out over just one year, you will see the cost per day is less than the cost of a cup of coffee.

“It's too big / too heavy / looks strange.”

Doctor, it performs about as differently as it looks! Certainly it is bigger than a standard scope, but it is well balanced in the hand and fits all of your existing power sources (handles), including fitting on the Welch Allyn wall transformer unit.

“I'd be worried about infectious disease from dirty eyecups”

The eyecup can be wiped with alcohol between patients, or it can be soaked in soapy water for cleaning. If you feel strongly enough about it, you can also autoclave the eyecup to sterilize it. The eyecups come in boxes of five so you can rotate them through cleaning between patients. They are even affordable enough to be expendable (under \$3) when you have a serious infectious disease concern.