



Last year I was able to put the latest offering from Nidek UK, the OPD Scan III, through its paces at the Birmingham Optical Group showrooms (*Optician* 18.11.11). I liked the easy to use touch-screen operation and the impressive versatility of functions. This one machine serves as an autorefractor, keratometer, topographer, pupillometer and wavefront aberrometer. It can detect media changes through retroillumination, aid biometry in IOL positioning and power calculation, and make both photopic and mesopic measurements to aid accuracy when prescribing an appropriate refractive correction for different conditions. Thus far so good, but I did wonder at the time how such a specialised instrument would be perceived by the practitioner looking to buy a new instrument for a high street practice. When I learned that Trevor Rowley's Optix group had acquired a unit for its Viewpoint Feasegate practice in York, I decided to find out how things were going with the OPD.

## The practice viewpoint

Optometrist Chris Worsman explained why they had bought the OPD III. 'We needed a new autorefractor and corneal topographer and this seemed to be the perfect opportunity to combine both, and also benefit from the extra features such as wavefront aberrometry and so on. The OPD Scan III was by far the easiest to use compared to all other topographers on the market.'

'It is predominantly used as an autorefractor and corneal topographer as 95 per cent of our patients wear contact lenses. It is a useful tool for explaining the features of different contact lenses, for example demonstrating the benefits of a toric lens for a corneal astigmat. It is also good for explaining multifocal contact

# Technology in practice

A high street practice in York has successfully incorporated the Nidek OPD Scan III into the patient experience. **Bill Harvey** reports



The OPD is used on every patient as part of the routine eye exam and contact lens check-up. Practitioner pictured is Michael Blenkinsop

**Results are displayed on a large screen in the consulting room for discussion with the patient**

lenses and the way they work. Colour maps are good for the wow factor.'

Worsman also feels the unit demonstrates well the difference between central and peripheral vision and helps emphasise how vision changes under different lighting conditions. 'It is a useful tool when choosing between two prescriptions,' he said. 'If a patient shows a change in night time conditions, then they can be prescribed the higher prescription to allow for this to help with night driving.' The practice has found the retroillumination images useful to help explain ocular change to cataract patients. Something I suspect of great interest to the busy practitioner was also mentioned: 'It is very quick to get a wide range of data.'

## Within the practice

At Viewpoint the OPD is part of the overall patient experience. Every test is expected to last around 45 minutes and the optometrist does all of the tests including pre-screening. They have a room with a fundus camera, tonometer and pachymeter from where the patient is taken to a second room housing an OCT and the OPD Scan III. Here the optometrist carries out both tests. All of the equipment is networked to all three consulting rooms where the optometrist is able to display the results on a large screen for discussion with the patient. They use

the fundus camera, OCT and OPD on every patient. 'It is part of the routine eye examination and contact lens check-up,' said Worsman.

As for a specific example of how the OPD had made a difference to patient care, Worsman told of a woman with cataracts who was suffering with poor contrast sensitivity and very bothered by glare at night: 'It was affecting her quality of life and she was unable to drive. Despite this she still had 6/6 vision. The local PCT criteria stipulate that they do not operate on cataracts where the vision was still 6/6 regardless of the other symptoms. The OPD Scan III showed massive high aberrations and fogging from the central lens. The optometrist took a screen shot of the results and made the referral with a strong case to treat her even though she did not meet the criteria. The case was accepted and the patient has had the surgery and is delighted to have a much better quality of life again. Without the results from the OPD Scan III this would not have been possible.'

With such incorporation of the latest instrumentation, the high street practice should continue to be the first port of call for all with vision problems and for other professionals wanting advice on future management of patients. ●

● For more information on the OPD Scan III email sales@nidek.co.uk telephone 0845 2303020

