



The rise of the master

Bill Harvey starts using the new Maestro from Topcon and likes its user-friendly design

The launch of the latest OCT from Topcon, the 3D OCT-1 Maestro (Figure 1) was one of the big stories at this year's Optrafair and a view of the instrument at the Topcon stand certainly impressed. The rotating touch screen control, the reasonably small footprint for such an instrument, the ease with which the machine was able to capture, display and transfer data all met expectations. However, the proof of the pudding is in the eating so I was pleased to start using the machine in a clinic this week. Over the coming months we will publish a couple of interesting case studies from this trial but initially I thought I would report on a few design features of the instrument worth a mention.

Ergonomics

For this trial we have decided to use the instrument in a practice setting for a number of reasons. One of the selling points of the OCT at Optrafair was its easy one-touch use and I was keen to garner views of its operation from a variety of members of practice staff. The first observation by many was the impressively small size of the unit, nothing far from a small autorefractor. Attached is a small, freely rotatable



Figure 1

i-Pad-style screen, from which the machine may be operated from all angles (and in awkward spaces if needed). Simple touching of the correct icon may set the machine to either an OCT program mode (anterior, disc, macula) or to retinal photography mode. Having a retinal photography function combined with the OCT again makes for significant space saving, but at the time of going to print Topcon was still awaiting approval of the camera for diabetic screening.

OCT

Ease of operation of the instrument to capture data is one of the main selling points, and the marketing material suggests all may be carried out by 'one touch' operation. I can confirm this is a justified claim. Once the patient data has been registered, one touch of the screen selects the nature of the capture to be undertaken – macular, disc or anterior. Selection of macular, for example, moves you to the screen shown in Figure 2. The chinrest may then be adjusted (see the left hand side of the screen in Figure 2) and the 'capture' button is then touched. The remainder of the operation is completely automated. This move to automation and the facility to preset the machine to functions makes the Maestro very attractive to anyone wishing to have it operated by trained ancillary staff, with the data then transferred to the consulting room for the clinician to discuss. Figure 3 shows a menu of operations that might be undertaken on a particular patient – any combination might be preset. The ease of operation would certainly provide little challenge for most staff members.

Figure 4 shows some data plots for the instrument. Full OCT capability is available, including for example, ganglion cell complex layer detail. There is also a stereomatching autoalignment function making serial assessment accurate by allowing easy alignment of any new plot with previous ones for the same eye.

Thanks to Topcon for the loan of the instrument. Further information from www.topcon-medical.co.uk. Look out for Maestro case studies in the coming weeks. ●



Figure 2



Figure 3

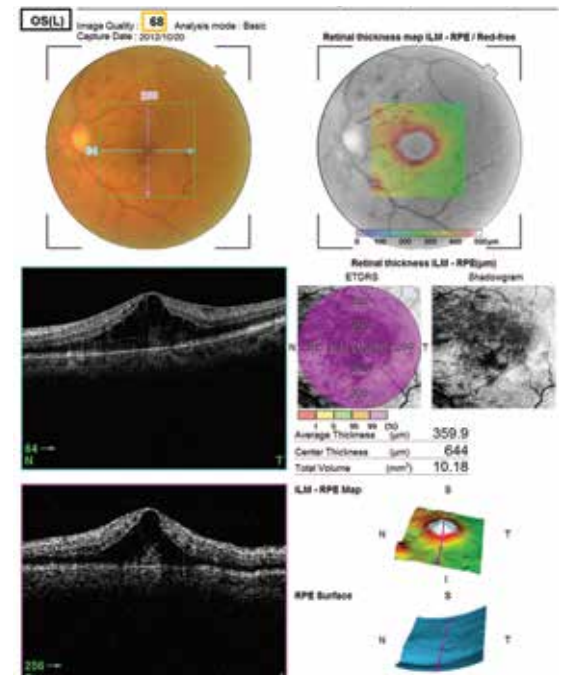


Figure 4