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Vince Young, OD



Practice Information

- Blanchard Eye Care - Blanchard, OK
- One doctor, private practice

Reason for Purchase

- Clinical decision making
- Practice efficiency

On the day that Vince Young, OD added the *Daytona* from Optos to his office, he volunteered to be the imaging guinea pig during training. A staff member took the image of his eye and Dr. Young stared at it. He knew what a posterior subcapsular cataract (PSC) looked like through the slip lamp, but having never seen one on an **optomap** image, he wasn’t absolutely sure that’s what he was looking at.

He glanced at the Optos representative who was there doing the training. She was nervous. He snapped a photo with his phone and sent it to his wife, Lindsay Brewer Young, OD. She was in the grocery store when she texted back, “Uh oh, who’s eye is that?” She left the grocery store to come to the office to conduct a dilated exam and confirm that it was, in fact, a PSC. The good news is that Dr. Young, now just 40 years old, has had cataract surgery in both of his eyes, and his vision is fine.

That image is framed and hangs in the exam room. Dr. Young and the staff routinely tell this story. “If the doctor didn’t know he had a cataract, how would anyone else know?” The unusual story has assisted with the high level of acceptance that **optomap** imaging has had in the office.

“Before I brought the Optos technology in, I asked several of my colleagues about their experiences, and they said it was a ‘no-brainer’,” Dr. Young says. He is in a relatively quiet community, a 15-minute drive or so from Norman and about 20 minutes or so from the Oklahoma City area. “I was a little worried that people in the more rural community wouldn’t embrace the technology, but I figured that if I broke even I’d be ahead because of the clinical benefits.” He explained his rationale to his Optos representative, saying that if he imaged two people a day, he should be able to break even. “She looked at me and said, ‘If you only do two a day, you will be doing your patients a disservice from a clinical treatment point of view.’ She was right; my primary reason for adding the technology was not monetary, but that’s been a real bonus.”

Dr. Young discovered another bonus almost as soon as he began using it. He’s color blind. “With a slit lamp, it is difficult for me to distinguish between a hematoma and a nevus, but the **optomap** image allows me to look at the different layers, and these features really jump out on some of the layers. I’m much more positive about my diagnoses now,” he says. Using **optomap** images to illustrate to patients what he’s seeing has made his exams even more valuable. “Even if there is no pathology, patients want me to take the images every year. They want to see what I see.”

Another unexpected bonus to having the technology is that it improves his efficiency, and that has improved the overall flow of the practice. “I feel like I can provide the same level of patient exam, if not better, in less time, because I can review the images prior to speaking with the patient. I can walk into the exam room with a prepared dialogue. If the **optomap** image shows no areas of concern, I can be confident with that. If it did, I can explain the next steps. It’s super efficient.”



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