CLINICAL SKILLS: OPHTHALMOSCOPY

Ophthalmoscopy is a very important skill that only gets easier the more you practice. It is usually guaranteed to come up in OSCEs at some point during medical school. Focus on two main areas during revision. Firstly, practice the steps involved in ophthalmoscopy. Secondly, become familiar with the pictures of common pathology in the retina - often you will be presented with photos and asked to describe, draw and diagnose these features.

- Wash hands
- Introduce yourself to patient
- Ask permission to examine patient's eyes
- Reposition the patient sitting down in a chair opposite you
- Explain that you will be using a bright light and getting very close - reassure them that they can breathe normally and stop you if they feel uncomfortable.

- Use the ophthalmoscope in a dimly lit room
- Ophthalmoscopy is much more effective when the patient has dilated pupils - do this with Tropicamide eye drops, but warn the patient that their vision will be blurry for a few hours and that they can't drive until this has worn off. Drops should be applied about 10 minutes before you begin the examination
- Check that the ophthalmoscope turns on properly, turn onto biggest light and set focussing wheel to zero (you can adjust the focus later when you are looking at the patient's retina)
- Ask the patient them to look at a distant object
- Stand/kneel/sit in front of the patients (which ever is comfortable)
- Use the ophthalmoscope with the same eye as the eye that you're examining in the patient (e.g. if you're looking at their left eye - look through the ophthalmoscope using your left eye), and use the hand of the same side to hold the ophthalmoscope
- At about an arms length, just off centre (so that the patient is looking just over your ear), shine the light into their eyes and look through the lens for the 'red reflex'
- Then, move towards the patient at the same angle, focusing in on the pupil. You should begin to see the disk (or, depending on your angle, other vessels in the eyes). Approach the patient slowly, and use your opposite hand (which is not holding the ophthalmoscope) to hold their forehead still and stop you bumping into them
- Locate the optic disc (nasal side of eye) by moving the ophthalmoscope around
  - Assess colour, cup and contour of the disc
- Then follow the four major branches of the optic vessels to look for tortuosity, haemorrhage, ischaemia and silver wiring (going superior and inferior to the disc, both nasally and temporally)
- Look to the superior, inferior, nasal and temporal margins of the retina
- Finally, ask the patient to briefly look into the light in order to assess the macular

- Thank the patient
- Present your findings with the examiner - comment on: appearance of vessels, if you can see haemorrhages, cotton wool spots, assess colour of retina, look for cherry red spot, dot, blot or flame haemorrhages, exudates etc.