

STANDARD OPERATING PROCEDURE FOR DIABETIC RETINOPATHY SCREENING

BEFORE SCREENING

Use the following check list to ensure everything is in place for facility based screening or screening during outreach:

- Ensure equipment is fully functional and operational
- Ensure enough eye drops for dilating the pupils are available in stock
- Ensure a visual acuity chart for distance vision is available
- Ensure an occluder is available to measure the vision in each eye

AT THE SITE OF SCREENING

- Ensure equipment is fully functional and operational before screening starts.
- Carefully explain the procedure to each patient, including how long it will take. Explain that if clear pictures cannot be taken then drops will need to be put in the eyes.
- Enter the persons details into the software, or register, whichever is being used.
- Measure and record the visual acuity in each eye, with distance spectacle correction if usually worn.

DURING SCREENING

- Ensure the patient is seated comfortably at the camera and that they are at the correct height.
- Ensure the patient's chin is placed on the chin rest and their forehead is against the headrest.
- Start by taking images of the right eye, and then the left eye.
- For each eye, take two images: one centred on the macula and the other centred on the optic disc.
- Look at the images and decide whether the retina can be clearly seen. If not, put dilating eye drops into the eyes, and try again in 10-15 minutes.
- Save the images, and check that they have been saved.

AFTER SCREENING

- Look carefully at the images and make a decision
 - If the image is clear, and only minimal diabetic retinopathy changes are visible, and the vision is normal in both eyes, inform the patient that there are no signs of serious retinopathy, and they should have their eyes examined again in one year
 - If the images are not clear even after dilating the pupils, refer the patient to an ophthalmologist. Explain that they should attend within two months.
 - If more serious DR changes are seen, with hemorrhages or exudate refer the patient to an ophthalmologist - they should attend within 2-3 months.
 - If there is loss of vision (less than 6/12 in one or both eyes) refer the patient even if you cannot see any retinopathy
- Give all patients referred a referral slip which shows the date of screening, and the name and location of the hospital providing eye services, and how soon they should attend.
- If in doubt always make a referral.
- Before taking images of the next patient, record your findings in the online system, or register.
- Record your decision: screen again in one year; or images not clear - referred; or more serious retinopathy is present, referred.
- If the stock of dilating eye drops is running low, order some more.



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