ROP Diagnostic tips How to make life easier?

• By

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EGYPTIAN **OPHTHALMOLOGICAL** SOCIETY

Safe examination



Avoid hypothermia:

-Head cap -Swaddling -Turn off the fan or the AC



Good control of the body and the head (assistant):

-One hand supports the body -The other embraces

the head



EOS

Use a pacifier or oral sucrose

Safe examination



Proper mydriasis (>45 min before examination):

-0.5-1% cyclopentolate -2.5% phenylephrine

Topical anaesthetic drops

28 or 30 diopter lens:

AATTE

300

-Small pupil -Larger field -Less indentation is needed

Speculum insertion

- Use an infant lid speculum
- Insert one blade of the speculum, use it to lift that lid then insert the other blade



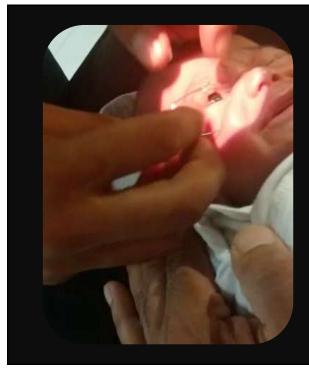
Strong Bell's phenomenon; no problem



 Move the speculum upward



• Use the indenter to move the eye downwards



Posterior pole examination

- Keep your head directly above the baby's eye
- Hold the lens close to the eye then start pulling it away
- Keep a pivoting finger on the baby's head
- Stand tall, avoid the temptation to come closer

Zone II examination

- Stand opposite to the examined eye
- Bend the knees slightly to see more peripherally
- Focus on the superio-temporal or the inferio-temporal retina (site of the vascular arcades)



Zone III examination; Indentation

- Minimize the indentation force and power
- Use a small indenter, muscle hook or a scoop
- Use the second instrument as a rotator rather than an indenter
- Keep a straight line between the head, pupil and indentation
- Finally, insert the condensing lens
- Rotate the head slightly if needed



In small very sick babies

- Discuss the safety with the attending neonatologist
- Avoid prolonged examination
- Examine the posterior pole quickly for excluding plus disease & A-ROP



Examining the babies in the NICU

- Ask about the local infection control regulations of the unit
- 'Where Can I Do A Hand Wash, please?' would be a good start



Examination in the incubator



Examination in the incubator



Examination in the incubator



Examination in the incubator



Examination in the incubator



Too much lines and tubes!!



- Nasogastric tube NGT:
 - not a problem if moved or taken off
- Pulse oximeter sensor:
 - Attached to a pulsating area
- Peripheral line:
 - Handle with care
- Oxygen tube

Nasal CPAP



Endotracheal tube (ETT), mechanical ventilation







