EXPANDING OUR REACH


New technologies are exciting—they can open up new opportunities and keep us advancing in the detection, diagnosis, and treatment of many diseases and conditions. However, even with careful oversight, technological innovation bears the risk of going off the rails. Consider the issue currently playing out with the company Opternative and its partner, 1-800 Contacts.

The California Optometric Association recently advised the California Attorney General that Opternative and 1-800 Contacts appear to be violating a 2017 letter from the FDA to Opternative demanding that the company discontinue marketing its On-Line Opternative Eye Examination Mobile Medical App device in violation of the Federal Food, Drug, and Cosmetic Act. Opternative markets the online product to US consumers without marketing clearance or approval, according to the FDA.[1]

The fear is that encouraging consumers to sidestep an in-person examination from an eye doctor by using the online device to examine their own vision could put them in a position to miss out on the early detection and treatment of ophthalmic diseases including age-related macular degeneration, glaucoma, and cataracts. Although this particular issue is being fought in this instance by an optometric organization, it could affect patients who end up in our offices—perhaps later than if they had been seen by a clinician.

Advances in technology carry the potential to do a world of good, especially in our profession. A perfect example is the growing role of telemedicine and home monitoring in the care of patients with age-related macular degeneration, which is addressed in two articles in this issue ("Involving Patients in the Care of Their AMD," by Nancy M. Holekamp, MD, on page 44 and "In Pursuit of an Earlier Diagnosis," by Allen C. Ho, MD, on page 48). Another article on treating retinal pathologies in underserved areas ("Many Mountains to Climb," by Robin D. Ross, MD, MPH, CPH, on page 61) gives a nod to technology and explains how smartphones and 3D goggles helped to train ophthalmic nurses in Liberia after the recent Ebola epidemic.

Technological innovation makes our jobs easier and leads to better patient outcomes. Telemedicine, home monitoring, heads-up surgery viewing, and online surgical video libraries not only empower and educate physicians, but these technologies also expand our reach and allow us to better serve our patients. ■

1. Opternative Eye Exam Mobile App Deemed Adulterated. FDAnews Device Daily Bulletin. March 20, 2018. www.fdanews.com/articles/186052-opternative-eye-exam-mobile-app-deemed-adulterated. Accessed May 22, 2018.


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4 FOUR FAVORITES

Retina Today's choice takeaways from this issue.

1 "Seeing people survive Ebola but then lose vision served as motivation to join the program, with the hope of bringing ophthalmic care and surgery to their own facilities."

—Robin D. Ross, MD, MPH, CPH, on training Liberian nurses to become ophthalmic nurses

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2 "Although medical management is favored when possible, a surgical approach that entails minimal manipulation and achieves maximal drainage is ideal for restoring ocular anatomy and facilitating visual recovery."

—Ferhina S. Ali, MD; Shree K. Kurup, MD; and Sunir J. Garg, MD, on managing postoperative suprachoroidal hemorrhage

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3 "In later phases, a vitreous band may develop with the formation of an epiretinal membrane, causing retinal detachment."

—Alice Y. Zhang, MD, and Ashvini K. Reddy, MD, on challenges in the diagnosis and management of fungal endophthalmitis

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4 "The majority of patients with ocular syphilis have posterior uveitis as the primary manifestation, commonly with bilateral involvement."

—Jordana G. Fein, MD, MS, and Musa Abdelaziz, MD, on diagnosing and dealing with ocular syphilis

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