

Addressing Technical Failures in a Diabetic Retinopathy Screening Program [Response to Letter]

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Dear editor

We appreciate the authors' comments on our manuscript.¹

Our paper focuses on addressing technical failures when capturing fundal images in a nationwide community-based diabetic retinopathy screening program. Patients undergo colour photography, and those with maculopathy and best corrected visual acuity (BCVA) of 6/18 or better also have digital surveillance using a combination of colour digital photography and optical coherence tomography (OCT). Patients with maculopathy and BCVA of worse than 6/18 or with sight-threatening retinopathy i.e. pre-proliferative or proliferative retinopathy are referred to a medical retinal ophthalmologist in the nearest treatment centre.

While OCT during screening in the community can rule out macular pathology and avoid referral to a treatment centre, the retinopathy grade remains unknown if the images cannot be graded. Patients with ungradable images or who are unable to position for photography, are referred to a local optometrist for further assessment using slit lamp biomicroscopy.

If further investigation is required, the patient is then referred to a medical retinal ophthalmologist in the patient's nearest treatment centre where comprehensive multimodal imaging can be performed.

Disclosure

The authors report no conflicts of interest in this communication.

Reference

1. Budu ET, Idrus HH. Addressing technical failures in a diabetic retinopathy screening program [Letter]. *Clin Ophthalmol*. 2024;18:849–850. doi:10.2147/OPTH.S465913

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<https://doi.org/10.2147/OPTH.S469413>