The Importance of Handheld Retinal Imaging in Haemodialysis Clinics

Laura Cushley¹, Nicola Quinn¹, Peter Blows¹, Ailish Nugent², Ian Wallace², Helen Wallace², Tunde Peto^{1,2}

¹Centre For Public Health, Queen's University Belfast ² Belfast Health and Social Care Trust

INTRODUCTION

- There are around **112,000** people in Northern Ireland with a diagnosis of **Diabetes Mellitus**
- Of these, most will develop some kind of diabetic eye disease
- 4 in 5 with diabetes mellitus will develop kidney disease, some of which will require **renal dialysis**
- Many patients receiving haemodialysis fail to attend their diabetic eye screening appointments annually due to **co-morbidities**, personal healthcare pressures and time constraints

METHODS

- There are 6 renal units who offer dialysis across Northern Ireland
- All renal units were contacted to offer diabetic eye screening in the unit for all patients with diabetes
- Two trained diabetic eye screeners went to each renal unit with a nonmydriatic camera and a handheld retinal camera
- Each person had images taken on both cameras and images were graded by trained diabetic eye graders





RESULTS

- screening sessions in the clinic.

Around 90% of patients were in a wheelchair when they came into the appointment, over 60% were unable to transfer to the screening chair



RESUL

How long has it been since their last screening?

• 15% of people had never been screened before • 11.9% had not been screened for over 5 years 22.6% had not been screened since 2016/2017 Only 50% had attended screening in the last two years

Has there been disease progression?

 21.4% of people had Sight Threatening Diabetic Retine of people had maculopathy

 42% of people's retinopathy in Right Eye (RE) and 42. Eye (LE), stayed stable since their last screening

 3.6% of people developed maculopathy in their RE and • 9.5% of people were referred to slit lamp clinic

 8.3 % has ungradable images in their RE and 6% in the Other pathology included BRVO, DMO, posterior capsulation suspected glaucomatous discs

Below is a table of disease progression

gression	RE	LE
ble	36	30
gressed by 1 retinopathy grades	6	3
gressed by 2 retinopathy grades	0	2
erred to Slit Lamp	8	8

CONCLUSIONS

 Handheld retinal imaging cameras could be used in haemodialysis clinics in the future Handheld cameras would allow imaging during each patients dialysis session, allowing for better convenience and less appointments missed • Handheld imaging is essential for those in stretchers within the dialysis unit • It could be easily implemented into Diabetic Eye Screening Programmes nationwide

Email: lcushley01@qub.ac.uk

۲ S		
	Previous Screening Year	Total
	Never been screened	13
5	2014	1
	2015	3
opathy and 10.7%	2016	6
	2017	6
89% in the Left	2018	13
d 2.4% in their LE	2019	24
e LE	2020	14
ule thickening and	2021	4



All patients were able to be screened by handheld retinal imaging camera, 4 patients were unable to be imaged by the nonmydriatic camera