A guide for General Practitioners on the use of Digital Retinal Photography

MBS Items 12325 and 12326 *

Patient diagnosed with diabetes presents to general Medical Practice or Aboriginal Medical Service

Does the patient have Diabetic Retinopathy? (See full list of question to ask patient)

Yes

No

Ineligible for Retinal Photography under MBS Items 12325 or 12326

Visual Acuity less than 6/12 in either eye or a difference of more than two lines of visual acuity

Visual Acuity is 6/12 or better in both eyes

Do they identify as Aboriginal or Torres Strait Islander?

Yes

Non-Indigenous: Repeat Digital Imaging in 24 months

No

Indigenous: Repeat Digital Retinal Imaging in 12 months

Item 12325 available for use

Item 12326 available for use

See referral considerations below

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Referral Considerations

No Diabetic Retinopathy or other pathology identified

- Indigenous: Repeat Digital Retinal Imaging in 12 months
- Non-Indigenous: Repeat Digital Imaging in 24 months
- Recommended that patients also see their optometrist for comprehensive diabetic eye examination

Minimal to Moderate Non-Proliferative Diabetic Retinopathy or other non-diabetic pathology OR POOR IMAGE QUALITY

- Refer to Optometrist for comprehensive diabetic eye examination

Severe Non-Proliferative Diabetic Retinopathy or Proliferative Diabetic Retinopathy with/without macular oedema

- Refer to Ophthalmologist for comprehensive diabetic eye examination and potential surgical/laser intervention

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Visual Acuity less than 6/12 in either eye or a difference of more than two lines of visual acuity

- Is your patient under the care of an optometrist?
- When was their last eye examination?
- Recommend a comprehensive diabetic eye examination with their local optometrist.
- To find more information for your patients or to find an optometrist, visit www.goodvisionforlife.com.au
# History: Questions to ask patient

- When was your last eye examination?
- Who was your last eye examination with?
- Have you had a retinal photo taken by a GP and if so, when was the last one?
- Are you under the care of an optometrist or an ophthalmologist?
- Have you had a dilated eye examination (examination of the inside of your eye using drops) before?
- Have you been told that you have diabetic retinopathy or problems with your eyes from diabetes?
- Have you been diagnosed with any other eye conditions (e.g. glaucoma, AMD)?

# Retinal Camera Set Up:

- The room lights need to be dim or off to maximise the patient’s pupil dilation and ensure adequate quality of retinal image.
- Ensure the patient is comfortably placed at the retinal camera.
- Ensure head rest and chin rest are both adequately sterilised with an alcohol swab or other disinfecting agent.
- When imaging the other eye, wait until the pupils re-dilate to a sufficient size before capturing the second image.

Optometrists – working with you to help your patients maintain good vision for life
For more information or to find your local optometrist, visit [www.optometry.org.au](http://www.optometry.org.au)
Diabetic Retinopathy Grading:
Any of these images should trigger an immediate written referral to an optometrist or ophthalmologist

### Non-Proliferative Diabetic Retinopathy (NPDR)*

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Action</th>
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<tr>
<td>Minimal – Mild NPDR</td>
<td>Refer to Optometrist</td>
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<tr>
<td>Moderate NPDR</td>
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<td>Severe NPDR</td>
<td>Refer to Ophthalmologist</td>
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### Examples of pathology other than DR that may be seen on retinal images

- Age related Macular Degeneration
- Hypertensive Retinopathy
- Artery or vein occlusions
- Glaucoma
- Choroidal or other ocular tumours
- Hollenhorst Plaque – retinal emboli
- Epiretinal membranes
Proliferative Diabetic Retinopathy

**Neovascularisation**
- Refer to Ophthalmologist

**Vitreous/Pre-Retinal Haemorrhage**
- Refer to Ophthalmologist

Diabetic Macula Oedema

**DMO**
- Refer to Ophthalmologist

### Reasons for poor image quality

- Dry eye
- Cataract
- Vitreous opacities or floaters
- Lid ptosis
- Eyelashes
- Photophobia and blinking
- Corneal pathology
- Poor fixation
- Vitreous haemorrhage