

STANDARDS OF PRACTICE

POSTERIOR SEGMENT EXAMINATION

Name:	Posterior Segment Examination
Date Approved:	
Date Updated:	
Number:	SP-GP-2
Type:	General Procedures (GP)
Reference:	

The posterior segment is considered as the back two thirds of the eye, encompassing the structures behind the crystalline lens.

The posterior segment examination consists of a thorough assessment of these structures to facilitate the diagnosis of disease, dysfunctions and disorders of the eye and the vision system.

Instruments and techniques to be considered in the posterior segment examination include but are not limited to:

- Direct ophthalmoscopy
- Binocular indirect ophthalmoscopy
- Monocular Indirect ophthalmoscopy
- Slit lamp biomicroscopy and slit lamp photography
- Fundus photography
- Imaging technologies

Pharmacologic dilation of the pupil is generally required for a thorough evaluation of the ocular media and the posterior segment.

Patient symptoms that require dilation include, but are not limited to the following:

- Flashes and floaters
- Unexplained vision changes
- The use of medication that may affect ocular tissues (i.e. hydroxychloroquine, phenothiazine, long term steroids)
- The presence of systemic disease that may affect ocular tissues (including but not limited to diabetes, hypertension)
- A recent history of significant ocular trauma or ocular surgery that increase risk to abnormalities of the posterior segment
- A history of moderate to high axial myopia or spherical equivalent
- When a better appreciation of the fundus is required (including but not limited to choroidal nevus, optic nerve anomalies)
- When the ocular fundus is not clearly visible through an undilated pupil (including but not limited to cataract)
- When there is a known or suspected disease of the ciliary body, vitreous, the optic nerve, the macula, peripheral retina

Dilating agents should be chosen after considering the extent of pupillary dilation required, the patient's health history and clinical ocular characteristics.

In general, an adult patient should undergo a dilated fundus examination (DFE) upon their initial presentation to an optometrist. Dilation should be performed periodically using the practitioner's best clinical judgement.

The name of the dilating agent used and the time of instillation should be recorded in the patient's record.

Fundus photography and other imaging techniques are becoming more common in optometric practice, but are meant to complement, not replace pupillary dilation.