TO THE EDITOR: As emphasized by the recent review article on teleophthalmology, the electronic transmission of medical information and remote interpretation of imaging, including ocular fundus photographs, is one of the most important advances of the last decade. In the field of ophthalmology, most studies have addressed the issue of ocular fundus photography in nonophthalmologic settings, with electronic transmission of information and remote interpretation of the fundus photographs by ophthalmologists. In their review, Rathi et al differentiate “hospital-based evaluations” from “outpatient evaluations,” and it is not surprising studies have mostly addressed the outpatient setting with screening for common ocular diseases, such as diabetic retinopathy, age-related macular degeneration, and glaucoma.

We were particularly interested in the first part of the article, which reviews what the authors called “emergency teleophthalmology,” described as the use of teleophthalmology in the emergency department (ED). Although this study “summarizes tele-emergency models applicable to ophthalmology,” we are surprised it does not reference any of the recently completed Fundus Photography vs Ophthalmoscopy Trial Outcomes in the Emergency Department (FOTO-ED) studies. The main goals of the FOTO-ED studies were to validate the use of nonmydriatic ocular fundus photography in the ED, and to show both interpretation by the ED providers themselves and remotely by an ophthalmologist were feasible. An ancillary study also showed remote interpretation of ocular fundus photographs on a smartphone could be done reliably. Not surprisingly, although the FOTO-ED study showed ED providers were better at interpreting ocular fundus photographs than using the direct ophthalmoscope, it also showed that remote interpretation of photographs by an ophthalmologist via teleophthalmology would be necessary, should the use of nonmydriatic fundus cameras be universally expanded in EDs.

These results should be taken into consideration when implementing much needed teleophthalmology programs in emergency settings.

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