Everyone’s talking about our amazing state-of-the-art OCTs
The phenomenal resolution and for us the anterior segment module has proved very useful.

Caroline Burnett Hodd
Bunett Hodd Optometry, London

We originally purchased the first generation Topcon OCT to replace our Fundus camera and so the built-in Fundus photo made us choose Topcon over the others.

This is our third Topcon OCT and we have enjoyed seeing OCT technology evolve to where we are now.

The best thing about the latest device is the phenomenal resolution and for us the anterior segment module has proved very useful. We have referred many closed angles for prophylactic treatment and found it surprisingly useful for contact lens fitting.

We were among the first to have an OCT in our practice and it is probably our best equipment purchase ever. It allows us to explain any reduction in vision we see - we can eliminate macula causes. It gives us a definitive answer as to whether there is a macula problem, making referrals easy.

Just some of the criteria to consider when choosing the right OCT for you:
- Pick an OCT for its ease of use
- Pick the OCT for its bonus features
- Pick a manufacturer you can trust to help you when you are stuck.

We found the Topcon software very user-friendly and the bonus of a Fundus camera, autofluorescence and an anterior segment module in one unit has worked well for us. More importantly, Topcon are always on hand to help us if we have a problem.

We asked the UK’s leading optometry experts why is Topcon so good

DRI OCT Triton
- The only anterior and posterior segment Swept Source OCT in the world
- Penetrating through cataract, haemorrhage and other opacities
- OCT Angiography now available

3D OCT-2000
- Full colour high resolution Fundus image
- Auto focus and auto shoot
- Easy to use touch screen

3D OCT-1 Maestro
- The UK’s best-selling OCT
- Compact, reliable and robust
- Automatically scans both eyes and simultaneously produces an OCT scan and a true colour Fundus image.

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The best thing about it for me is the ability to make prompt diagnosis in conjunction with conventional instrumentation.

Scott Mackie
Mackie Opticians, Bothwell

I have been using an OCT for nearly five years and have just purchased an updated model to allow both my practices to benefit from this technology.

After looking at various types of OCT from different companies, I chose a Topcon unit as its main feature is to allow direct simultaneous comparison between Fundus photography and OCT scans.

My usage of the OCT has changed over the years. I predominately used it for diagnosis only in the early days, whereas now I use a mixture of this as well as referral refinement through features such as anterior eye imaging (e.g. anterior chamber depth) to glaucoma trend analysis.

Clinically I concur with other colleagues that once you get an OCT you cannot go back to working without one as it benefits your clinical decision-making.

My patients value my investments in person centered eye care. I now charge a professional fee and patients have responded positively to this when the benefits are clearly explained to them.

If you are thinking of investing in an OCT look at what’s on offer from various companies and also talk to users to get their perspective.

Nicholas Rumney
BBR Optometry, Hereford

After nine years’ experience of OCT I can say that those optometrists practising without one are as far behind as my grandfather was with his 1m, plane mirror retinoscopy in 1927.

The OCT, and in particular the Topcon OCT with its registration fundal image, has revolutionised our ability to diagnose and mange a wealth of conditions from specialist CL fitting, anterior chamber angle morphology, macula, posterior pole and discs analysis. It has enabled us not only to investigate, diagnose, make a clinical decision and treat better, but also only to refer when the outcome will benefit the patient. Why would you refer for confirmation of diagnosis when you have an OCT and a clinical brain honed through experience?

We have chosen the Triton, because it builds on nine years of familiarity with an integrated fundal image in registration. If you have worked with one Topcon OCT you are instantly familiar. However, the Triton adds a multiplicity of functions.

Firstly, the Swept Source penetrates previously invisible structures like media opacity, the anterior chamber angle, and critically blood in the superior retinal layers. Secondly, the resolution is dramatically elevated so that previously unknown objects hone into view.

I can honestly say, that the OCT has transformed independent practice from a down at heel dowdy perception into vibrant, confident, clinicians who have embraced change and re-engineered their business.

The Triton OCT is immediately understood by patients, but more importantly valued for what it benefits them. There really is nothing like it, the reality is here and now and for me its Topcon Swept Source Triton OCT.
I have been using the Triton since August 2015 and its anterior capabilities are endless. The original anterior view of 6m is now 16m limbus to limbus scan, giving a much wider view of many of the modern scleral fits we are increasingly doing.

The hardware is the best bit for me, the actual scan is more accurate and the scans show so much more detail and that helps explaining VMT/ARMD and eye anatomy in general.

As we had the OCT-2000 already in our practice the OCT services are very much part of our practice structure. In fact, it is our standard practice examination to offer OCT with every eye examination with an opt out rather than opt in policy.

I already work with local consultants to aid diagnosis of VMT, PED and choroidal changes as well as routine and monitoring of glaucoma and ARMD. And in the future, we hope to offer OCT Angiography services to the portfolio.

My advice to anyone still considering if they should invest in OCT technology is that you simply cannot afford NOT to invest in one.

I cannot imagine my practice without one now – I would literally feel like my hands were tied behind my back.

Brian Tompkins
Tompkins Knight & Son Optometrists, Northampton

Hayley Wainer
Hawkes & Wainer, London

Up until last Optrafair, I was debating whether or not to buy an OCT. It is something that did not exist when I was studying and I just did not feel ready.

So after considering several options during the show, it was Nick Rumney who made the scans so understandable. Eventually we trialled the Maestro for two weeks and after day two I realised that I didn’t want to part with it!

For us in Leadenhall Market in the City of London, space is a big decision driver. The Maestro was the only OCT with a small footprint that could be operated from the side. There is nothing else like it.

Thanks to the OCT, I feel that clinically the practice is operating at a much higher level. It’s quite a remarkable instrument. Up until now we only had a Fundus camera. Now when I look at a macula I want to see the scans as that is the only way I feel I know what is really going on.

It has also given me the confidence to put up the cost of our examinations and I have not had one patient refuse to have the scans as the benefits are so simple to explain.

With referrals, it has made quite a difference too. The consultants that we refer to are delighted that we have the Maestro.

I do not think I could run the practice without it and I absolutely love it. I wish I had bought one earlier.

If you can afford one, then without doubt get one as it more than pays for itself.

It’s a business boost, it’s a clinical boost, it’s a PR boost, it’s a patient loyalty boost

It is one of the best clinical decisions I’ve made in the last 10 years
If you want ease of use and ability to do high volume OCT work, look no further

Ian Cameron
Cameron Optometry, Edinburgh

We have had OCT in practice since 2007 and it has always formed a standard part of the comprehensive eye exam rather than an optional add on.

As patient volume has increased, we needed an OCT, which could easily be handled by a technician in a busy pre-screening set up and one with software that made the scans quickly understandable to patients and easy for optometrists to use.

Maestro was the hands-down winner in all departments: lightning fast fully automatic capture, tiny footprint and flexible operation angles combined with simple but powerful viewing software.

Even capturing the images impresses the patients with touch screen automatic alignment. The software and fundus camera integration give the optometrists all the tools they need to explain the scans and make accurate diagnoses on every patient.

It is not the most advanced OCT out there, but we have found that the higher level functionality we had previously was rarely used in routine primary care.

Additionally the output from Maestro sacrificed nothing in terms of clinical care but gave huge benefit in terms of workflow and productivity in a busy practice.

I really don’t think these days I could practice without one

Sarah Farrant
Earlam & Christopher, Taunton

We have had OCT in the practice for about seven years. We had an OCT 2000 mark one then mark two and last year got the Triton at Optrafair.

We did not go to Optrafair to get a new OCT as we were getting absolutely fine with our existing one. We went to the Topcon stand to see the new version and were so impressed with how much better it was that we decided we had to have it.

Before making what felt like a rash decision we went and checked out the other exhibitors to look at the latest OCT technology they had to offer. We found that nothing came close to the capability of the Triton in terms of the detail, depth of scan and range of information it can gather.

I use the Triton on a significant proportion of my patients for all sorts of reasons. Patients are always impressed with the technology.

To invest in new or up to date technology for a practice, such as the latest OCT can feel like a big outlay and not necessarily an essential purchase. However in my experience it pays for itself over and over. Not only in professional fees, but also in patient loyalty and word of mouth.
The 3D OCT seemed a natural progression on from our Fundus cameras, and combining the digital photographs with the 3D scans seemed ideal.

After buying our first 3D OCT-2000 in 2009 we have recognised from very early on what an essential part of our clinical decision making they are. Referrals are more accurate and timescales more appropriate. RNFL progression has an important part in monitoring our suspect Glaucoma patients.

The initial reaction from the patients was very positive as they have grown used to technological advancement and they continue to be impressed as the resolution and field sizes have improved.

We have had both the Maestro and now the Triton models, which have made pre-screening easier with a single scan covering both Macular and Optic Disc.

What argument is there not to have one?

Paul Webb
Goldsmith & Webb Opticians, Corringham

We have had a relationship with Topcon since 1993 when we bought our first Fundus camera. The service has always been good and reliable.

The OCTs have had a very positive effect on the Practice cash flow as it can be incorporated into existing Care Plans or charged as a standalone charge.

Topcon
Maker of the UK's No1. OCT

Benefits of working with us include:

OCTs clinical support
surgical user friendly
imaging equipment paperless
technical services videos
education pictures
laser share
space saving marketing
diagnostic equipment
defects hands-on workshops
demonstrations increased efficiency
refraction furniture solutions
Practice Management Software
Talk to us to find out how a new Topcon OCT can transform your practice

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