

Fovea-to-Disc (FoDi™) Alignment Technology

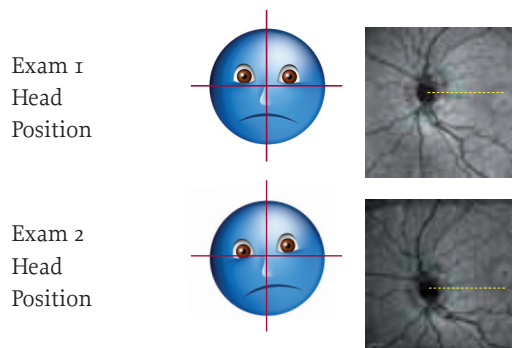
The SPECTRALIS® platform features a unique fovea-to-disc (FoDi) alignment technology that automatically tracks and anatomically aligns circle scans, improving accuracy and reproducibility of RNFL measurements. FoDi alignment technology helps overcome measurement errors due to changing head/eye position during scanning.

The exclusive SPECTRALIS FoDi alignment technology improves data integrity of the normative database for RNFL thickness. Using TruTrack™ technology, all scans in the database are aligned along the fovea-to-disc axis ensuring point-to-point thickness comparisons so you can be confident in the accuracy of the results.

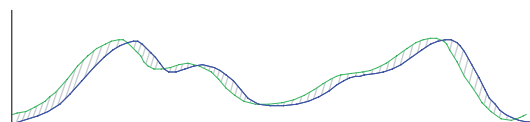
Without Alignment

1. Patient Position Can Influence RNFL Measurements

Head tilt and eye rotation affect the anatomical alignment of the scan



Databases without alignment have wider confidence intervals



Even a slight head tilt can shift the start/stop point of the circle scan, adding alignment error to normative databases.

Test-Retest variability is greater without alignment

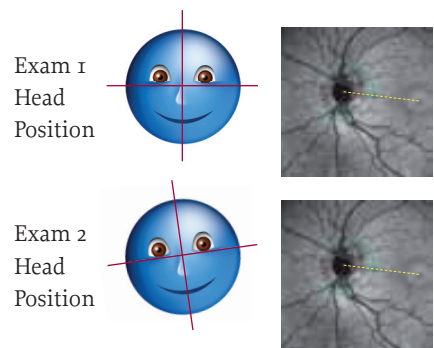


In this example, RNFL loss cannot be distinguished from alignment error.

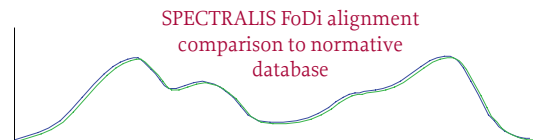


With FoDi Alignment

Fovea-to-Disc alignment corrects for unwanted rotation and follows the anatomy of the eye

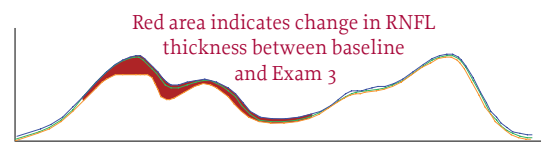


Using FoDi narrows the database confidence interval

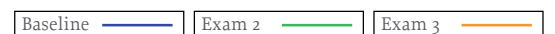


FoDi technology ensures all circle scans start/stop at the same anatomical point, providing point-to-point accuracy between scans and eliminating alignment error in the database.

FoDi alignment reduces noise caused by misalignment of scans



Change over time can clearly be identified as RNFL loss.



Interpreting the RNFL Report

Patient Information

Name, diagnosis, and any information entered into the "Patient Comment" field.

Baseline Exam

The initial exam in a progression series. It is always the first exam on the printout.

Follow-Up Exams

Appear in chronological order with initial exam at the top and most recent exam at the bottom.

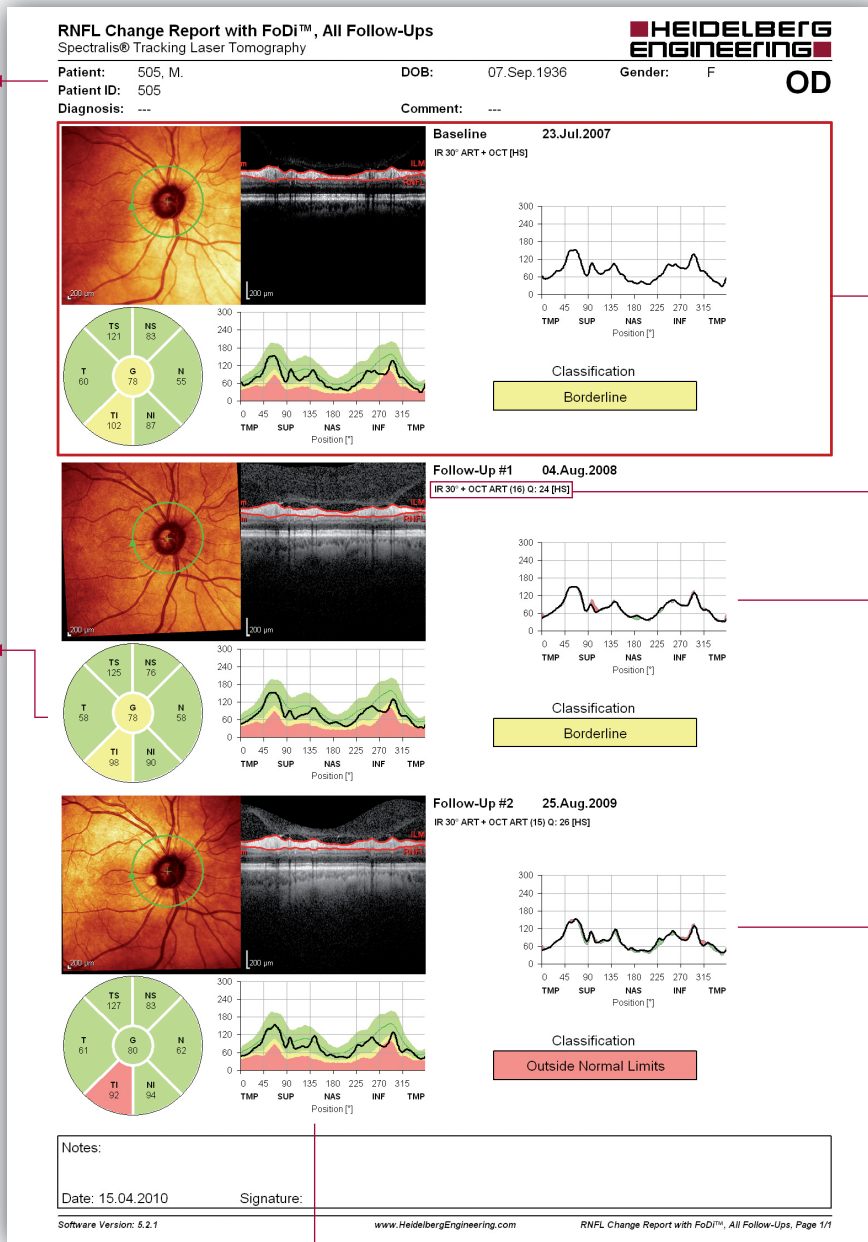
Classification

Average thickness values (microns) are displayed for each sector. Global (G) average is shown in center. Sector color indicates classification versus normative database. The classification bar displays the classification of the worst sector in the pie chart.

Classification Colors

Indicate comparison versus normative database.

Green: Within normal limits, with values inside the 95% normal range.
Yellow: Borderline, with values outside 95% but within 99% confidence interval of the normal distribution ($0.01 < P < 0.05$).
Red: Outside normal limits, with values outside 99% confidence interval of the normal distribution.

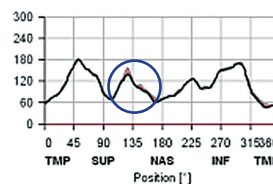


RNFL Thickness Profile

The black line is thickness values of the patient's scan around the optic disc from temporal, superior, nasal, inferior, to temporal (TSNIT). Colors indicate normative data ranges (see Classification Colors). The dark green line is average thickness of the normative database.

Difference Graphs

The black line indicates RNFL thickness along the scan. Red/green areas above or below the black line highlight scan segments that are thinner/thicker compared to the reference image.



Reference Indicator

The red frame highlights the "Reference Image" to which all Difference Graphs are compared to. Operator can set any exam in a progression series as the reference.

Image Information

This string notes the settings used for these images. The first section (IR 30) describes the fundus image. The right side of the plus sign (OCT ART (16) Q:24 [HS]) describes the OCT scan.

In this example:

- "ART (16)" is the number of frames averaged.
- "Q:24" is the quality score.
- "[HS]" is resolution setting (High Speed/High Resolution).

Fovea-to-Disc Alignment

All patient images track fovea-to-disc alignment to ensure anatomically accurate start/stop of the TSNIT data. This helps minimize variability due to patient head orientation for both follow-up exams and comparison to normative data.