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Your eye imaging visit

What to expect with dilation, OCT, OCT angiography, and retinal photos

Before your visit

- Bring a list of **all your medicines**, including GLP-1 medicines (and the date you started), blood pressure medicines, and the time of day you take them.
- Bring your glasses and **sunglasses**, and consider a driver: dilation can blur vision for several hours.

The tests

Test	How it's done	What it shows at the optic nerve
Dilation	Drops widen your pupils; vision may be blurry and light-sensitive for several hours.	Lets the doctor see the retina and optic nerve clearly.
OCT (optical coherence tomography)	You rest your chin and look at a target; light waves make cross-section pictures. Nothing touches your eye.	Thickness of the nerve fiber layer and ganglion cell layer, which thin when nerve fibers are lost, and any swelling.
OCT angiography (OCTA)	The same kind of machine takes repeated scans. **No dye or injection.**	A map of the tiny blood vessels around the optic nerve and in the retina.
Retinal photos and autofluorescence	Color photos and a special light and filter. You see a bright flash. No dye.	Color and edges of the optic disc, small hemorrhages, and deposits called optic disc drusen.

Why a baseline and follow-up scans matter

One scan shows how your eye looks today; a **series** shows whether anything is changing. Because measurements vary a little between visits, your doctor looks for change bigger than that variation and for a trend. Images taken when your eyes are healthy give your doctors something to compare against later. They **do not predict or prevent** NAION or other sudden problems.

Choosing an eye doctor (Dr. Deom's opinion): in his opinion, the eye doctor and office you choose should have the technology to assess you and follow you over time, including OCT, OCTA, and retinal photography with autofluorescence.

> *Dr. Deom's recommendation (his clinical opinion, not a rule from every professional group)*
> **Dr. James Deom recommends that everyone starting or taking a GLP-1 medication have a comprehensive dilated eye exam with OCT, OCT angiography (OCTA), and retinal photography (fundus photos with autofluorescence) as a baseline and for follow-up, and seek same-day care for sudden vision loss.**

> *Dr. James Deom's personal clinical thought (his opinion, not established evidence)*
> As weight drops on GLP-1 medicines, blood pressure and cholesterol medicines are often not reviewed, and blood pressure may run too low, especially at night, which could reduce blood flow to the optic nerve and would fit NAION often being noticed on waking. He recommends diet, exercise, and regular visits with your usual doctors, including blood pressure care. **Never stop or change a medicine on your own.**

After your visit: ask when to come back and keep that appointment so new scans can be compared with this one. With your permission, we can send a summary to the doctor who prescribes your GLP-1.

Sudden vision loss needs same-day care. Call an eye doctor right away. If you are over 50 and also have a new headache, jaw pain when chewing, scalp tenderness, or fever, go to the emergency department.

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For general education only; not medical advice. Do not start, stop, or change any medicine without the clinician who prescribes it.
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