

CONFIDENTIAL

Electro Diagnostics Unit

Document No.	:	ED/FAC/06
Title	:	VETS Report Procedure
Effective Date	:	
Review date:	:	
Revision History	:	First version
Author	:	Dr XXXX XXXXX

Training Requirements	A	B	C	D
	✓			

A = New procedure requiring documented assessment of competence
B = Modified procedure requiring documented reassessment of competence
C = Familiarity with new procedure required (no assessment of competence necessary)
D = Familiarity with changes required (no assessment of competence necessary)

	Signature	Name (print)	Date
Prepared by			
Reviewed and approved by			

CONFIDENTIAL

Document No.	:	ED/FAC/06
Version	:	1.0
Title	:	VETS Report Procedure

1. INTRODUCTION

The purpose of this statement of procedure (SOP) is to describe how a report to the referring ophthalmologist is prepared following the completion of testing of a patient by the Visual Electrodiagnostic Testing Service (VETS).

The aim of the VETS is to provide a clinical testing service for ophthalmologists across the XXXXXXX region. Patients are referred by consultant ophthalmologists to the VETS and subsequent testing comprises a range of key diagnostic tests: *electro-retinography*, *electro-oculography* and *visual evoked potential recording*, which form part of the clinical ophthalmological assessment of patients who may be suffering from a variety of hereditary or acquired eye diseases.

Following testing by the service a report is then written to the referring ophthalmologist by the VETS Director outlining the main clinical findings.

2. SCOPE

This SOP covers all aspects of how the main clinical findings of a VETS consultation are communicated to the referring ophthalmologist.

3. RESPONSIBILITIES

Dr XXXX XXXX (BSOVS, University of XXXXXXX) - **Director of VETS.**

The VETS Director has responsibility for analysing the patient data and writing the report and sending it to the referring ophthalmologist.

Dr XXXX XXXX (Manchester Royal Eye Hospital) - **Consultant Clinician**

Dr. XXXX is a Senior Clinical Scientist and runs the visual electrodiagnostic service at XXXX. He acts as a consultant for this service providing advice on patient results and advising on the content of the report to the ophthalmologist.

4. RELATED DOCUMENTS

- Patient Management and Referral Procedure (ED FAC04)
- ISCEV Protocols & Guidance (ISCEV 001 - 006)
- Equipment, Maintenance & Calibration Procedures (ED FAC07)

CONFIDENTIAL

Document No.	:	ED/FAC/06
Version	:	1.0
Title	:	VETS Report Procedure

- Patient Data Management and Storage (ED FAC08)
- Referral Request Form (VETS002)

5. PROCEDURE

5.1 Preliminary Data Analysis

Following completion of the testing routines all of the data are stored on a patient specific database on the Espion2 system (see: *Equipment, Maintenance & Calibration Procedures, ED FAC07*).

The appropriate patient test data is located and uploaded and each of the tests undergoes an initial inspection whereby the recorded electrophysiological is examined on a response by response basis and those data contaminated by eye blinks or other artefacts are removed from the trace averages.

Following this preliminary trace tidying procedure, average responses are computed and the relevant components are marked (see: *ISCEV Protocols & Guidance 001-006*).

5.2 Structure of Report to Ophthalmologist

Reports will contain patient details (name, address, dob, hospital reference number).

The report will be addressed to the referring ophthalmologist (see: Referral Request Form, *VETS 002*).

The report will then consider the main results of the electrodiagnostic testing procedures in turn and should include representative waveforms of each of the standard responses displayed with amplitude and time calibrations. The report should indicate whether the recordings meet ISCEV standards and normal values and their variances should be provided with each report (see: *ISCEV Protocols & Guidance*).

Electro-retinograms (ERGs)

Reports should include representative waveforms of each of the standard responses:

- Rod Response
- Maximal Scotopic Response
- Oscillatory Potentials
- Single Flash Cone Response
- Cone Flicker Response

CONFIDENTIAL

Document No.	:	ED/FAC/06
Version	:	1.0
Title	:	VETS Report Procedure

Electro-oculograms (EOGs)

The ISCEV Standardisation Committee recommends that reports or communications of EOG data state clearly whether the ratio of light peak to dark trough (Arden ratio) or light peak to dark baseline method has been used.

EOG reports should include the latency of the light peak and the amplitude of the dark trough or dark baseline (in microvolts per degree of visual cycle).

Visual Evoked Potentials (VEPs)

Reports or communications of VEP data include wave forms obtained to each of the standardised conditions. Recording conditions and polarity conventions should be clearly labelled.

For the transient VEP, amplitude measurements are made between peaks and troughs of the deflections. Peak latency measurements (or implicit time) should be taken from the onset of the stimulus to the peak of the component concerned. The peak should be designated where it would appear on a smooth or idealised waveform.

The report should conclude with a brief summary paragraph outlining the key findings of the testing procedures.

5.2 Delivery of Report to Ophthalmologist

The written report is posted via first class mail to them within 3 working days of the test appointment (see also document: *Patient Data Management and Storage, ED FAC08*).

Paper and electronic copies of this report are kept with the patients' files which are kept securely within the EDU.