Photographing the Challenging Patient

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In our daily routine as ophthalmic photographers, we are very often called upon to go to fairly great lengths in dealing with patients who have special needs. In this article, I would like to outline various ways of succeeding with those patients whom we would loosely term ‘difficult’. I will outline some major areas of difficulty and strategies our profession has devised to deal with them, while still managing to deliver exceptional fundus photos and angiograms.

As with all patients, and possibly even more so with this group, be sure to be thorough with the test introduction. Explain the essentials and ask about similar prior experiences. If you foresee having to take any special actions or precautions, tell this to the patient so that they are prepared. As a general rule, an informed patient is a more cooperative patient.

The group of ‘difficult’ patients can be subdivided into three main categories:

• 1: Patients with distinct physical characteristics which make photography difficult.

• 2: Patients with eye problems not necessarily associated with their referral.

• 3: Patients with problems we may call ‘psychological’.

Many of the problems in the first group are apparent to the photographer when the patient enters the room, thus giving us the chance to make any necessary adjustments or changes in our working environment in advance.

In the case of the overly tall or short patient, this simply means raising or lowering the chair and the table in concert in order to comfortably accommodate a particular patient. (A remote-controlled up / down motorized chair is suggested, but expensive) In general, it is advisable to keep the height of the chair constant, while lowering and raising the table. A custom-made, vinyl-covered, 10” thick, firm foam pillow kept in the room will come in handy for the extra-short patients.

Among juvenile patients, those 4-8 years of age may be the most difficult, as they squirm when held on an adult’s lap and are much too small to reach the chin rest while sitting on the chair. For these cases we keep a small sturdy step-stool handy, which they seem to like. Since they tend to hold on to the chinrest assembly, it keeps their busy little hands out of trouble as well. Use plain language when explaining the test to children. Letting them ‘take a picture’ will familiarize the child with the bright flash and camera sounds.

In regard of a patient in a wheelchair, it is best to ask the patient to transfer to the regular examination chair. If this is not feasible, the wheelchair must be maneuvered and locked into position in front of the camera, which then has to be lowered so that the patient is able to reach the chin rest. If this is not easily achieved because of the limitations of the camera, it becomes necessary to prop the patient up with the pillow described above.

(Note: When considering the purchase of a new fundus camera, pay particular attention to the ergonomics of the table - not all of them are truly wheelchair-accessible.)

Patients with a paralyzed or prosthetic leg should not be expected to seat themselves as easily as able-bodied persons. Care should be taken not to lower the table onto the ‘bad’ leg, which might be in a different position from what we usually expect.

With obese or very buxom patients, there is often a problem of the camera’s central post bumping up against the patient’s chest, thereby pushing him/her away from the forehead strap and making photography both very difficult and very uncomfortable.

There are two ways to overcome this problem. The first is to ask the patient to sit back, get up from the chair and...
slide the chair back a bit; as a result he/she is leaning forward and the torso is further away from the camera. In this case it is a good idea to lower the camera table to increase patient comfort.

The second method does not require moving the patient. Simply slide a rigid sheet of cardboard or clipboard on the photographer’s side of the chin-rest assembly, forming a barrier between the camera and the patient’s anatomy. Both methods work; I prefer the former.

The second group of patients present us with a variety of problems related to their eyes, but problems not necessarily associated with the reason for the referral. A frequent challenge is the photophobic patient. The first step, obviously, is to lower the illumination level, but the truly light sensitive are not impressed by this.

During an FA, we view the fundus of such patients with the white light and then photograph them with the filters inserted (viewing through the filters requires more light). In addition, I recommend holding their lids, talking them through the session, giving them frequent pauses to wipe tears, lowering the flash intensity and push-processing the film. However, if all this does not work and you are confronted with a patient who truly suffers at the lowest light level, pre-medication with 2-5 mg of Valium can be helpful. Such a dose, taken approximately 1/2 hr before photography makes the session completely tolerable for those who are extremely light sensitive. (Note: A prescription is needed).

Often the light sensitive patient does not keep their head firmly lodged in the chinrest, usually drifting up and away from the bright light, even while you are holding their eyelids. Patients manage this without seeming to move their heads by separating their jaws while keeping their lips sealed. This is a common and frustrating phenomenon. The presence (or absence!) of dentures makes things even worse. Deal with this by explaining that it is important to keep ones jaws firmly together; do not hesitate to demonstrate with your teeth clenched. If this does not work, ask the injecting physician to apply some firm pressure to the top of the patient’s head in order to keep it in place. Apologize (once) and get on with the angiogram. Most patients realize how important the examination is and are grateful for any way they can help YOU perform better.

The last group of patients can be loosely termed as having ‘psychological’ or ‘cooperation’ problems. (These terms are not used in any derogatory sense.) An example is the type of patient we have termed the HY/XY, or the ‘hysterical male’, one who cannot stand the sight of needles, let alone the thought of having one inserted into his person. Such patients usually inform you that they are scared of needles and always faint, etc. They rarely, if ever, faint immediately at the SIGHT of a needle, but do so rather 1-3 minutes after seeing the needle or having it inserted. There are several ways to deal with this real problem. The first and possibly easiest is simply to ask the patient to lie down on the floor or bed and to perform the venipuncture while he is supine. Use a butterfly and wait until he comes out of any faintness he might experience. Then, slowly have him join you and the camera for the test.

This column has tried to identify the most common cases of the ‘difficult’ patient and offer advice in dealing with them. As with any Patient Care Corner articles, additions, variations and comments are most welcome. In the next issue, we’ll discuss photographing the pediatric patient.

References: