

## AAP updates screening guide for retinopathy of prematurity

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For the effective detection of retinopathy of prematurity, at-risk infants should receive carefully timed retinal examinations (based on their gestational age) by an ophthalmologist experienced in the examination of preterm infants, according to an American Academy of Pediatrics policy statement published online Dec. 31 in *Pediatrics*.

(HealthDay)—For the effective detection of retinopathy of prematurity (ROP), at-risk infants should receive carefully timed retinal examinations (based on their gestational age) by an ophthalmologist experienced in the examination of preterm infants, according to an American Academy of Pediatrics (AAP) policy statement published online Dec. 31 in *Pediatrics*.

Walter M. Fierson, M.D., and colleagues from the AAP Section on Ophthalmology, revised a 2006 statement on screening of preterm infants for ROP. The statement discusses the characteristics of an effective program for detecting and treating ROP, including the timing of initial examination and subsequent reexamination intervals.



The AAP recommends that infants with a birth weight of  $\leq 1,500$  g or gestational age of 30 weeks or less and selected high-risk infants should have retinal screening examinations using binocular indirect ophthalmoscopy. For preterm infants, retinal examinations should be performed by a sufficiently knowledgeable and experienced ophthalmologist. Screening initiation should be based on the infant's postmenstrual age, with the onset of serious ROP correlating better with postmenstrual than postnatal age. However, infants born before 25 weeks' gestation should be considered for earlier screening (before 6 weeks' chronological age), based on the presence of severe comorbidities. Follow-up should be recommended by the ophthalmologist based on retinal findings, characterized according to the international classification. The presence of plus disease suggests that peripheral ablation is appropriate. Retinal findings requiring strong consideration of ablative treatment have been recently revised. Treatment should generally be carried out within 72 hours of determination of treatable disease.

"The goal of an effective ROP <u>screening program</u> is to identify the infants who could benefit from treatment and make appropriate recommendations on the timing of future screening and treatment interventions," the authors write.

**More information:** Abstract

Full Text

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