CARDIFF REFERRAL GUIDELINES FOR ABNORMAL OCULAR CONDITIONS

URGENT - SAME DAY PRIOR TELEPHONE/Arrange appt Send patient WITH LETTER TEL: 029 2074 3191

-Chemical injuries

-Unexplained sudden loss of vision

-Penetrating injuries

ANTERIOR
-Dacryocystitis

-Hyphaema

-Hypopyon

-Corneal ulcer with red eye

-Periorbital inflammation with pain and swelling

-Pulsating proptosis

-Suspect Intra Orbital Foreign Body)

VITREOUS
-Acute flashes and floaters with tobacco dust

-Vitreous haemorrhage

FUNDUS
-Wet maculopathy as per All Wales guidelines

POSTERIOR
-Central Retinal Artery Occlusion within 24 hours, ideally 6 hours

-Retinal breaks and tears

-Retinal detachment

-Suspected temporal arteritis

-Uveitis

-Papilloedema/3rd nerve palsy – urgent to neurosurgery

ACUTE GLAUCOMA
-Acute red eye with raised IOP (suspect angle closure)

DIABETES
-Vitreous haemorrhage in patient who has not had similar previously

SOON Via Accredited OO - PRIOR TELEPHONE/ARRANGE appt- send patient WITH LETTER TEL: 029 2074 3191

-Acute diplopia

-Herpes Zoster ophthalmicus (start anti-viral as appropriate same day)

ANTERIOR
-Rubeosis with VA hand movements or better
-Scleritis
-Rust ring (OO removed corneal FB)

VITREOUS
-Floaters with 3 months onset/ (As per EHEW Protocols)

-Vitritis

FUNDUS
-Amaurosis fugax

-Central Retinal Artery Occlusion more than 24 hours old

-Central Retinal Vein Occlusion (within 3 months)

-Direct blunt trauma to eyeball

-Maculopathy with recent change in V/A

-Optic disc pallor (suspected compressive lesion)

-Pre-retinal haemorrhage

-Retinitis

GLAUCOMA
-IOP greater than 30 mmHg (white eye, clear cornea, pain free)

DIABETES
-New vessels at disc or elsewhere

-Recurrent vitreous haemorrhage in patient already under named consultant (patient will generally ring consultant's secretary themselves)

EYE CASUALTY AT UHW IS ON 029 2074 3191. RING BEFORE REFERRING Please only use in urgent cases

ALL URGENT REFERRALS MUST BE ACCOMPANIED BY A REFERRAL LETTER

PLEASE NOTE: *The ocular conditions listed in this document are intended to reflect those that might be encountered in community practice and is not intended to be exhaustive. The suggestions for referral have been devised for general GUIDANCE only. It does not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual basis.*

IN TURN Via Accredited OO – BY LETTER (priority assessed upon receipt)

-Cataracts
-Variable non-specific field defects (no other signs)

LIDS & AREA
-Acquired ptosis
-Basal cell carcinoma
-Changed melanosis of lids or conjunctiva
-Entropion/Ectropion
-Episcleritis (not clearing in 4 weeks)
-Exophthalmos/Proptosis (good/ stable VA)
-Inflamed pingueculae
-Persistent blepharitis
-Persistent cysts of the glands of meibomian, zeis or moll
-Persistent hordeolum
-Suspected malignant lesions

CONJUNCTIVA & AREA
-Conjunctival cysts or inclusions giving rise to discomfort
-Bacterial/Allergic Conjunctivitis with abnormal V/A
-Persistent epiphora
-Severe dry eye

CORNEA
-Keratoconus
-Pterygium threatening visual axis
-Corneal dystrophy and reduced V/A

IRIS
-Pupillary defects
-Rubeosis with no sight
-Suspected iris melanoma
-Incidental finding of unequal pupils

FUNDUS MACULAR

Macula hole

FUNDUS VASCULAR
-Hollenhurst plaques
-Retinal haemorrhages (non-diabetics)

FUNDUS GENERAL
-Optic disc pits
-Retinitis pigmentosa
-Suspected choroidal melanoma
-Other unusual pigmented lesions
-Optic disc pallor (no obvious cause)

GLAUCOMA
Glaucoma suspect (with IOP >21mmHg) based upon:
- disc appearance,
- field loss,
- IOP greater than 5mm difference between eyes,

DIABETES
-More than 5 haemorrhages, exudates or circinate lesions within the vascular arcade

OPTOMETRIST and / or GP MANAGED

-Refractively managed squint

ANTERIOR
-Chronic blepharitis

-Hayfever and allergic conjunctivitis (mild with normal VA)

-Bacterial conjunctivitis (mild with normal VA)

-Hordeolum

-Ingrowing lashes (up to 2 epilations performed)

-Meibomian gland dysfunction

-Pingueculae

-Sub-conjunctival haemorrhage

-Superficial foreign bodies OO

-Disgnosed episcleritis *GP*

CORNEA
-Diagnosed corneal dystrophy with good V/A

-Chronic dry eye

-Pterygium not threatening visual axis

-Superficial corneal abrasions

VITREOUS
-Asteroid hyalosis

- Floaters greater than 3 month onset with good vision

FUNDUS
-'Dry' macular changes and stable amsler with good VA (EHEW)

-Follow-up hospital diagnosed flat choroidal naevus can be managed by O.O.

GLAUCOMA
-Diagnosed Ocular Hypertensive and suspect glaucoma patients discharged from HES with accompanying management plan.

HEADACHES
-Refer if orthoptic problem otherwise to GP if no optometric explanation

UNIVERSITY HOSPITAL OF WALES – EYE DEPARTMENT