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| **OPHTHALMOLOGY REFERRALS TO BE SEEN IN UHNM**  **Effective from 3rd January 2012 -** |

The information listed below, outlines the criteria for new referrals and as such, patients with these conditions/symptoms must be referred to the UHNS Ophthalmology service or to another acute tier 4 Ophthalmology service of the patient’s choice during the period of the temporary closure.

**ALL PAEDIATRIC REFERRALS**

**MEDICAL RETINA**

* Suspected Wet AMD – referrals to be sent in the usual way (fast track macular clinic)
* Severe uveitis and vasculitis
* All diabetic eye referrals.

**Pigmented Fundus lesion Referrals**

Please use College of Optom guidance before referral

[Pigmented fundus lesions - College of Optometrists (college-optometrists.org)](https://www.college-optometrists.org/clinical-guidance/clinical-management-guidelines/pigmentedfunduslesions)

**V-R (SURGICAL RETINA)**

* Retinal detachment – both macula on and off
* Visually significant vitreo-macular traction

**GLAUCOMA**

* Acute angle glaucoma to be referred into the UHNS as a red flag

**CORNEA AND EXTERNAL EYE DISEASE**

* Corneal thinning/melt
* Extensive/widespread corneal staining / severe dry eye
* Suspicious pigmented/non pigmented conjunctival/ limbal / corneal nodule/lesion
* Pterygium encroaching into the visual axis
* Keratoconus causing drop in vision not corrected with glasses
* Corneal edema
* Fuch’s endothelial dystrophy/widespread corneal guttata causing reduced vision
* Scleritis
* Symblepharon/conjunctival scarring suggestive of cicatrising disease.

**ADNEXAL**

Cancer

* Eyelid Cancer

Any suspicion of Squamous cell carcinoma, Basal cell carcinoma, melanoma (lentigo maligna, lentigo maligna melanoma, malignant melanoma), sebaceous gland carcinoma, other adnexal carcinoma of periocular area

* Orbital Cancer

Orbital masses

Proptosis/progressive proptosis or enophthalmos,limitation of eye movements etc.

* Lacrimal Sac Cancer

Lacrimal sac masses

Punctal epistaxis

Sight threatening (Cornea)

Risk of Corneal exposure/irritation with corneal scarring

* Seventh nerve palsy
* Other causes of lagophthalmos (e.g. Trauma/iatrogenic)
* Dysthyroid eyelid retraction

Sight threatening (Optic neuropathy)

* Active dysthyroid eye disease
* Suspected orbital mass

Neurological/myogenic ptosis

* Ptosis with neurological (e.g. pupil abnormality, limitation of eye movements, pain) or myogenic (e.g. Fatigue ability, reduced levator function) symptoms or signs

Socket

* Painful blind eye
* Postenucleation socket syndrome (pain, discharge, unstable artificial eye)

Watering Eyes

Infective

* Presence of a mucocoele
* Chronic dacryocystits – constant sticky discharge, recurrent conjunctivitis
* Recurrent episodes of acute dacryocystitis

**OCULAR MOTILITY**

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| **Condition** | **Refer to** | **Comments** |
| Recent onset diplopia | EEC (also seen in Orthoptics on same day) | if age 50+ GP arrange BP, bloods incl platelets, FBC, ESR, CRP |
| Longstanding diplopia/recurrence of diplopia/needing prisms/longstanding or non-functional squint | Orthoptics | Orthoptics to assess as New patient and discuss with Ophthalmologist and refer to them as necessary, following written guidelines |
| Diplopia/squint associated with other known conditions eg neuro/endocrinology/max fax/diabetes | Orthoptics | Orthoptics to assess as New patient and discuss with Ophthalmologist and refer to them as necessary, following written guidelines |
| Convergence/accommaditive anomalies | Orthoptics | Orthoptics to assess as New patient and discuss with Ophthalmologist and refer to them as necessary, following written guidelines |
| Internal referrals from other specialities | Orthoptics | To remain ISQ |