



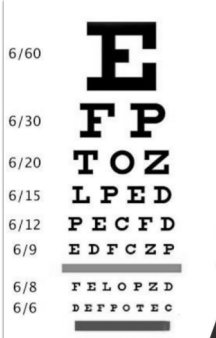
Imperial College Healthcare 
NHS Trust

Ophthalmology Referral Guidance & Ocular Lubricants


Miss Valerie Saw
Consultant Ophthalmic Surgeon
Cornea, Cataract & Refractive Surgery

Imperial College Healthcare 
NHS Trust

Visual Acuity testing




A GUIDE TO THE SNELLEN CHART




- 1 Patient Wears Their Normal Glasses
- 2 Position Patient 6m From Chart
- 3 Ask Patient To Cover One Eye
- 4 Patient Reads Letters Aloud
- 5 Repeat With Other Eye
- 6 Document Acuity For Each Eye:

DISTANCE FROM CHART IN METRES (6)
LINE READ WITH SMALLEST LETTERS (60 - 5)





Pinhole focuses light (like spectacles)

Imperial College Healthcare 
NHS Trust

Examination Techniques

- Visual Acuity Testing with Pinhole
- Use Magnification
(direct ophthalmoscope)
- Fluorescein strips
- +/- Portable slit lamp





HEINE® HSL 150 HAND-HELD SLIT LAMP 3.5 V
For the examination of the anterior segment

Red Flags

RED EYE - RED FLAGS

NICE National Institute for Health and Care Excellence

NICE Pathways | NICE guidance | Standards and indicators | Evidence services

Evidence search | BNF | BNF C | Journals and databases

Moderate / Severe Eye Pain

CKS Clinical Knowledge Summaries

SEARCH []

Topics | Specialities | Educational slides | What's new

Photophobia

Red eye

Last revised in October 2016

Management

Back to top

Marked Redness Of Eye

Red eye Summary

Have I got the right topic?

How up-to-date is this topic?

Goals and outcome measures

Key/long information

Diagnosis

Management

Scenario: Management of red eye

Reduced Visual Acuity On Snellen Chart

Kilduff et al. BMJ Quality Improvement Reports 2016

Foreign Body Or Penetrating Eye Trauma

ONE OF THE ABOVE SYMPTOMS REQUIRES A SAME-DAY REFERRAL TO SPECIALIST OPHTHALMOLOGY SERVICES

Ophthalmology Referral Guidance

Imperial College Healthcare NHS Trust

SAME DAY A&E	COMMUNITY ROUTINE	SECONDARY CARE 2-4 WEEKS	ROUTINE SECONDARY CARE
<ul style="list-style-type: none"> Loss of vision Trauma Infection Post-op Proptosis Acute red eye with severe pain Recent flashes & floaters 	<ul style="list-style-type: none"> No vision loss See optician 1st for blurry vision Dry eye not responding Blepharitis not responding Pterygium not responding Epiphora not responding 	<ul style="list-style-type: none"> Suspected cancer Wet ARMD Lagophthalmos 	<ul style="list-style-type: none"> Meets PPWT Persistent despite primary care Rx Floaters > 1 month no flashes Query keratoconus Suspected open angle glaucoma

Case 1

Imperial College Healthcare NHS Trust

PPWT criteria for cataract surgery:

- Best corrected vision 6/9 or worse AND
- Impairment in lifestyle such as significant effect on activities of daily living, leisure activities, and risk of falls

Clinic Type

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastic/Orbita/Lacrimal
- Oncology (Established Diagnosis)
- Ophthalmic
- Other Medical Retina
- Squint / Ocular Motility
- Vitreoretinal

Imperial College Healthcare **NHS**
NHS Trust

Case 1

72 year old male with blurry vision, eyes are white

Red Flags:

- Sudden visual loss
- ARMD with decreased vision/ distortion

- See Optician first
- Check if driving
- ****NICE GUIDELINES****
- PPWT criteria for cataract surgery

Imperial College Healthcare **NHS**
NHS Trust

NICE Cataract Guidelines 2017

Consider referral for cataract surgery when the patient has:

- Visual impairment caused by the cataract *and* the cataract is affecting the person's lifestyle *and* the person wants to undergo cataract surgery

6/60

6/30

• There is no set level of vision for which surgery is recommended

- A comorbidity that might benefit from surgery
- Another eye condition, where cataract surgery is also indicated

Clinic Type

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastics/Orbita/Lacrimal
- Ophthalmology (Established Diagnosis)
- Orthoptics
- Other Medical Retina
- Squint / Ocular Motility
- Vitreoretinal

Imperial College Healthcare **NHS**
NHS Trust

Floater < 4 weeks or Flashes : A&E

Floater > 1 month & no vision change, no flashes: Routine secondary care

Clinic Type

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastics/Orbita/Lacrimal
- Ophthalmology (Established Diagnosis)
- Orthoptics
- Other Medical Retina
- Squint/Ocular Motility
- Vitreoretinal

www.fishDesign.com

Imperial College Healthcare **NHS** Trust

Case 3

Head a small, fixed, lobulated mass that has not responded to medical treatment and appears to be on the surface of the cornea. It will not move with the blink and will not change size at all.

Head a large, lobulated mass on the upper eyelid for the previous 6 months.

THRESHOLDS FOR TREATMENT: BOTH criteria must be met

1) Conservative treatment has been tried for at least six months YES NO

AND

2a) Refractive with vision YES NO

OR

2b) It is causing persistent irritation and pain YES NO

Supporting Information - Please provide supporting evidence as this form is subject to clinical audit.

END OF FORM

Clinic Type

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastic/Ocular Lacrimal
- Oncology (Established Diagnosis)
- Orthoptics
- Other Medical Retina
- Squint / Ocular Motility
- Vitreoretinal

Imperial College Healthcare **NHS** Trust

Case 4

THRESHOLDS FOR TREATMENT: At least ONE of the following criteria below must be met.

Please provide as much clinical information as possible to demonstrate that funding the removal of the lesion is clinically appropriate.

Clinicians may wish to provide clinical photography (in line with normal clinical governance arrangements) with a measure, e.g. ruler or tape measure to support applications.

Please note that this policy does not cover lesions where there is any diagnostic uncertainty or malignant or pre-malignant potential where a referral can be made through the normal commissioned pathways. Examples include atypical keratosis, atypical or dysplastic naevi, or lipomas that are rapidly growing (please see VON, Benign Lesion policy for further information).

1) Benign Lesions

PLEASE STATE:

- A PROVISIONAL DIAGNOSIS OF THE LESION
- THE SIZE OF THE LESION:

Clinic Type

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastic/Ocular Lacrimal
- Oncology (Established Diagnosis)
- Orthoptics
- Other Medical Retina
- Squint / Ocular Motility
- Vitreoretinal

- Lesion(s) or any associated symptoms or discomfort have been seen for 3-6 months 6-12 months > 12 months
- Lesion(s) larger than 5 mm YES NO
- Lesion(s) is deep-seated YES NO
- Lesion(s) is rapidly growing or abnormally located (e.g. sub-facial, sub-muscular, thigh) YES NO
- Patients has multiple subcutaneous lipomas - may need a biopsy to exclude neurofibromatosis. YES NO

Supporting Information - Please provide supporting evidence as this form is subject to clinical audit.


Imperial College Healthcare **NHS** Trust

Case 5

78 year old female with diplopia

Red Flags:

- Sudden onset
- Pupil involvement
- Headache



Clinic Type

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastic/Ocular Lacrimal
- Oncology (Established Diagnosis)
- Orthoptics
- Other Medical Retina
- Squint / Ocular Motility
- Vitreoretinal

Imperial College Healthcare 

Ophthalmology Advice


A&E : 020 3312 3245/ 3247

020 3312 5791

This line is in Western Eye Hospital A&E.
Available 0830 – 2030, 7 days a week
Ask to speak to the Consultant or Senior in A&E
for urgent clinical advice.

Referrer email advice service

ophthalmologyadvice.imperial@nhs.net

Imperial College Healthcare 


eRS

Clinic Type

Cataract
Cornea
Diabetic Medical Retina
External Eye Disease
Glaucoma
Laser (YAG capsulotomy)
Low Vision
Neuro-Ophthalmology
Not Otherwise Specified
Oculoplastic/Cribra/Lacrimal
Oncology (Established Diagnosis)
Orthoptics
Other Medical Retina
Squint / Ocular Motility
Vitreoretinal

If no slots available, select "Defer to Provider"
— our admin team will receive a message and
open up new slots

ANTERIOR SEGMENT – Ocular trauma, Dislocated lens, Iris lesions

Imperial College Healthcare 

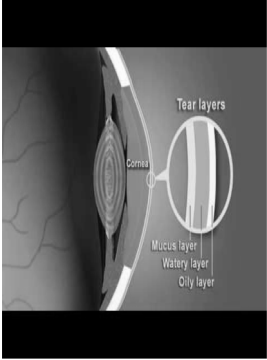
Tear film layers

- Keep the eye moist
- Helps with wound healing
- Protects against infections

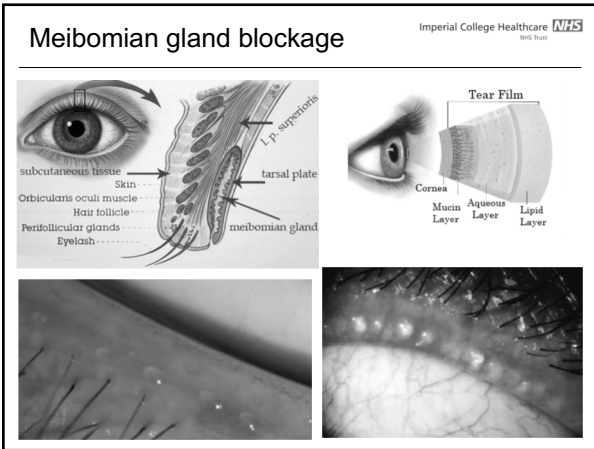
An outer, oily (lipid) layer that keeps tears from evaporating too quickly and helps tears remain on the eye (Meibomian glands)

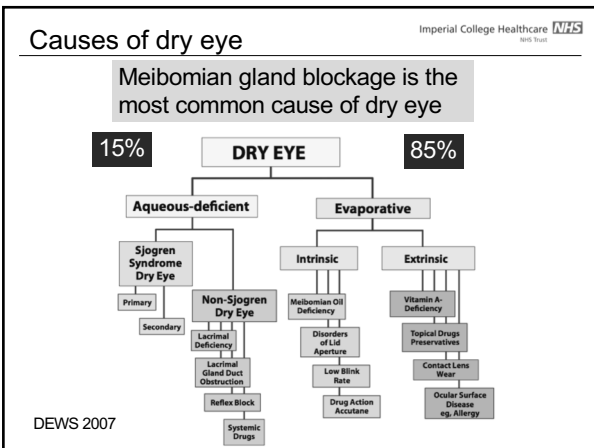
A middle (aqueous) layer that nourishes the cornea and the conjunctiva – the mucous membrane that covers the front of the eye and the inside of the eyelids;(Lacrimal Glands)

A bottom (mucin) layer that helps spread the aqueous layer across the eye to ensure that the eye remains wet.(Epithelial cells)



Courtesy of Zena Rodrigues






Imperial College Healthcare **NHS** NHS Trust

Dry Eye Treatment


Hot compresses on a daily basis
+/- Clean eyelashes (avoid baby shampoo)

- +/- Lubricants

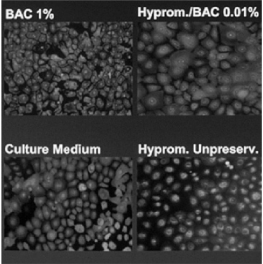
Imperial College Healthcare 

Which lubricants?


	Viscosity	Name
FIRST LINE	Low viscosity	Hypromellose 0.3%
		Polyvinyl alcohol 1.4%
SECOND LINE	Medium viscosity	Carbomer gel
THIRD LINE	Medium viscosity	Carmellose 0.5%
FOURTH LINE	Medium viscosity	Hydroxypropyl guar
		Sodium hyaluronate 0.1% to 0.4%
EYE OINTMENT AT NIGHT	High viscosity	Xailin Night ointment Vita-POS ointment HydraMed Night

Imperial College Healthcare 

When to use un-preserved tear substitutes?



- 1. Allergic or sensitive preservatives
- 2. Benzalkonium toxicity if > 4 to 6x/day
- 3. Contact lens wearer

Imperial College Healthcare 

SUMMARY

- 1. Red flags for red eye:
• Severe pain, Photophobia, Marked redness, Reduced vision, Foreign body or trauma
- 2. Ask optician to assess vision and eye pathology in non-emergencies – include this GOS18 in referral
- 3. Hot compresses are an essential first step in treating dry eye

v.saw@nhs.net
