

Classification of referrals to Warrington Hospital

Emergency

CRAO<12 hours old

Papilloedema

Retinal Detachment

Retinal Breaks & Tears

Suspected Temporal Arteritis

Penetrating Injuries

Acute Glaucoma

Chronic Glaucoma IOP>40mmHg

Chemical Injuries

Orbital Cellulitis

Sight-threatening Keratitis

Corneal Injury

Endophthalmitis

Pulsating Proptosis

Hyphaema

Hypopyon

Uveitis

Unexplained Sudden Loss of Vision

CMV & Candida Retinitis

Proliferative Diabetic Retinopathy

Primary Care Referrals

Seen within 2 weeks

Amaurosis Fugax

Central Serous Retinopathy

Macular Oedema

Early 'Wet' Macular Degeneration

Macular Degeneration that visually disables the patient

Diabetic Retinopathy - maculopathy, pre-proliferative

Vitreous Detachment with Symptoms

and/or lowered IOP Commotio Retinae

CRAO > 12 hours old

CRVO

Chronic glaucoma

Macular Hole

Retrobulbar / Optic Neuritis

Dacryoadenitis

Dacrocystitis

Inflamed Pingueculae

Scleritis

Episcleritis

Keratitis

Rubeosis

Incommittancies

Field Defects

Optic Disc Pits

Retinitis Pigmentosa

Retinoschisis

Suspected Choroidal Melanoma

Primary Care Referrals (contd.)

Acquired Ptosis

Basal Cell Carcinoma

Changed Melanosis of Lids / Conjunctiva

Conjunctival Cysts or Inclusions giving rise to discomfort

Ectropion

Entropion

Exophthalmos / Proptosis

Foster-Fuch's Spot

Keratoconus

Hay-fever /Conjunctivitis in Juveniles

Naso-lacrimal Duct Obstruction

Persistent Blepharitis

Persistent Conjunctivitis

Persistent Cysts (Meibomian/Zeiss/Moll glands)

Pterygium threatening the Visual Axis

Pupillary Defects

Severe Dry Eye

Significant Corneal Dystrophy

Optometrist Managed (not referred)

Background Diabetic Retinopathy

Dry Macular Changes with reasonable vision

Vitreous Detachment / Opacities without symptoms

Asteroid Hyalosis

Early Lens Opacities

Hordeolum

Pingueculae

Pterygium not threatening the Visual Axis

Sub-Conjunctival haemorrhage with normal BP

Superficial Foreign Bodies

Meibomian Gland Dysfunction

Chronic Blepharitis

Chronic Dry Eye

Contact Lens Problems not involving Serious Corneal Infection

Early Fuch's Dystrophy with normal IOP

Early Map-dot-fingerprint Dystrophy

Treatment of AMD guidelines

- All treatment is effective only against active ARMD
- Patients who have already been seen by Warrington Hospital and discharged/given CVI have been assessed for all treatments and do not need re-referral
- All patients with recent symptoms/signs of wet AMD will be assessed by FFA. No treatment possible where VA < 6/60 as clinical results poor and not cost-effective
- If VA > 6/60, classic CNVM treated by PDT
- All other lesions can be treated with Macugen etc, however only 2nd eyes get NHS funding. Private options for 1st eyes offered at Liverpool and Wirral (business case pending for BUPA North Cheshire (Stretton))