

Guidance on referral of cases of suspected Papilloedema Ashton, Leigh & Wigan LOC – November 2022

Papilloedema is defined as swelling of the optic disc caused by raised intracranial pressure
Differential diagnosis - true papilloedema or pseudopapilloedema;

Papilloedema	Pseudopapilloedema
Mass or compressing lesions	Optic Nerve Head Drusen
Intracranial bleeds	Congenitally Crowded Discs
Idiopathic Intracranial Hypertension	Tilted Discs
Malignant Hypertension	Optic Nerve Hypoplasia
Intracranial Hypertension secondary to Meningitis / Encephalitis A-V Malformations Chiari 1 Malformation Cerebral Venous Thrombosis	Dysplastic Optic Discs eg: Megalopapillae Morning Glory Syndrome

Symptoms of raised intracranial pressure (ICP) include;

Headache	Other Symptoms
Short history of days to weeks	Visual obscurations
Abrupt onset & persist or increase in frequency	Diplopia
Severe, associated with nausea & vomiting	Tinnitus / Whooshing sounds
Usually in morning & may awaken patient from sleep	Neck pain
Worse on bending, exacerbated by cough or sneeze	Cognitive or other neurological disturbances

Urgency of referral; (all referrals should be made via OPERA)

If papilloedema is suspected then refer as an **EMERGENCY** as per College Guidance.

If the patient is asymptomatic then ensure lack of symptoms is noted on the referral and allow the URC to triage & advise the patient accordingly. Timescales should not be discussed with the patient as it is at the discretion of the triaging hospital clinician.

What to document & include in the referral;

- Vision
- Pupil reactions
- Dilated fundus examination & fundus photos (if available/clinically appropriate)
- OCT's for baseline assessment (if available)
- Visual Fields
- Presence of Headache including nature & duration (see above table)
- Presence or absence of Transient Visual Loss or Diplopia
- Current medications
- Recent weight gain/loss

Please note – this is GUIDANCE only. You should still use your own clinical judgement and make evidence-based clinical decisions in deciding the urgency of onward referral.