

# REFERRAL GUIDELINES FOR OCULAR PATHOLOGY IN GREATER MANCHESTER

| Mar 22            | Emergency<br>As soon as possible  | Emergency<br>Within 24 hours  | Urgent/Priority<br>May wait overnight/weekend   | Routine<br>Routine or appropriate direct referral pathway   |
|-------------------|---|---|---|---|
| <b>Conditions</b> |   |   |   |   |
| Anterior          | <p><b>Red eye (non traumatic)</b></p> <ul style="list-style-type: none"> <li>Acute Angle Closure Glaucoma</li> <li>Painful recent post-op/hypopyon/blebitis</li> <li>Corneal graft rejection</li> </ul> <p><b>Red eye (traumatic)</b></p> <ul style="list-style-type: none"> <li>Chemical burns- irrigate &amp; refer asap</li> <li>Penetrating injuries</li> </ul> | <p><b>Red eye (non traumatic)</b></p> <ul style="list-style-type: none"> <li>Scleritis</li> <li>Infective keratitis</li> <li>Herpetic infection: simplex &amp; zoster</li> <li>Iritis/Uveitis</li> <li>Severe corneal abrasion</li> <li>Acute dacryocystitis</li> </ul> <p><b>Red eye (traumatic)</b></p> <ul style="list-style-type: none"> <li>Hyphaema</li> <li>Embedded foreign body</li> </ul> | <ul style="list-style-type: none"> <li>Iris rubeosis</li> <li>Repeatable IOP &gt;32mmHg</li> <li>Marginal keratitis</li> </ul>  | <ul style="list-style-type: none"> <li>Symptomatic entropion/ectropion</li> <li>Chronic Exophthalmos/proptosis</li> <li>Persistent lid disease/cysts/hordeolum</li> <li>Longstanding ptosis</li> <li>Severe dry eye</li> <li>Pterygium (affecting visual axis)</li> <li>Persistent epiphora</li> <li>Keratoconus</li> <li>Recurrent corneal erosion syndrome</li> <li>Corneal dystrophy (reduced VA)</li> <li>Allergic conjunctivitis</li> <li>Naso-lacrimal duct obstruction</li> <li>Cataract</li> <li>IOP &gt;=24mmHg &lt;32mmHg <b>Follow Local Glaucoma Pathway</b></li> </ul> |
| Visual Loss       | <ul style="list-style-type: none"> <li>Possible Temporal Arteritis with visual symptoms</li> </ul>  | <ul style="list-style-type: none"> <li>Sudden visual loss unknown cause (&lt;24hrs)</li> </ul>  | <ul style="list-style-type: none"> <li>Amaurosis fugax: refer via GP same day for TIA work-up</li> <li>Optic neuritis</li> </ul>  | <ul style="list-style-type: none"> <li>Gradual loss of VA &gt;4weeks with no sudden loss</li> </ul>   |
| Posterior         | <ul style="list-style-type: none"> <li>Retinal artery occlusion &lt;24hours</li> <li>Retinal detachment: macular on</li> </ul>  | <ul style="list-style-type: none"> <li>Floaters/photopsia &lt;48 hours + tobacco dust</li> <li>Retinal tears &amp; breaks</li> <li>Retinal detachment: macular off</li> <li>Papilloedema</li> <li>PVD related vitreous haemorrhage</li> </ul>   | <ul style="list-style-type: none"> <li>Vitritis</li> <li>Vitreous haemorrhage (non-PVD)</li> <li>Nystagmus with other neurological signs</li> <li>Wet AMD</li> <li>CRVO</li> <li>Myopic CNV</li> <li>Diabetic proliferative retinopathy</li> </ul> <p><b>REFER ACCORDING TO THE PATHWAY FOR THE PATIENT'S AREA</b></p> <p><b>Refer to Eye Cas if DR appears to be new and Px not recently seen in HES</b></p> | <ul style="list-style-type: none"> <li>Retinal haemorrhages</li> <li>Branch retinal vein occlusion</li> <li>Central Serous Retinopathy</li> <li>Suspect glaucoma/abnormal discs</li> <li>Dry AMD requiring registration/LVA</li> <li>Retinitis Pigmentosa</li> <li>Macular hole</li> <li>Epiretinal membrane</li> <li>Diabetic maculopathy <b>Refer to Eye Cas if DR appears to be new and Px not recently seen in HES</b></li> </ul> <p><i>refer within 4wks; if not electronic you must check the referral is processed</i></p>   |
| Other             | <ul style="list-style-type: none"> <li>Orbital cellulitis</li> <li>Acute proptosis</li> <li>Acute onset diplopia/squint/ptosis/nerve palsy</li> </ul>   |   | <ul style="list-style-type: none"> <li>Suspected retinal cancers</li> <li>Suspected compressive lesion</li> <li>New pupillary defects</li> </ul>  | <ul style="list-style-type: none"> <li>Repeatable suspicious field defects</li> <li>Long standing squint requiring correction</li> <li>Children's manifest squint, amblyopia/reduced VA</li> </ul> <p><b>REFER VIA DIRECT ORTHOPTIC PATHWAY</b></p>   |

### Making referrals

**You should refer electronically using the Opera GOS18 referral module or extended service module where appropriate**

Referral pathways for all GM areas are at [www.gmlocs.co.uk](http://www.gmlocs.co.uk) - follow 'Referrals' for the patient's GP areas. The GP search can be used to locate the GP area

