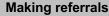
REFERRAL GUIDELINES FOR OCULAR PATHOLOGY IN GREATER MANCHESTER

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Sept	Emergency	Emergency	Emergency	Urgent	Routine
Sept 2025	As soon as possible	Within 24 hours	May wait overnight/weekend	2-4 week wait	Routine or appropriate referral pathway
Conditions					
Anterior	Red eye (non-traumatic) • Acute angle closure glaucoma • Painful recent (<2/12) post-op complications (e.g. hypopyon /blebitis/endophthalmitis) • Corneal graft rejection Red eye (traumatic) • Chemical burns- irrigate first & refer • Penetrating injuries	Red eye (non-traumatic) Scleritis Infective keratitis Herpetic infection: simplex & zoster Iritis/uveitis Severe corneal abrasion Acute dacryocystitis Red eye (traumatic) Hyphaema Embedded foreign body (consider referral to CUES) Other IOPs 35mmHg or over (ideally repeatable measurements)	Iris rubeosis Marginal keratitis	IOP 32mmHg to <35mmHg (ideally repeatable measurements)	 Symptomatic entropion/ectropion Chronic exophthalmos/proptosis Persistent lid disease/cysts/hordeolum (after 6/12 conservative management) * Longstanding ptosis Benign eyelid lesions * Severe dry eye Pterygium (affecting visual axis) Persistent epiphora Keratoconus Recurrent corneal erosion syndrome Corneal dystrophy (reduced VA) Allergic conjunctivitis Suspected naso-lacrimal duct obstruction Cataract * IOP 24mmHg to <32mmHg Follow Local GRR
Visual Loss	Suspected temporal arteritis with visual symptoms	Sudden visual loss unknown cause (<24hrs)	Amaurosis fugax: plus referral to GP for same day for TIA work-up Optic neuritis	New suspected neurological field defect referral to neuro-ophthalmology plus same day referral to GP/A&E for general medical management	or GERS pathway Gradual loss of VA >4weeks Repeatable suspicious field defects (nonneurological) (consider if GRR appropriate)
Posterior	Retinal artery occlusion <24hours Retinal detachment:macula on	Floaters / photopsia <48 hours + tobacco dust Retinal tears & breaks Retinal detachment: macula off Papilloedema PVD related vitreous haemorrhage	Vitritis Vitreous haemorrhage (non-PVD) Nystagmus with other neurological signs	Wet AMD – Wet AMD pathway Myopic CNV- WET AMD pathway New diabetic proliferative retinopathy CRVO (plus referral to GP for urgent blood work up) BRVO with macula oedema (plus referral to GP for urgent blood work up) Central serous retinopathy Full thickness macula hole	Retinal haemorrhages BRVO without macula oedema (plus referral to GP for urgent blood work up) Suspect glaucoma/abnormal discs Dry AMD requiring registration/LVA Retinitis Pigmentosa Lamellar macula hole Symptomatic patient with epiretinal membrane New Diabetic maculopathy
Other	Orbital cellulitis Acute proptosis Acute onset diplopia/ squint/ptosis/nerve palsy	New painful Horner pupillary defect	Suspected compressive lesion Other New pupillary defects	Suspected retinal cancers (2-week pathway)	Long standing strabismus requiring correction * Children's manifest strabismus, amblyopia/reduced VA (referral to local/community Orthoptic department)
Making referrals					



Referral should be made electronically using OPERA GOS18 Referral module or extended service module where appropriate

Referral pathways for all GM areas are at www.gmlocs.co.uk - follow 'Referrals' for the patient's GP areas. The GP search can be used to locate the GP area * Effective Use of resource (EUR) policies are available at: https://www.gmlocs.co.uk/gmlocs/information-for-practitioners/



GMLOCs