


REFERRAL GUIDELINES FOR OCULAR PATHOLOGY IN GREATER MANCHESTER

Sept 2025	Emergency As soon as possible	Emergency Within 24 hours	Emergency May wait overnight/weekend	Urgent 2-4 week wait	Routine Routine or appropriate referral pathway
Conditions					
Anterior	Red eye (non-traumatic) <ul style="list-style-type: none"> Acute angle closure glaucoma Painful recent (<2/12) post-op complications (e.g. hypopyon /blebitis/endophthalmitis) Corneal graft rejection Red eye (traumatic) <ul style="list-style-type: none"> Chemical burns- irrigate first & refer Penetrating injuries 	Red eye (non-traumatic) <ul style="list-style-type: none"> Scleritis Infective keratitis Herpetic infection: simplex & zoster Iritis/uveitis Severe corneal abrasion Acute dacryocystitis Red eye (traumatic) <ul style="list-style-type: none"> Hyphaema Embedded foreign body (consider referral to CUES) Other <ul style="list-style-type: none"> IOPs 35mmHg or over (ideally repeatable measurements) 	<ul style="list-style-type: none"> Iris rubeosis Marginal keratitis 	<ul style="list-style-type: none"> IOP 32mmHg to <35mmHg (ideally repeatable measurements) 	<ul style="list-style-type: none"> 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 or GERS pathway
Visual Loss	<ul style="list-style-type: none"> Suspected temporal arteritis with visual symptoms 	<ul style="list-style-type: none"> Sudden visual loss unknown cause (<24hrs) 	<ul style="list-style-type: none"> Amaurosis fugax: plus referral to GP for same day for TIA work-up Optic neuritis 	<ul style="list-style-type: none"> New suspected neurological field defect referral to neuro-ophthalmology plus same day referral to GP/A&E for general medical management 	<ul style="list-style-type: none"> Gradual loss of VA >4weeks Repeatable suspicious field defects (non-neurological) (consider if GRR appropriate)
Posterior	<ul style="list-style-type: none"> Retinal artery occlusion <24hours Retinal detachment: macula on 	<ul style="list-style-type: none"> Floaters / photopsia <48 hours + tobacco dust Retinal tears & breaks Retinal detachment: macula off Papilloedema PVD related vitreous haemorrhage 	<ul style="list-style-type: none"> Vitritis Vitreous haemorrhage (non-PVD) Nystagmus with other neurological signs 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Orbital cellulitis Acute proptosis Acute onset diplopia/squint/ptosis/nerve palsy 	<ul style="list-style-type: none"> New painful Horner pupillary defect 	<ul style="list-style-type: none"> Suspected compressive lesion Other New pupillary defects 	<ul style="list-style-type: none"> Suspected retinal cancers (2-week pathway) 	<ul style="list-style-type: none"> 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/			

This list is not exhaustive & practitioners should always apply their clinical judgement when deciding on the appropriate clinical pathway for a patient.

Review date Sep 2027