

## Guidelines for the referral of 'Narrow Angle' Patients into the Milton Keynes University Hospital Glaucoma Clinic by Optometrists

Please ensure that any referral into the Hospital Eye Clinic includes the name of the referring Optometrist and their practice.

Please familiarise yourself with the advice from the College of Ophthalmologists and the College of Optometrists;

[The-Management-of-Angle-Closure-Glaucoma-Clinical-Guidelines.pdf \(rcophth.ac.uk\)](https://www.rcophth.ac.uk) is the College of Ophthalmologists clinical guidelines on managing angle-closure glaucoma.

[Primary Angle Closure / Primary Angle Closure Glaucoma \(PAC / PACG\) - College of Optometrists \(college-optometrists.org\)](https://college-optometrists.org) is the College of Optometrists clinical management guidelines on Primary Angle Closure and Primary Angle Closure Glaucoma.

In Summary;

Narrow angles	<p>With no symptoms (blurring, halos, pain), no elevated IOP and no irido-trabecular contact (ITC)– <b>do not refer</b>. Peripheral iridotomies are no longer recommended for prophylaxis.</p> <p><b>Primary Angle Closure Suspect (PACS)</b> – ITC more than or equal to 180 degree, with no elevated IOP or optic neuropathy – <b>only refer if the Px has the 'plus' criteria which is;</b></p> <p><b>Either</b> a limbal chamber depth less than a quarter of the corneal thickness <b>or</b> an anterior segment OCT showing ITC</p> <p><b>Plus</b> one of the following;</p> <ul style="list-style-type: none"> <li>- 'Only eye' status for occupational or independent living</li> <li>- Vulnerable adults who may not report ocular or vision symptoms</li> <li>- Family history of significant angle closure disease</li> <li>- High hyperopia (&gt;+6.00DS)</li> <li>- Diabetes or other condition necessitating regular pupil dilation</li> <li>- Those using antidepressants or medication with an anticholinergic action</li> <li>- People either living in remote locations (such as foreign aid workers, armed forces stationed overseas or on oil rigs etc) where access to emergency ophthalmic care is not possible</li> </ul>
Narrow angles and high IOP	If IOP is above 35 – refer to BUS

Further reading on Chronic Open Angle Glaucoma can be found;

[Overview | Glaucoma: diagnosis and management | Guidance | NICE](#) provides advice on diagnosis and management for Chronic Open Angle Glaucoma (COAG)

[Glaucoma \(chronic open angle\) \(COAG\) - College of Optometrists \(college-optometrists.org\)](https://college-optometrists.org) is the College of Optometrists Clinical Management guidelines for Chronic Open Angle Glaucoma (COAG)