

As discussed at the last LOC meeting we will aim to keep you informed of waiting list times and any changes that may be occurring in our UHL ophthalmology department. We will distribute these updates in a quarterly newsletter which will also have case studies and other information. As this is the first issue we will be open to suggestions for future issues.

Waiting List Update (LRI)

During the pandemic many ophthalmology and theatre staff were redeployed. Theatres were cancelled and some were used as wards for in-patients. Unfortunately due to this and the cancellations and reduced activity throughout the pandemic, waiting times are unprecedentedly long.

- For a new routine appointment for any speciality the average wait time is 40-52 weeks to be seen in clinic.
- For Cataracts Procedures the average wait time is 51 weeks
- For OculoPlastics Procedures the average wait time is 34 weeks
- For Glaucoma Procedures the average wait time is 26 weeks

Case Study

Optometrist Same Day Referral

Patient sent to Adult A&E out of hours, advised to return at 8.30am the next day to Eye Casualty

Patient Profile

39 years old female, VA RE 6/6 N5 LE N5
Previous VA Sept 2019 RE 6/6 LE 6/6
IOP RE 15mmHg LE 14mmHg

Information from Referral

"Regular headaches which have become very frequent recently"

"Fundus examination showed indistinctive disc margins (patient has pictures showing comparison from 2015)"

"It was difficult to assess SVP"

"Please can you investigate further"

Investigation

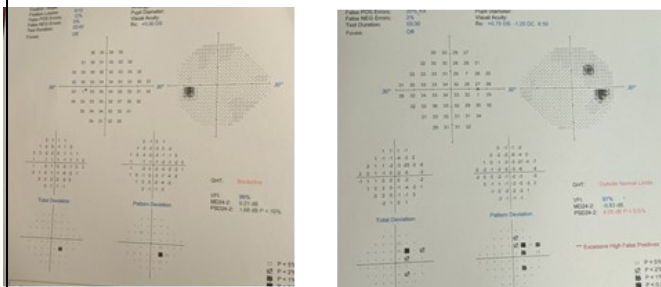
- RE VA 6/5 LE 6/5
- Headaches constant for 6months especially towards end of day on VDU, severity 6/10, no worse with waking or worse with position. Longstanding tinnitus in Right Ear.
- IOP RE 16mmHg LE 13mmHg iCare
- Ishihara Right and Left 17/17
- No RAPD
- Blood Pressure 122/78
- High BMI
- Full Ocular Motility
- Grade 1 Bilateral Temporal raised disc margins, tortuous vessels, no flame haemorrhages, no retinal folds

Diagnosis and Management

- Grade 1 Papilloedema, confirmed with Ophthalmologist,
- Spoken to Specialist Registrar in Neurology
- Arrange MRI within 2 days
- Assess for Lumbar Puncture in a few weeks

Conclusion

This would be a typical presentation and management for a patient who presents with signs and symptoms of Idiopathic intracranial hypertension.



Referral Headaches

Headaches without any visual symptoms or disc swelling should **not** be referred to eye casualty or ophthalmology. These should be referred to the GP, who have protocols and guidance in place.

- Blurred Discs **with** Headaches and/or vision loss: refer to EED same day
- Blurred Discs with **no** symptoms or Visual Field defects: refer to be seen in 1-2 week (RAC)
- **Suspect GCA** with NO visual symptoms: refer to GP or main A+E an urgent suspect GCA.
- **Homonymous hemianopia** or suspect stroke: refer to urgent GP or stroke team
- **Bitemporal hemianopia** or suspect pituitary tumour with NO ocular involvement: refer to urgent GP and to assessment for MRI and on going management

Optometrists can and should ring the GP and ask for the GP's advice for headache related queries.

