

# Ophthalmological Conditions - What To Do and When? (in Adults and Children) for Primary Care Practitioners

| Priority  | Treatment and Management  |
|---|---|
| <p>Emergency conditions, vision immediately threatened (same day appointment)</p>                   | <p><b>WEEK DAYS: 8am – 17:00pm Monday to Friday</b><br/>           Phone appropriate Ophthalmology Department for same day appointment:</p> <ul style="list-style-type: none"> <li>• St Richards Hospital Tel: <b>01243 788122 ext. 32566</b></li> </ul> <p><b>Email a Referral Letter</b></p> <p>St Richards Hospital: <a href="mailto:emergencyreferralsSRH.ophthalmic@nhs.net" style="color: white;">emergencyreferralsSRH.ophthalmic@nhs.net</a></p> <p><b>OUT OF HOURS: Weekends, bank holidays &amp; after 17:00pm week days</b><br/>           Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p><b><u>Please DO NOT send patients to Ophthalmology without prior discussion – we do not provide a walk-in service</u></b></p>  |
| <p><b>Urgent Conditions</b> but <b>NO</b> immediate threat to the vision (1-2 week appointment)</p> | <p><b>WEEK DAYS: 8am – 17:00pm Monday to Friday</b><br/>           Start treatment and discuss with Ophthalmology Department</p> <ul style="list-style-type: none"> <li>• St Richards Hospital Tel: <b>01243 788122 ext. 32566</b></li> </ul> <p>And email a referral letter to the relevant hospital to the relevant department:</p> <ul style="list-style-type: none"> <li>• Southlands Hospital: <a href="mailto:clinicssouthlands.ophthalmic@nhs.net" style="color: blue;">clinicssouthlands.ophthalmic@nhs.net</a></li> <li>• St Richards Hospital: <a href="mailto:clincsrh.ophthalmic@nhs.net" style="color: blue;">clincsrh.ophthalmic@nhs.net</a></li> </ul> <p><b>OUT OF HOURS: Weekends, bank holidays &amp; after 17:00pm week days</b><br/>           Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p><b><u>Please DO NOT send patients to Ophthalmology without prior discussion – we do not provide a walk-in service</u></b></p> |
| <p>Non-acute Ophthalmic conditions, no immediate threat to vision</p>                               | <p><b>Start treatment if required and refer patients, where appropriate to Ophthalmology following standard CCG referral pathway</b></p>  |

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| Condition   | Signs and Symptoms suggestive of Condition  | Treatment and further Management  |
|---|---|---|
| <p><b>Bacterial corneal ulcer / Red eye suggestive of serious pathology</b></p> | <ul style="list-style-type: none"> <li>• Red eye, pain photophobia, non-limbal or corneal infiltrate with Fluorescein staining</li> <li>• Any child with red eye, in pain and:-</li> <li>• obvious corneal ulceration,</li> <li>• opacity or very poor red reflex</li> <li>• Contact lens wear</li> <li>• Decreased vision</li> <li>• Severe pain or photophobia</li> <li>• Cornea -&gt; ulcer, cloudy, hazy</li> <li>• Hypopyon</li> <li>• pupil abnormalities</li> <li>• high intraocular pressure</li> <li>• &lt;2 weeks post-ops</li> <li>• patients with previous glaucoma surgery (blebitis)/corneal graft (rejection)</li> </ul> | <p><b>Emergency Condition</b><br/>                     Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice</p>  |
| <p><b>Dendritic ulcer</b></p>   | <ul style="list-style-type: none"> <li>• Patient with red eye or blurred vision</li> <li>• Corneal staining with Fluorescein and examination with cobalt blue light</li> </ul>  | <p><b>Emergency Condition</b><br/>                     Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice<br/>                     (Initiate treatment with Ganciclovir Gel)</p> |

| Condition   | Signs and Symptoms suggestive of Condition   | Treatment and further Management  |
|---|--|---|
| Flashes and Floaters                                    | <ul style="list-style-type: none"> <li>Refer sudden onset of new floaters + daytime flashes with blurred vision + Visual field loss</li> </ul>   | <b>Emergency Condition</b><br>Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice |
| Headache or pain around the eye (provided eye symptoms) | <ul style="list-style-type: none"> <li>GCA - Temporal headache/tenderness/painful scalp/feeling unwell/jaw pain in patients over 50 with any visual disturbance (<b><u>please refer to medical team if no visual symptoms</u></b>)</li> <li>Stroke/increased Intra cranial pressure - Headache associated with new onset of droopy eyelid, unequal pupils, double vision, swollen discs, or any visual loss. (<b><u>Please refer via A&amp;E</u></b>)</li> </ul> | <b>Emergency Condition</b><br>Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice |
| Orbital cellulitis                                      | <ul style="list-style-type: none"> <li>Proptosis</li> <li>lid swelling</li> <li>Diplopia</li> <li>Limited ocular motility</li> <li>Decreased vision</li> <li>Fever or systemically unwell</li> </ul>   | <b>Emergency Condition</b><br>Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice |
| Sudden loss of Vision                                   | <ul style="list-style-type: none"> <li>Sudden onset marked loss of vision, visual field defect, central scotoma or distortion.</li> <li>Check temporal arteries in elderly.</li> </ul>   | <b>Emergency Condition</b><br>Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice |
| Trauma  | <ul style="list-style-type: none"> <li>Any suggestion of penetrating injury</li> <li>Lid margin laceration</li> <li>Chemicals (particularly alkalis) in eye, wash out first</li> <li>Blunt trauma – severe or small projected object with decreased vision or obvious hyphaema</li> </ul>  | <b>Emergency Condition</b><br>Phone Ophthalmology Department or On-Call Ophthalmology Doctor for advice |

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|--|--|
| <p><b><u>Urgent Conditions</u> but <u>NO</u> immediate threat to the vision (1-2 week appointment)</b></p> | <p style="text-align: center;"><b>WEEK DAYS: 8am – 17:00pm Monday to Friday</b><br/>Start treatment and discuss with Ophthalmology Department</p> <ul style="list-style-type: none"> <li>• St Richards Hospital Tel: <b>01243 788122 ext. 32566</b></li> </ul> <p>And email a referral letter to the relevant hospital to the relevant department:</p> <ul style="list-style-type: none"> <li>• Southlands Hospital: <a href="mailto:clinicsouthlands.opthalmic@nhs.net">clinicsouthlands.opthalmic@nhs.net</a></li> <li>• St Richards Hospital: <a href="mailto:clinicsrh.opthalmic@nhs.net">clinicsrh.opthalmic@nhs.net</a></li> </ul> <p style="text-align: center;"><b>OUT OF HOURS: Weekends, bank holidays &amp; after 17:00pm week days</b><br/>Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p style="text-align: center;"><b>Please DO NOT send patients to Ophthalmology without prior discussion – we do not provide a walk-in service</b></p> |

| Condition                                      | Management   |
|--|--|
| <p><b>Suspected intraocular malignancy</b></p> | <p style="text-align: center;"><b>2 week rule referral</b><br/>Phone Ophthalmology department directly for urgent conditions, patient to be seen within 2 weeks</p>                    |
| <p><b>Suspected peri-ocular malignancy</b></p> | <p style="text-align: center;"><b>2 week rule referral</b><br/>Use relevant proforma and email to <a href="mailto:sxicb.cancerreferrals@nhs.net">sxicb.cancerreferrals@nhs.net</a></p> |
| <p><b>Suspected wet AMD</b></p>                | <p style="text-align: center;"><b>Urgent referral</b><br/>2 weeks to treatment and email to <a href="mailto:sxicb.providerreferrals@nhs.net">sxicb.providerreferrals@nhs.net</a></p>   |

| Condition                            | Signs and Symptoms suggestive of Condition  | Treatment and further Management  |
|--------------------------------------|---|---|
| <b>Conjunctivitis and Itchy eyes</b> | <ul style="list-style-type: none"> <li>• Redness and inflammation of conjunctiva</li> <li>• Sticky coating on eyelids</li> <li>• Vision not normally affected</li> </ul>                                    | <p><b>Urgent Condition</b></p> <ul style="list-style-type: none"> <li>• Managed in community. Consider self-care (purchase over the counter) at a local community pharmacy.</li> <li>• If purulent discharge chloramphenicol (can be purchased over the counter for patients aged 2 years or over) qds x 5/7 otherwise antihistamines for young patients, lubricants -for elderly, (can be purchased over the counter at Pharmacy</li> <li>• Lid Hygiene for suspected Blepharitis</li> <li>• Phone Ophthalmology Department regarding photophobia or decreased visual acuity for advice</li> </ul> |
| <b>Dacryocystitis</b>                | <ul style="list-style-type: none"> <li>• Acute swelling, erythema, pain in medial canthus area</li> <li>• Excess tears (epiphora)</li> </ul>  | <p><b>Urgent Condition</b></p> <ul style="list-style-type: none"> <li>• Start oral antibiotics to cover staph</li> <li>• Phone Ophthalmology Department for advice</li> </ul>   |
| <b>HerpeZoster Ophthalmicus</b>      | <ul style="list-style-type: none"> <li>• Non-descript facial pain</li> <li>• Vesicular rash in distribution of 5th cranial nerve</li> <li>• Treat with Acyclovir 800 mg 5 times a day for 1 week</li> </ul> | <p><b>Urgent Condition</b></p> <ul style="list-style-type: none"> <li>• Does not need ophthalmic work-up if Ocular Surface NOT involved unless Hutchinson sign +ve then refer to Ophthalmology</li> <li>• Treat with Acyclovir 800 mg 5 times a day for 1 week</li> <li>• Phone Ophthalmology Department if reduced VA or red and painful eye at 10 days post rash onset, for advice.</li> </ul>  |

| Priority   | Treatment and Management   |
|--|--|
| Non-acute Ophthalmic conditions, no immediate threat to vision | Start treatment if required, and refer patients, where appropriate, to Ophthalmology following standard CCG referral pathway |

| Condition       | Management   |
|-----------------|--|
| Low vision aids | <b>Non-acute condition</b><br>For low vision aids refer to: <a href="mailto:socialcare@westsussex.gov.uk">socialcare@westsussex.gov.uk</a> |

| Condition                               | Signs and Symptoms suggestive of Condition  | Treatment and further Management    |
|---|---|-------------------------------------|
| Cataract referral thresholds (Adults)   | <ul style="list-style-type: none"> <li>Reduce visual acuity</li> <li>Lens opacity</li> </ul> <p><b>NHS Sussex Cataract Surgery guidance:</b></p> <p>Base the decision to refer a person with a cataract for surgery on a discussion with them (and their family members or carers, as appropriate) that includes:</p> <ul style="list-style-type: none"> <li>how the cataract affects the person's vision and quality of life</li> <li>whether 1 or both eyes are affected</li> <li>what cataract surgery involves, including possible risks and benefits</li> <li>how the person's quality of life may be affected if they choose not to have cataract surgery</li> <li>whether the person wants to have cataract surgery.</li> </ul> <p>Do not restrict access to cataract surgery on the basis of visual acuity.</p> | <b>Non-acute condition</b>          |
| Cataract referral thresholds (Children) | <b>Any suspicion of cataracts in children should be referred urgently.</b>  | Requires appointment within 8 weeks |

| Condition                                 | Signs and Symptoms suggestive of Condition   | Treatment and further Management   |
|---|--|--|
| <p><b>Chalazion (Meibomian cysts)</b></p> | <ul style="list-style-type: none"> <li>• Can start with swollen painful eye lid that quickly settles into small smooth hard lump on eyelid</li> <li>• Not normally painful unless rapid growing, can cause blurred vision if presses on cornea.</li> </ul> <p><b>This procedure is not routinely funded.</b></p> <p>The CCG will fund excision of chalazion when <b>ALL</b> of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• The chalazion has been present for more than 6 months;</li> <li>• And it is situated on the upper eyelid;</li> <li>• And it is causing blurring of vision</li> </ul> <p>The CCG will fund removal where malignancy is suspected.</p> | <p><b>Non-acute condition</b></p> <ul style="list-style-type: none"> <li>• Advise QDS heat packs over the area</li> <li>• Refer if meets CCG criteria</li> </ul>   |
| <p><b>Entropion/ ectropion</b></p>        | <ul style="list-style-type: none"> <li>• Foreign body sensation</li> <li>• Irritation, red watery eye</li> <li>• Blurring of vision</li> <li>• Corneal/epithelial disturbance</li> <li>• Localized hyperaemia, lid laxity</li> </ul>   | <p><b>Non-acute condition</b></p> <ul style="list-style-type: none"> <li>• Use ocular lubrication if uncomfortable</li> <li>• Consider referral if self-help measures not effective</li> </ul> <p>Phone Ophthalmology department if evidence of corneal defect or associated keratitis</p>   |
| <p><b>Glaucoma</b></p>                    | <ul style="list-style-type: none"> <li>• Reduction in visual fields</li> <li>• Raised IOP&gt;24 found by optometrist via Goldmann applanation tonometry</li> <li>• Suspicious optic discs</li> <li>• Narrow occludable angles</li> </ul>   | <p><b>Non-acute condition</b></p> <p>Refer guidance Chronic Open Angle Glaucoma from NICE January 2022:</p> <ul style="list-style-type: none"> <li>• There is optic nerve head damage on stereoscopic slit lamp biomicroscopy or</li> <li>• There is a visual field defect consistent with glaucoma or</li> <li>• IOP is 24 mmHg or more using Goldmann-type applanation tonometry.</li> </ul> |



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|--|---|--|
| <b>Hordeolum (Stye)</b>                              | <ul style="list-style-type: none"> <li>Painful lump on inner or outer eye lid</li> <li>Watery eye</li> </ul>  | <p><b>Non-acute condition</b><br/>GP to treat if not pre septal cellulitis. Reassurance given and warm compresses.</p>   |
| <b>Isolated ptosis and dermatochalasis</b>           | <ul style="list-style-type: none"> <li>Important to differentiate between too lax eye lids and drooping eyelids</li> <li>Exclude other causes for symptoms e.g. Myasthenia, Horners</li> </ul> <p>The CCG will not routinely fund this procedure <b>except</b> when certain criteria are met –<br/>Procedures to correct ptosis <b>will only be funded</b> in cases where:-<br/><b>Formal visual testing has demonstrated a visual field defect.</b></p> <p>The referral must be accompanied by documentary evidence of a visual field defect otherwise the referral will <b>not</b> be accepted.</p> | <p><b>Non-acute condition</b><br/>Phone medical registrar on-call via switchboard if you suspect or if patient has features of a neurological ptosis.</p> <p>Worthing Hospital Switchboard<br/>Tel: 01903 205111</p> <p>St Richards Hospital<br/>Switchboard Tel: 01243 788122</p> |
| <b>Non acute blurred vision (Not loss of vision)</b> | <ul style="list-style-type: none"> <li>Blurred vision</li> </ul>  | <p><b>Non-acute condition</b></p> <ul style="list-style-type: none"> <li>Generalised persistent blur from refractive error should be assessed by Optometrist in first instance</li> </ul>  |
| <b>Paediatric</b>                                    | <ul style="list-style-type: none"> <li>Poor vision</li> <li>Squint – (Both eyes don't look in same direction)</li> <li>Should be referred to Orthoptist first unless: sudden onset of squint or visual loss</li> </ul>  | <p><b>Non-acute condition</b></p>  |
| <b>Pterygium</b>                                     | <ul style="list-style-type: none"> <li>Wing shaped growth across cornea</li> <li>Can present with slightly red eye and vision can be slightly blurred</li> </ul> <p><b>Refer only when</b></p> <ul style="list-style-type: none"> <li>Proof of distortion of mires/irregular astigmatism</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Photography confirms progressive corneal growth (Should be seen by Optometrist in the first instance)</li> </ul>  | <p><b>Non-acute condition</b></p>  |

| Condition                         | Signs and Symptoms suggestive of Condition   | Treatment and further Management  |
|-----------------------------------|--|---|
| <p><b>Watery and dry eyes</b></p> | <ul style="list-style-type: none"> <li>• Watery gritty eyes</li> <li>• Poor tear film</li> <li>• Redness of eye</li> <li>• Vision not normally affected</li> </ul> <p><b>Refer epiphora (comfortable watery eyes)</b></p> <ul style="list-style-type: none"> <li>• Treat lacrimation (irritable watery eyes) from blepharitis with lubricants and lid hygiene</li> <li>• Dry eyes need lubrication.</li> <li>• For children &lt;18 months year advise parents to massage/stroke and .keep clean)</li> </ul> <p style="text-align: center;"><b>Refer children at &gt; 18 months old</b></p> | <p><b>Non-acute condition</b></p> <p>Signpost to community pharmacy</p> <p>Adhere to CWS formulary for choices; patients can purchase eye lubricants over the counter at pharmacies.</p> <p><a href="http://www.coastalwestsussexformulary.nhs.uk/default.asp">http://www.coastalwestsussexformulary.nhs.uk/default.asp</a></p> |