

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>Email a Referral Letter</p> <p>St Richards and Southlands Hospitals: uhsussex.emergencyreferralsrh.ophthalmic@nhs.net</p> <p>OUT OF HOURS: Weekends, bank holidays & after 17:00pm week days Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p><u>Please DO NOT send patients to Ophthalmology without prior discussion – we do not provide a walk-in service</u></p>
<p><u>Urgent Conditions</u> but NO immediate threat to the vision (1-2 week appointment)</p>	<p>Email a referral letter to the relevant hospital to the relevant department:</p> <ul style="list-style-type: none"> • Southlands Hospital: uhsussex.sou.ophthalmic.clinics@nhs.net • St Richards Hospital: uhsussex.clinicsrh.ophthalmic@nhs.net <p>OUT OF HOURS: Weekends, bank holidays & after 17:00pm week days Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p><u>Please DO NOT send patients to Ophthalmology without prior discussion – we do not provide a walk-in service</u></p>
<p>Non-acute Ophthalmic conditions, no immediate threat to vision</p>	<p>Start treatment if required and refer patients, where appropriate to Ophthalmology following standard NHS Sussex referral pathway</p>

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<p>Emergency conditions, vision immediately threatened (same day appointment)</p>	<p>Email a Referral Letter</p> <ul style="list-style-type: none"> • St Richards and Southlands Hospitals: uhsussex.emergencyreferralsrh.opthalmic@nhs.net <p>OUT OF HOURS: Weekends, bank holidays & after 18:00pm week days Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p><u>Please DO NOT send patients to Ophthalmology without prior discussion – We do not provide a walk in service</u></p>

Condition	Signs and Symptoms suggestive of Condition	Treatment and further Management
<p>Bacterial corneal ulcer / Red eye suggestive of serious pathology</p>	<ul style="list-style-type: none"> • Red eye, pain photophobia, non-limbal or corneal infiltrate with Fluorescein staining • Any child with red eye, in pain and:- • obvious corneal ulceration, • opacity or very poor red reflex • Contact lens wear • Decreased vision • Severe pain or photophobia • Cornea -> ulcer, cloudy, hazy • Hypopyon • pupil abnormalities • high intraocular pressure • <2 weeks post-ops • patients with previous glaucoma surgery (blebitis)/corneal graft (rejection) 	<p>Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice</p>
<p>Dendritic ulcer</p>	<ul style="list-style-type: none"> • Patient with red eye or blurred vision • Corneal staining with Fluorescein and examination with cobalt blue light 	<p>Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice (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"> Refer sudden onset of new floaters + daytime flashes with blurred vision + Visual field loss 	Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice
Headache or pain around the eye (provided eye symptoms)	<ul style="list-style-type: none"> GCA - Temporal headache/tenderness/painful scalp/feeling unwell/jaw pain in patients over 50 with any visual disturbance <u>(please refer to medical team if no visual symptoms)</u> Stroke/increased Intra cranial pressure - Headache associated with new onset of droopy eyelid, unequal pupils, double vision, swollen discs, or any visual loss. <u>(Please refer via A&E)</u> 	Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice
Orbital cellulitis	<ul style="list-style-type: none"> Proptosis lid swelling Diplopia Limited ocular motility Decreased vision Fever or systemically unwell 	Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice
Sudden loss of Vision	<ul style="list-style-type: none"> Sudden onset marked loss of vision, visual field defect, central scotoma or distortion. Check temporal arteries in elderly. 	Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice
Trauma	<ul style="list-style-type: none"> Any suggestion of penetrating injury Lid margin laceration Chemicals (particularly alkalis) in eye, wash out first Blunt trauma – severe or small projected object with decreased vision or obvious hyphaema 	Emergency Condition Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice

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<p>Urgent Conditions but NO immediate threat to the vision (1-2 week appointment)</p>	<p>Email a referral letter to the relevant hospital to the relevant department:</p> <ul style="list-style-type: none"> • Southlands Hospital: uhsussex.sou.opthalmic.clinics@nhs.net • St Richards Hospital: uhsussex.clinicsrh.opthalmic@nhs.net <p>OUT OF HOURS: Weekends, bank holidays & after 17:00pm week days Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p>Please DO NOT send patients to Ophthalmology without prior discussion – we do not provide a walk-in service</p>

Condition	Management
<p>Suspected intraocular malignancy</p>	<p>2 week rule referral Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice directly for urgent conditions, patient to be seen within 2 weeks</p>
<p>Suspected peri-ocular malignancy</p>	<p>2 week rule referral Use relevant proforma and email to sxicb.cancerreferrals@nhs.net</p>
<p>Suspected wet AMD</p>	<p>Urgent referral 2 weeks to treatment and email to sxicb.providerreferrals@nhs.net</p>

Condition	Signs and Symptoms suggestive of Condition	Treatment and further Management
<p>Conjunctivitis and Itchy eyes</p>	<ul style="list-style-type: none"> • Redness and inflammation of conjunctiva • Sticky coating on eyelids • Vision not normally affected 	<p>Urgent Condition</p> <ul style="list-style-type: none"> • Managed in community. Consider self-care (purchase over the counter) at a local community pharmacy. • 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 • Lid Hygiene for suspected Blepharitis • Email Ophthalmology Department regarding photophobia or decreased visual acuity
<p>Dacryocystitis</p>	<ul style="list-style-type: none"> • Acute swelling, erythema, pain in medial canthus area • Excess tears (epiphora) 	<p>Urgent Condition</p> <ul style="list-style-type: none"> • Start oral antibiotics to cover staph • Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice
<p>HerpeZoster Ophthalmicus</p>	<ul style="list-style-type: none"> • Non-descript facial pain • Vesicular rash in distribution of 5th cranial nerve • Treat with Acyclovir 800 mg 5 times a day for 1 week 	<p>Urgent Condition</p> <ul style="list-style-type: none"> • Does not need ophthalmic work-up if Ocular Surface NOT involved unless Hutchinson sign +ve then refer to Ophthalmology • Treat with Acyclovir 800 mg 5 times a day for 1 week • Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice if reduced VA or red and painful eye at 10 days post rash onset.

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 NHS Sussex referral pathway

Condition	Management
Low vision aids	Non-acute condition For low vision aids refer to: socialcare@westsussex.gov.uk

Condition	Signs and Symptoms suggestive of Condition	Treatment and further Management
Cataract referral thresholds (Adults)	<ul style="list-style-type: none"> • Reduce visual acuity. • Lens opacity <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"> • how the cataract affects the person's vision and quality of life • whether 1 or both eyes are affected • what cataract surgery involves, including possible risks and benefits • how the person's quality of life may be affected if they choose not to have cataract surgery • whether the person wants to have cataract surgery. <p>Do not restrict access to cataract surgery on the basis of visual acuity.</p>	Non-acute condition
Cataract referral thresholds (Children)	Any suspicion of cataracts in children should be referred urgently.	Requires appointment within 8 weeks

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

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

Condition	Signs and Symptoms suggestive of Condition	Treatment and further Management
<p>Watery and dry eyes</p>	<ul style="list-style-type: none"> • Watery gritty eyes • Poor tear film • Redness of eye • Vision not normally affected <p>Refer epiphora (comfortable watery eyes)</p> <ul style="list-style-type: none"> • Treat lacrimation (irritable watery eyes) from blepharitis with lubricants and lid hygiene • Dry eyes need lubrication. • For children <18 months year advise parents to massage/stroke and .keep clean) <p style="text-align: center;">Refer children at > 18 months old</p>	<p>Non-acute condition</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>Formularies - NHS Sussex (ics.nhs.uk)</p>