

Ophthalmology Referral Guidelines April 2023

These guidelines enable referrals to be made effectively in the new hospital system; the referrer should also be familiar with the referral pathways on the following page

CONDITIONS FOR URGENT ERU REFERRAL

Signs and symptoms present for less than 2 weeks and suggesting the following:-

Sudden Recent Loss of vision (<48hrs)

- Retinal detachment (macula on or off)
- Retinal tear
- PVD symptoms with no retinal tear but with Tobacco Dust
- Significant pre-retinal haemorrhage
- CRAO or major branch RAO
- CRVO
- Optic neuritis / AION
- Unexplained sudden loss of vision
- Post operative problems < 4 weeks post op
- Suspected temporal arteritis with visual loss in one eye

Acute Painful red eye

- Penetrating injury
- Corneal ulcer
- Severe Uveitis
- AACG
- Severe trauma (blunt or chemical)
- Orbital Cellulitis
- Scleritis
- Severe viral keratoconjunctivitis

Sudden onset ocular motility defect

Symptomatic IOP >32mmHg

CONDITIONS FOR SOON 2-5 WEEK REFERRAL VIA THE REFERRAL ASSESSMENT SERVICE (RAS) USING GOS18 VIA PATIENT'S GP ****NOT DIRECT REFERRAL****

- Minor vessel occlusion
- Loss of vision (>2/52 duration)
- Macular Hole – recent onset
- CSCR
- Episcleritis causing concern
- Ocular cancers – basal cell carcinoma (< 6 weeks referral); squamous cell carcinoma & Intraocular tumours - GP will refer on cancer pathway.

EYE REFERRAL UNIT (ERU, formerly ARC)

Urgent referrals from CUES using Opera in Wolverhampton are received and triaged at ERU and will be seen within a few days (not necessarily 24 or 72 hours) depending on the condition. *Note that appointments in ERU are limited and under great pressure, and the clinic should **never** be used as a general/routine referral point. These guidelines are intended to help you refer safely and appropriately whilst working effectively with our hospital colleagues.*

EYE CASUALTY at ERU

A walk –in service is available at ERU but should only be used for emergency conditions such as significant corneal ulcer with reduced vision and hypopyon; endophthalmitis, etc. This service is extremely busy and you should be careful to refer appropriately with information letter in hand. This service is available weekdays 8am-5pm and weekends 8am-4pm. Outside these hours, refer to ED (formerly A&E)

EMERGENCY DEPARTMENT at New Cross (ED, formerly A & E)

The optometrist should be aware that certain cases should be referred directly to ED and not to ophthalmology, these cases include

- Papilloedema with symptoms
- Stroke (very recent)
- III nerve palsy with pain

REFERRALS VIA REFERRAL ASSESSMENT SERVICE (RAS)

All non-urgent must be sent by GOS18 to GP and will be triaged within 3-5 days of being received by the Consultant at WEI; provided the letter is clear, 'soon' referrals can be assessed appropriately.

WEEKEND REFERRALS

Referrals sent using the email system from CUES to ERU will be assessed promptly on weekdays, you should be aware that this is not guaranteed at the weekend. For emergency situations on Saturday and Sunday you should phone ahead to ERU and be prepared to ask the patient to attend on foot with referral letter in hand.

THE REFERRAL LETTER

For effective management your referral letter **MUST** contain the following:-

- Symptoms, duration
- Signs; Which eye
- Reason for referral
- Suggested ophthalmology subspecialty
- Accurate patient details

SUSPECTED WET AMD

Referrals via the 2-week **email** pathway. *Fax is not in use for this pathway.*

SUSPECTED GLAUCOMA REFERRALS

No longer go to HES but to GERS community optometrists - use the GERS pathway to primary care optometrists. *For more details on all referrals see LOC website, wolvesloc.net, or email wolvesloc@gmail.com*

Enhanced services referrals – Opera CUES / GERS/ Pre-Op	Hospital	
	WOLVERHAMPTON REFERRAL PATHWAYS	
CUES Emergency referral	Wolverhampton	Es only
CUES Urgent referral	RWHTr	Referral through Opera – ‘soon’ pathway
Wet AMD (from CUES)	RWHTr	Referral through Opera to wAMD clinic not general clinic
Routine referral to HES from CUES	RWHTr	Referral through Opera, all referrals are triaged
CUES Referral to GP only	RWHTr	Referral through Opera
Cataract referral (Pre- and Post -Op pathways)	RWHTr or SpaMedica Wolverhampton or Wolverhampton Nuffield Health	Referral through Opera
Suspect Glaucoma (from GERS)	RWHTr	Referral through Opera GERS unless IOP >30
IOPRR referral	RWHTr	Referral through Opera IOPRM – elevated IOP only
Referrals from GOS		
Wet AMD (outside CUES)	RWHTr	rwht-tr.amdfastrack@nhs.net
Suspect Glaucoma Referral	Refer to Optom-based service	Refer to GERS optoms – full list on LOC website*
Urgent or Emergency referral	RWHTr	rwht-tr.optometry-referrals@nhs.net or GOS18 by Hand, call ERU on 01902 695805
Routine referral to HES	RWHTr	GOS18 via GP – specify urgency + suggested subspecialty
Cataract referral	RWHTr or SpaMedica Wolverhampton or Wolverhampton Nuffield Health	Preferably refer via Opera Pre-Op or to Opera colleague; GOS18 GP also permitted spamedica.referrals@nhs.net nuffieldhealth.ereferrals@nhs.net
Referral to GP only		GOS18

*LOC Website - [Referrals and other local information \(loc-online.co.uk\)](http://loc-online.co.uk)

**Note that all suspect glaucoma patients with Wolverhampton GPs should be referred to GERS not HES – does not apply to other area GPs