

# 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>Email a Referral Letter</b></p> <p>St Richards and Southlands Hospitals:  <a href="mailto:uhsussex.emergencyreferralsrh.ophthalmic@nhs.net">uhsussex.emergencyreferralsrh.ophthalmic@nhs.net</a></p> <p><b>OUT OF HOURS: Weekends, bank holidays &amp; after 17:00pm week days</b>  <b>Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</b></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><u>Urgent Conditions</u></b> but <b>NO</b> 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"> <li>• Southlands Hospital: <a href="mailto:uhsussex.sou.ophthalmic.clinics@nhs.net">uhsussex.sou.ophthalmic.clinics@nhs.net</a></li> <li>• St Richards Hospital: <a href="mailto:uhsussex.clinicsrh.ophthalmic@nhs.net">uhsussex.clinicsrh.ophthalmic@nhs.net</a></li> </ul> <p><b>OUT OF HOURS: Weekends, bank holidays &amp; after 17:00pm week days</b>  <b>Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</b></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 NHS Sussex 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> Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact 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> 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"> <li>Refer sudden onset of new floaters + daytime flashes with blurred vision + Visual field loss</li> </ul>	<b>Emergency Condition</b> 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"> <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> 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"> <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> 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"> <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> 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"> <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> Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice

Priority	Treatment and Management
<p><b>Urgent Conditions but NO immediate threat to the vision (1-2 week appointment)</b></p>	<p>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:uhsussex.sou.opthalmic.clinics@nhs.net">uhsussex.sou.opthalmic.clinics@nhs.net</a></li> <li>• St Richards Hospital: <a href="mailto:uhsussex.clinicsrh.opthalmic@nhs.net">uhsussex.clinicsrh.opthalmic@nhs.net</a></li> </ul> <p><b>OUT OF HOURS: Weekends, bank holidays &amp; after 17:00pm week days</b> Telephone 01903 205111 and ask for On-Call Ophthalmology Doctor</p> <p><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><b>2 week rule referral</b> 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><b>Suspected peri-ocular malignancy</b></p>	<p><b>2 week rule referral</b> 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><b>Urgent referral</b> 2 weeks to treatment and email to</p> <ul style="list-style-type: none"> <li>• Southlands Hospital: <a href="mailto:uhsussex.sou.opthalmic.clinics@nhs.net">uhsussex.sou.opthalmic.clinics@nhs.net</a></li> <li>• St Richards Hospital: <a href="mailto:uhsussex.clinicsrh.opthalmic@nhs.net">uhsussex.clinicsrh.opthalmic@nhs.net</a></li> </ul>

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<p><b>Conjunctivitis and Itchy eyes</b></p>	<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>• Email Ophthalmology Department regarding photophobia or decreased visual acuity</li> </ul>
<p><b>Dacryocystitis</b></p>	<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>• Email a Referral letter if Monday – Friday 8am – 5pm. If out of hours contact On-Call Ophthalmology Doctor for advice</li> </ul>
<p><b>HerpeZoster Ophthalmicus</b></p>	<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>• 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.</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 NHS Sussex referral pathway

Condition	Management
Low vision aids	<b>Non-acute condition</b> 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>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>NHS Sussex 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>NHS Sussex 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 NHS Sussex 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>

Condition	Signs and Symptoms suggestive of Condition	Treatment and further Management
<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> 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>NHS Sussex will not routinely fund this procedure <b>except</b> when certain criteria are met – Procedures to correct ptosis <b>will only be funded</b> in cases where:- <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> 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>
<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://ics.nhs.uk">Formularies - NHS Sussex (ics.nhs.uk)</a></p>