## Ophthalmological Conditions – What To Do and When?

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<th>Signs and Symptoms suggestive of Condition</th>
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| Bacterial corneal ulcer| • 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                                                                 | Phone department for acute same day referral  
                        |                                                                 | Worthing: Tel 01903 205111 ext 85183  
<pre><code>                    |                                                                 | Chichester Tel 01243 788122 ext. 3533 |
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| **Cataract referral thresholds**  
(a more detail pathway is available) | • Reduce visual acuity  
• Lens opacity  
• Vision affected by glare | **First Eye Surgery**  
Patients can only be referred where best corrected visual acuity as assessed by high-contrast testing (Snellen) as being:  
☐ Binocular visual acuity of 6/10 or worse for drivers, OR  
☐ Binocular visual acuity of 6/12 or worse for non-drivers, OR  
☐ Reduced to 6/18 or worse in one eye irrespective of the acuity of the other eye, OR  
☐ The patient wishes to/is required to drive and does not meet Driving and Licensing Authority (DVLA) eyesight requirements, OR  
☐ The cataract is preventing the management of other co-existing eye conditions  
**Second Eye Surgery**  
☐ Patients can only be referred for second eye surgery when their visual acuity meets the above criteria, OR  
☐ Difference in visual acuity between 1st and 2nd eye is so significant that it is preventing driving  
**Any suspicion of cataracts in children should be referred urgently.** |
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<td>Chalazion (Meibomian cysts)</td>
<td>- Can start with swollen painful eye lid that quickly settles into small smooth hard lump on eyelid</td>
<td>Advise QDS heatpacks over the area</td>
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<td>- Not normally painful unless rapid growing, can cause blurred vision if presses on cornea.</td>
<td>3 required criteria for funding of excision (LPP 2011) unless suspected malignancy:-</td>
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<td>- Present for &gt;6/12</td>
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<td>- Where it is situated on the upper eyelid</td>
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<td>- Where it is causing blurring of vision.</td>
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<td><strong>Chronic Open Angle Glaucoma</strong></td>
<td>• Reduction in visual fields</td>
<td>Refer if IOP: &gt;21 and patient under 65&lt;br/&gt; &gt;24mm Hg and patient aged 65 -79&lt;br/&gt; &gt;25mm Hg and patient aged 80 and over&lt;br/&gt;<strong>And or</strong>&lt;br/&gt;Progressive or pathological disc cupping&lt;br/&gt;Visual field defect&lt;br/&gt;Narrow angles&lt;br/&gt;Further guidance published in December 2009 clarified that the following groups may be advised that they should be reviewed by a community optometrist every 12 months:&lt;br/&gt;• Patients aged 80 and over with measured IOPs &lt;26mm Hg with otherwise normal ocular examinations (normal discs, fields and van Herick)&lt;br/&gt;• Patients aged 65 and over with measured IOPs &lt;25mm Hg with otherwise normal ocular examinations (normal discs, fields and van Herick)</td>
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<td><strong>Conjunctivitis and Itchy eyes</strong></td>
<td>• Redness and inflammation of conjunctiva&lt;br/&gt;• Sticky coating on eyelids&lt;br/&gt;• Vision not normally affected</td>
<td>GP to treat. If purulent discharge chloramphenicol qds x 5/7 otherwise antihistamines for young patients, lubricants for elderly, Lid Hygiene for suspected Blepharitis&lt;br/&gt;Phone Ophthalmologist for advice regarding photophobia or decreased Visual acuity</td>
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| Dacryocystitis                    | • Acute swelling, erythema, pain in medial canthus area  
• Excess tears (epiphora)                                                                  | Start oral antibiotics to cover staph and refer                                                  |
| Dendritic ulcer                   | • Patient with red eye or blurred vision  
• Corneal staining with Fluorescein and examination with cobalt blue light                      | Initiate treatment with Zovirax ointment 5 x daily and refer                                      |
| Entropion/ ectropion              | • Foreign body sensation  
• Irritation, red watery eye  
• Blurring of vision  
• Corneal/epithelial disturbance  
• Localized hyperaemia, lid laxity                                                             | Use ocular lubrication if uncomfortable  
Consider referral if self help measures not effective                                              |
| Flashes and Floaters             | • Refer sudden onset of new floaters, daytime flashes with blurred vision                               | **Phone department for acute same day referral**  
**Do not refer chronic floaters**  
Worthing: Tel 01903 205111 ext 85183  
Chichester Tel 01243 788122 ext. 3533                                                          |
| (see pathway)                     |                                                                                                         |                                                                                                  |
| Herpes Zoster Ophthalmicus        | • Non descript facial pain  
• Vesicular rash in distribution of 5th cranial nerve  
• Treat with Acyclovir 800 mg 5 times a day for 1 week                                              | Does not need Ophthalmic work-up if eye NOT involved. Refer if reduced VA or red and painful eye at 10 days post rash onset.  
Worthing: Tel 01903 205111 ext 85183  
Chichester Tel 01243 788122 ext. 3533                                                             |
| Hordeolum (Stye)                  | • Painful lump on inner or outer eye lid  
• Watery eye                                                                                     | GP to treat if happy not pre septal cellulitis.  
Reassurance given and warm compresses. Antibiotics if evidence of conjunctivitis                  |
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| **Isolated ptosis and dermatochalasis**       | - Important to differentiate between two lax eye lids and drooping eyelids  
- Exclude other causes for symptoms e.g. Myasthenia, Horner's | LPP (2011)  
Procedures to correct ptosis will only be funded in cases where formal visual field testing has demonstrated a visual field defect. Please attach documentary evidence of visual field defect |
| **Low Visual Aids**                           | - N/A                                      | No formal arrangement.           |
| **Non acute blurred vision (Not loss of vision)** | - Blurred vision                           | Generalised persistent blur from refractive error should be assessed by Optometrist |
| **Orbital cellulitis**                        | - Must have one or more:  
- Proptosis  
- diplopia  
- limited ocular motility  
- decreased vision  
- fever or systemically unwell with lid swelling | Phone department for acute same day referral  
Worthing: Tel 01903 205111 ext 85183  
Chichester Tel 01243 788122 ext. 3533 |
| **Potentially malignant lid lesions**         | - Signs are variable and can include scar like appearance or texture, mass, tumour, ulceration or sore, altered appearance of eye lid, red spot or ingrown eyelashes | Refer with photo if available For suspected Squamous Cell Carcinoma or Malignant Melanoma: Two week Rule referral via letter  
Basal Cell Carcinoma soon |
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<td>Pterygium</td>
<td>• Wing shaped growth across cornea</td>
<td>Refer when:- &lt;br&gt;• Proof of distortion of mires/irregular astigmatism or &lt;br&gt;• Photography confirms progressive corneal growth (Should be seen by optometrist in first instance)</td>
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<td>• Can present with slightly red eye and vision can be slightly blurred when Pterygium grows</td>
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<td>Red eye suggestive of serious pathology (see pathway)</td>
<td>• Objectively decreased vision &lt;br&gt;• Severe pain or photophobia &lt;br&gt;• pupil abnormalities &lt;br&gt;• corneal staining (see also dendritic ulcer)</td>
<td>Phone department for acute same day referral &lt;br&gt;Worthing: Tel 01903 205111 ext 85183 &lt;br&gt;Chichester Tel 01243 788122 ext. 3533</td>
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<td>Strabismus</td>
<td>• Both eyes don’t look in same direction</td>
<td>Should see be referred to Orthoptist first unless:- Children with no clear strabismus, reading difficulties and seemingly normal vision</td>
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<td>Sudden loss of Vision (see pathway)</td>
<td>• Recent marked loss of vision or symptoms suggestive of important pathology, i.e. visual field defect, floaters, central scotoma or distortion. &lt;br&gt;• Check temporal arteries in elderly. &lt;br&gt;• Transient field loss with fortifications is migranous even without headache</td>
<td>Phone department for acute same day referral &lt;br&gt;Refer amaurosisfugax to stroke clinic/TIA via One Call: 01903 254789</td>
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<td><strong>Trauma</strong></td>
<td>• Any suggestion of penetrating injury&lt;br&gt;• Lid margin laceration&lt;br&gt;• Chemicals (particularly alkalis) in eye, wash out first&lt;br&gt;• Blunt trauma – severe or small projected object with decreased vision or obvious hyphaema</td>
<td>Phone department for acute same day referral&lt;br&gt;Worthing: Tel 01903 205111 ext 85183&lt;br&gt;Chichester Tel 01243 788122 ext. 3533</td>
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<td><strong>Watery and dry eyes</strong></td>
<td>• Watery gritty eyes&lt;br&gt;• Poor tear film&lt;br&gt;• Redness of eye&lt;br&gt;• Vision not normally affected</td>
<td>Refer epiphora (comfortable watery eyes)&lt;br&gt;Treat lacrimation (irritable watery eyes) from blepharitis with lubricants and lid hygiene&lt;br&gt;Dry eyes need lubrication&lt;br&gt;Refer children at 10 months old</td>
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<tr>
<td><strong>Wet macular degeneration</strong></td>
<td>• New central distortion or significant decrease in vision, presence of sub retinal fluid or haemorrhage (please supply photo if possible)</td>
<td>Phone department for acute same day referral</td>
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These guidelines have been prepared to provide general guidance with respect to the above eye conditions. They should be used only as an aid for clinical decision making and in conjunction with algorithms and or other information available e.g. [www.eyecasualty.co.uk](http://www.eyecasualty.co.uk) If in doubt contact the ophthalmology departments at Worthing or Chichester.
References
Bacterial corneal ulcer
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2636122/

Cataracts
http://www.nhs.uk/Conditions/Cataracts-age-related/Pages/Symptoms.aspx

Chalazion
http://www.westsussex.nhs.uk/domains/westsussex.nhs.uk/local/media/publications/Health-professionals/Individual_Funding_Requests/Low_Priority_Procedures_and_other_procedures_with_restrictions_2_011_version_2.1.pdf
http://www.bupa.co.uk/individuals/health-information/directory/c/chalazion#textBlock220249

Glaucoma
http://www.locsu.co.uk/enhanced-services-pathways/glaucoma-and-oht/
http://www.nhs.uk/Conditions/Glaucoma/Pages/Symptoms.aspx

Conjunctivitis
http://www.cks.nhs.uk/conjunctivitis_infective#

Dacryocystitis

Dendritic Ulcer
http://www.cks.nhs.uk/herpes_simplex_ocular/management/detailed_answers/management_in_primary_care#
http://www.eyecasualty.co.uk/maincontent1/cornealInfections.html
http://www.nhs.uk/Conditions/RedEye/

Entropion/Ectropion
http://www.college-optometrists.org/download.cfm/docid/8f331df5-b980-46e2-a29b2c79e4579d45

Flashes and Floaters

Herpes Zoster Ophthalmicus
http://www.nhs.uk/Conditions/RedEye/

Hordeolum Styie
http://www.cks.nhs.uk/styes_hordeola#-449070

Isolated Ptosis and dermatocchalasis
Low Vision Aids
http://www.nhs.uk/Livewell/Eyehealth/Pages/Livingwithlowvision.aspx

Non acute Blurred vision
http://www.patient.co.uk/doctor/Blurred-Vision.htm

Orbital Cellulitis

Potentially Maligant Lid Lesions
http://www.euguidelines.co.uk/euguidelinesmain/external_guidelines/nice/suspected_cancer.htm
http://www.skincancer.org/prevention/sun-protection/for-your-eyes/the-eyelids-highly-susceptible-to-skin-cancer

Pterygium
http://www.uhs.nhs.uk/Media/Controlleddocuments/Patientinformation/Eyes/Pterygium-patientinformation.pdf

Red Eye
http://www.cks.nhs.uk/red_eye#

Strabismus
www.rcophth.ac.uk/core/core_picker/download.asp?id=1291

Sudden Loss of Vision
http://www.cks.nhs.uk/retinal_detachment/management/scenario_diagnosis#400167006

Trauma
http://www.eyecasualty.co.uk/maincontent1/trauma.htm

Watery & Dry Eyes
http://www.cks.nhs.uk/dry_eye_syndrome#-320107
http://www.patient.co.uk/health/Watering-Eyes.htm

Wet Macular Degeneration
http://www.nhs.uk/Conditions/Macular-degeneration/Pages/Symptoms.aspx