

A DAY IN THE LIFE.....

Moorfields Eye Hospital   
NHS Foundation Trust

# Referral decision making

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7<sup>th</sup> December 2015



## Information from referral letters and clinics during the past week

- Referral letter – What is relevant information?
- Clinical decision making

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# Case 1

Referral letter:

- 64year old woman
- Normal vision
- Different sized pupils – not noted on previous records
- No other problems

## URGENT OR ROUTINE?



# Anisocoria Protocol

Is there a history of birth trauma/injury/malignancy/medical condition/surgery?

Check pupil diameter in Bright/Normal/Dim illumination

## Anisocoria

Increases in dim illumination  
Sympathetic block  
**Small pupil abnormal**

Check for ptosis  
and heterochromia

**NEEDS  
DIFFERENTIAL  
DIAGNOSIS FOR  
HORNERS  
REFER URGENTLY**

Similar in all conditions  
Normal light/near responses

**Physiological  
anisocoria**

Increases in bright illumination  
Parasympathetic block  
**Large pupil abnormal**

Check OMB

Abnormal

**Possible CNIII lesion  
REFER URGENTLY**

Normal

- Tonic Pupil
- Mydriatic drug
- Iris pathology
- Refer Routinely

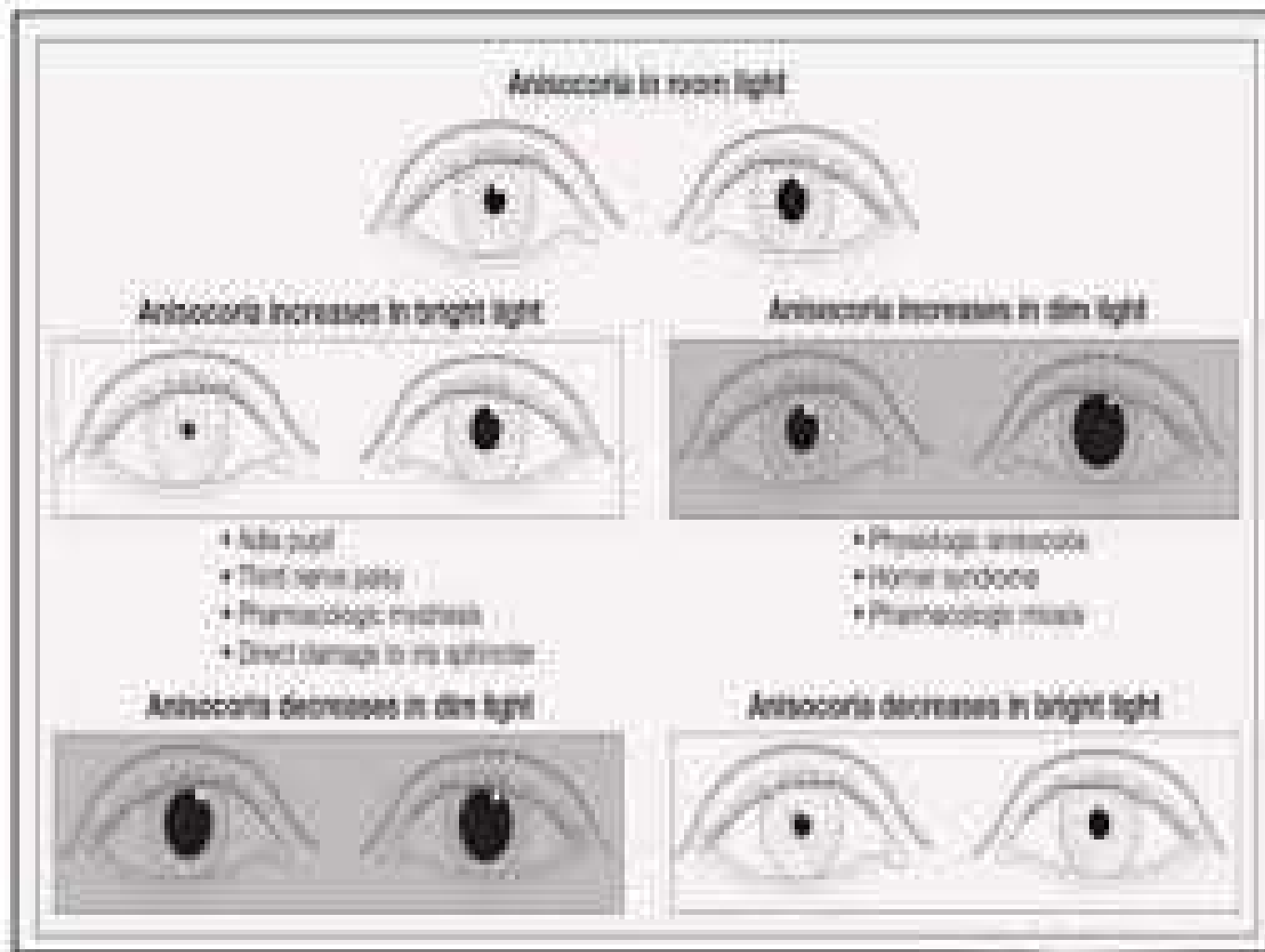
**Which pupil is abnormal?**

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**12 SECONDS INTO DARKNESS**





## Case 2

- Routine eye test
- Slight blur (RE 6/6 LE 6/7.5)
- Distortion on amsler



... was seen seen for longstanding corneal dystrophy in LE.

**Patient Details :**

Right Dist : +0.25 6/7.5 +2.75 N5

Left Dist : +0.75 /-0.75 X90 6/12- +2.75 N10

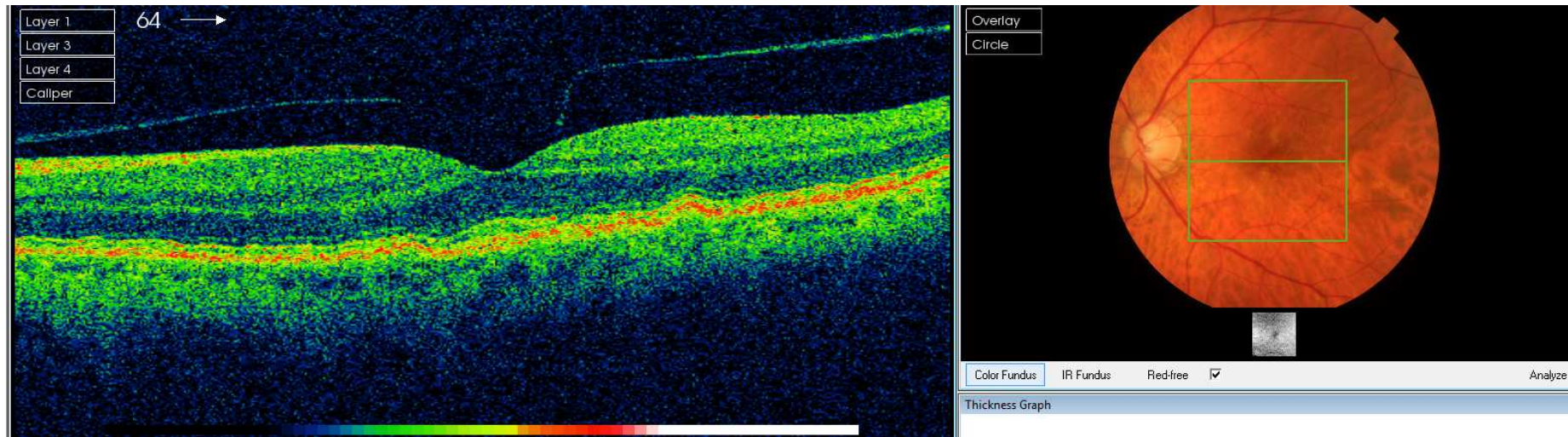
**IOP**

18/11/2015 12:57:58 Right: 11 mmHg Left: 8 mmHg NCT

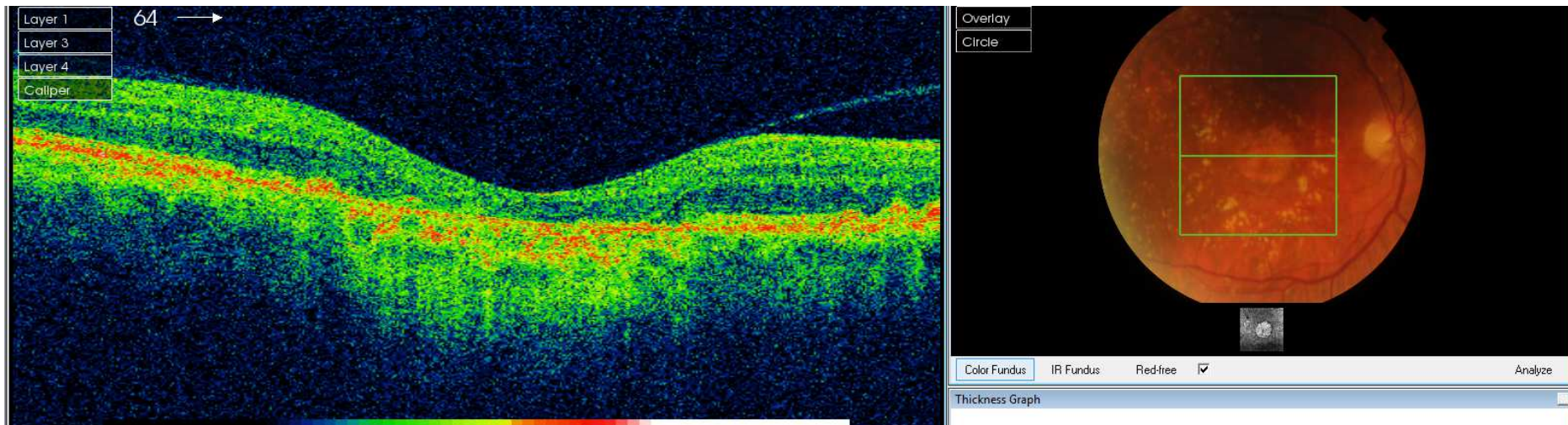
**Ophthalmoscopy:**

Cup/Disc ratio: R 0.2 L 0.2

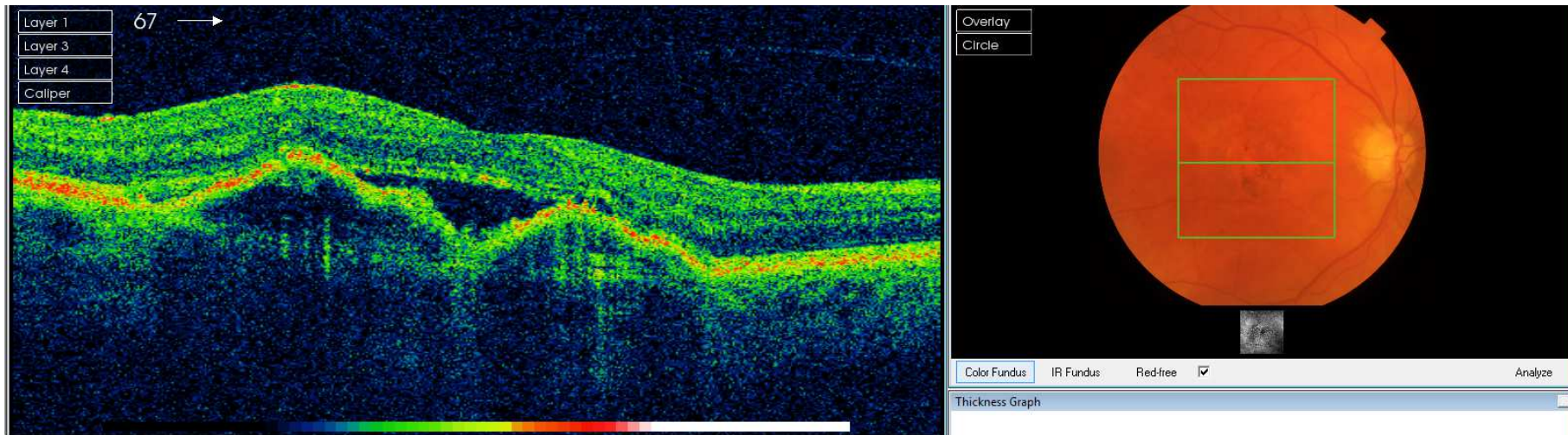
Funduscopy of RE revealed drusen at macula and suspect epiretinal membrane. Px reported distortion on Amsler RE only. LE was healthy with no DR seen.



- VA 6/6
- Reassured and discharged



VA 6/48  
Previous AVASTIN IVI  
Already registered SI  
Discharged



- **VA 6/12**
- **FFA**
- **Listed for lucentis next day**

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# What can you see?

Is there evidence of WET AMD?

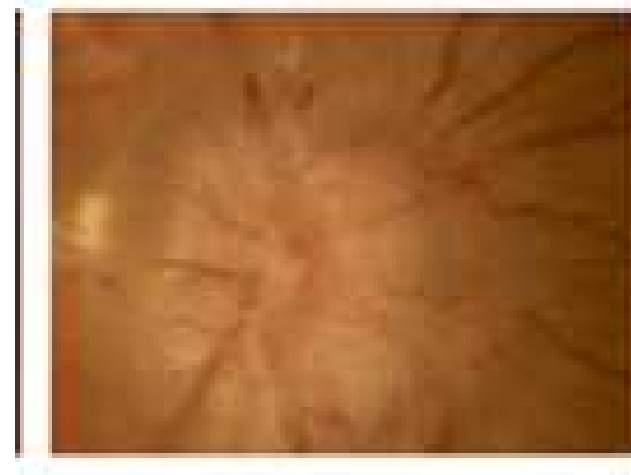
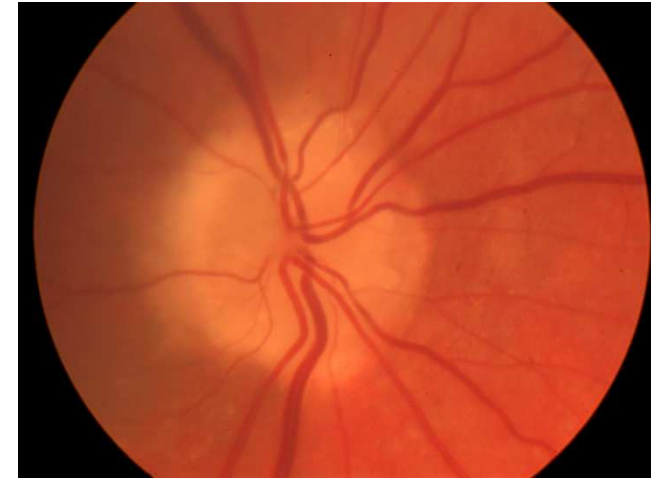
**NB Urgent retinal conditions:**

- **Wet AMD**
- **CRVO/BRVO?**
- **Tears and detachments**
- **New Vessels**
- **Melanoma**

## Case 3

Headaches  
Normal visual acuity and .....

**?? Blurred disc margins/ ? Papilloedema**



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## What is useful Information?

- Routine exam/asymptomatic patient/hypermetrope?
- VA
- Pupils
- colour vision
- VF

HOW URGENT?

B-Scan?

MRI?

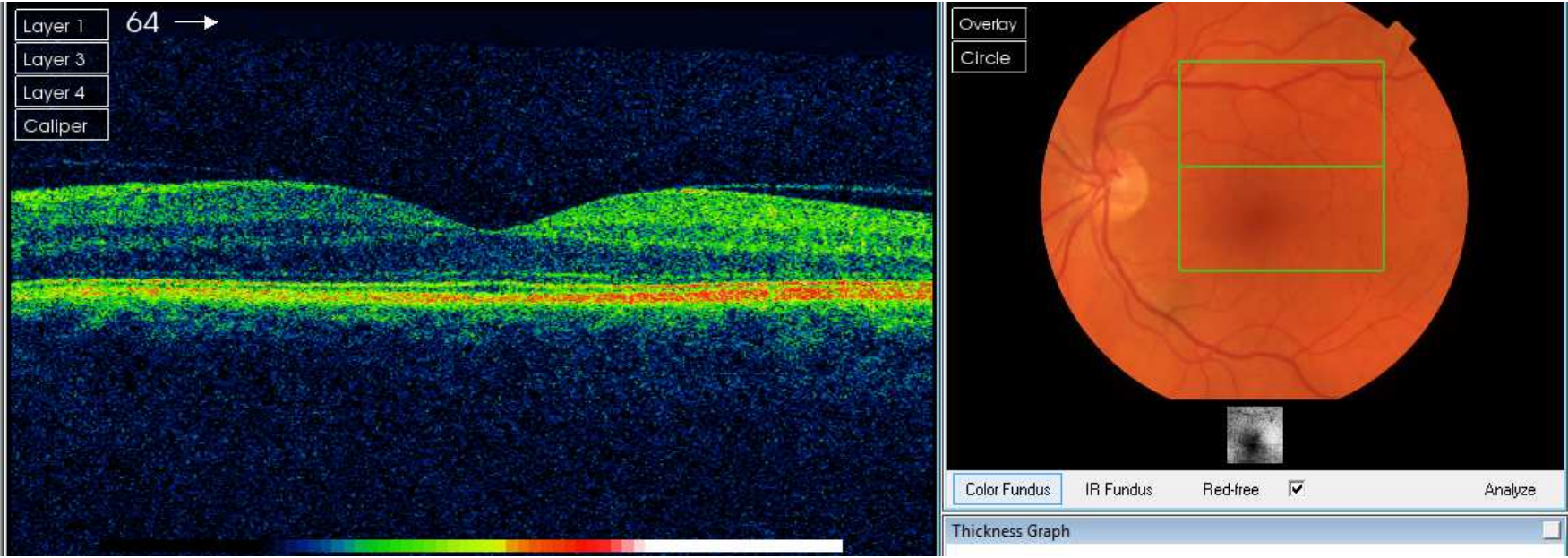
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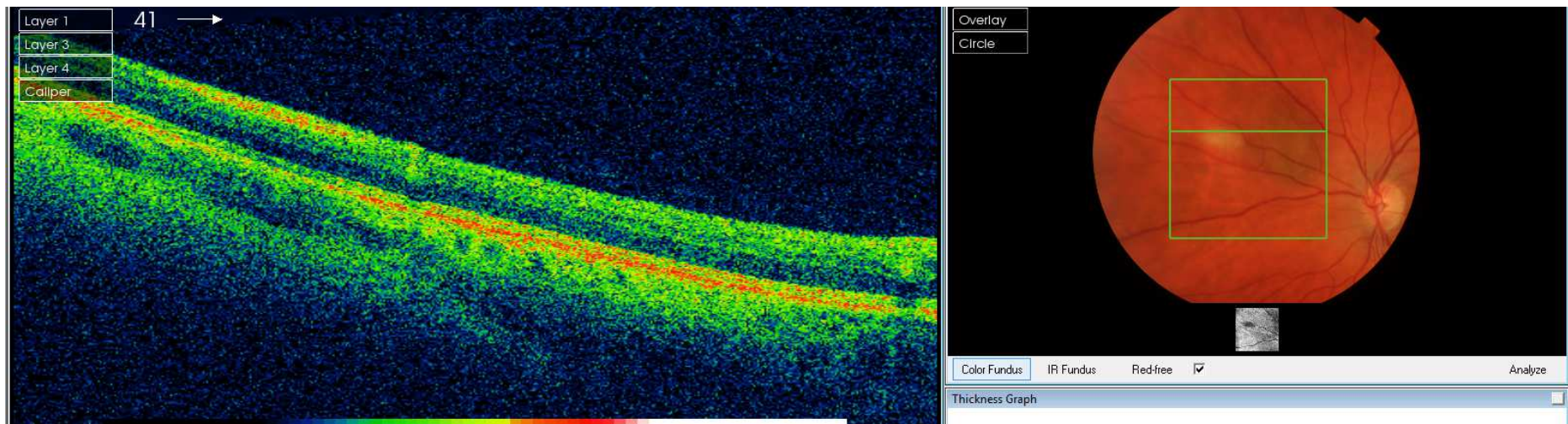
## Case 4

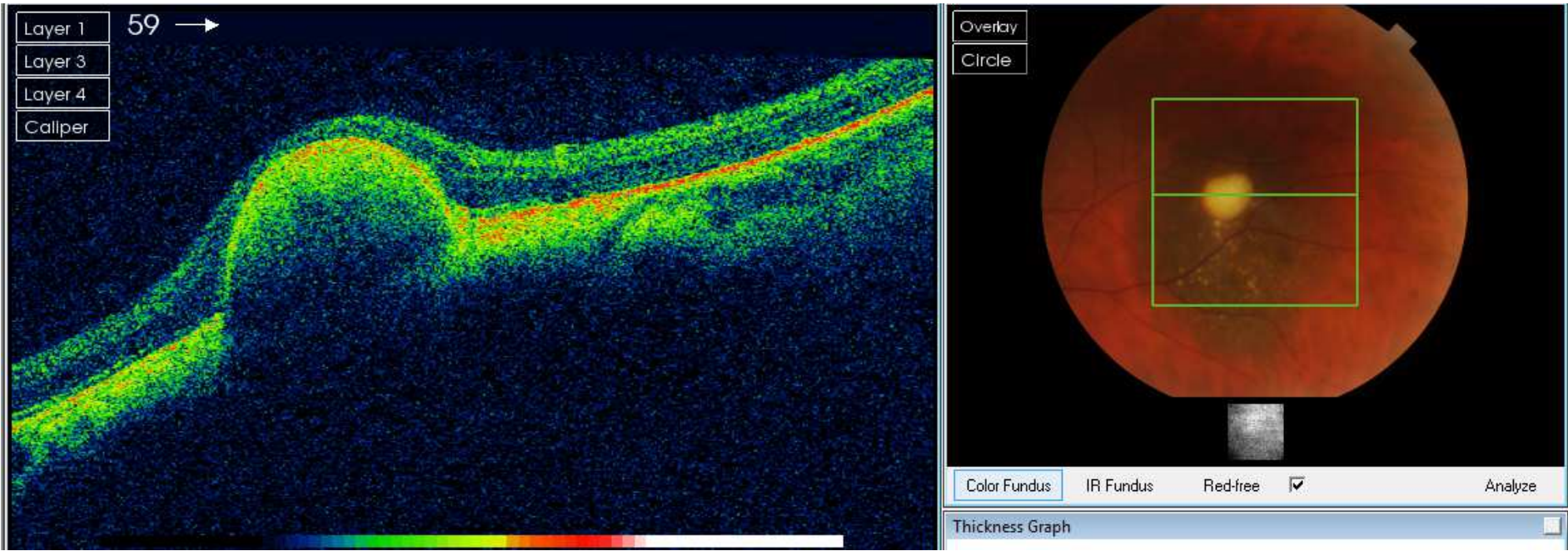
We found a pigmented lesion – not seen before.

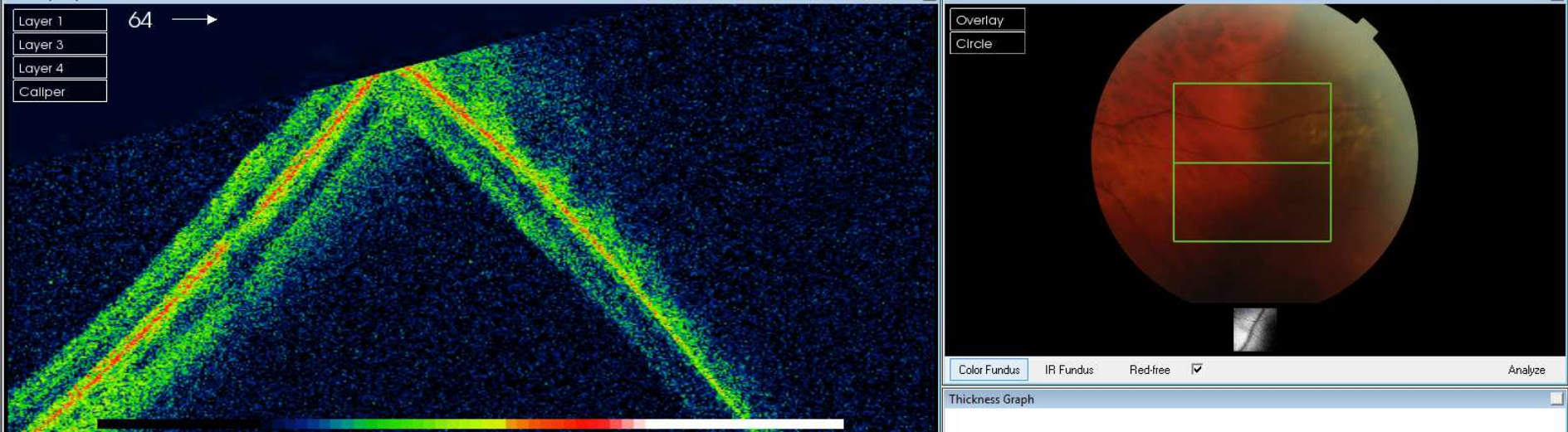
Please can you see **urgently**?

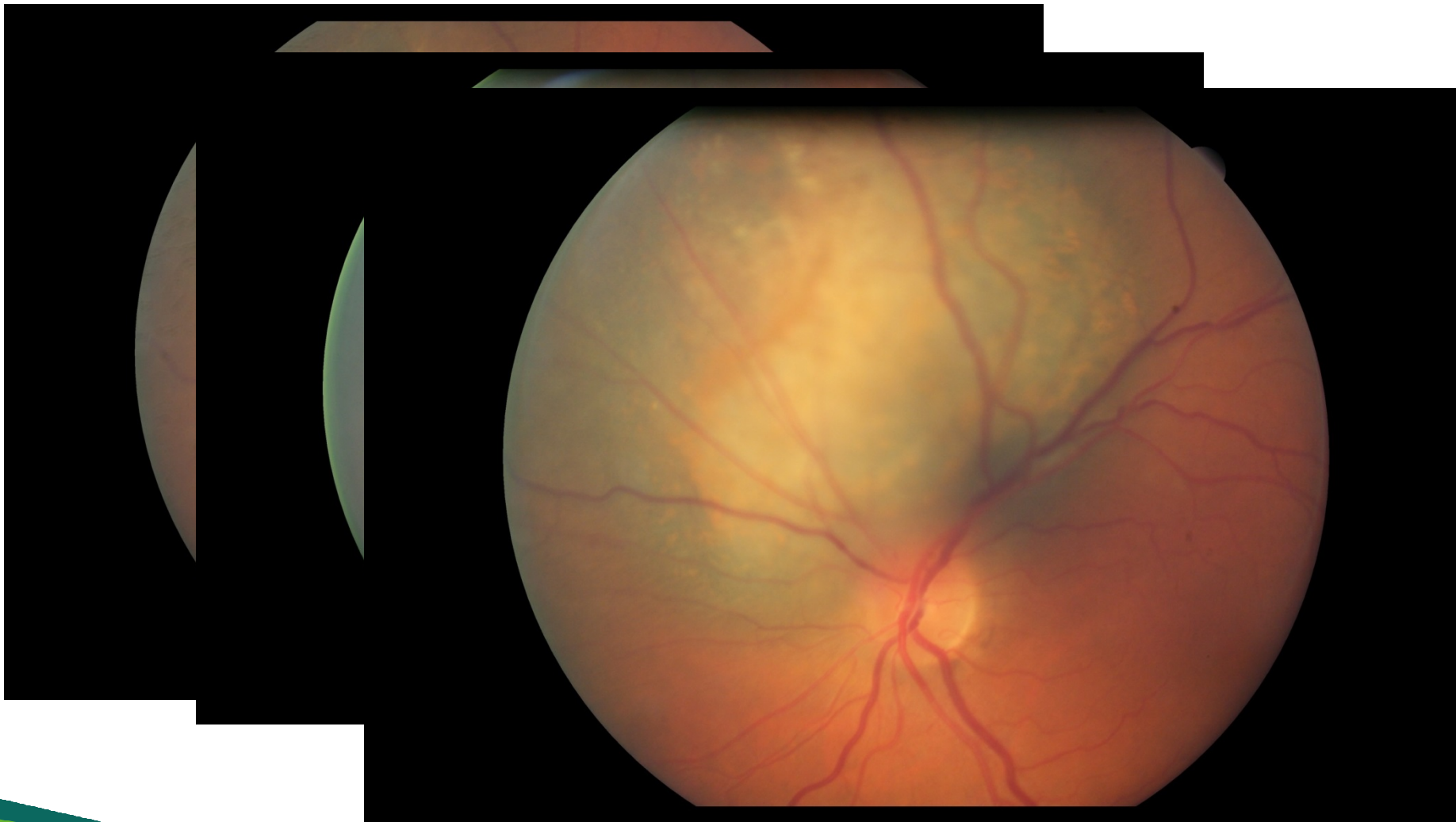












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## **MELANOMA RISK FACTORS**

**T (To) – Thickness (>2mm)**

**F (Find) – Fluid**

**S (Small) - Symptoms**

**O (Ocular) – Orange pigment – lipofuscin – Sign of activity**

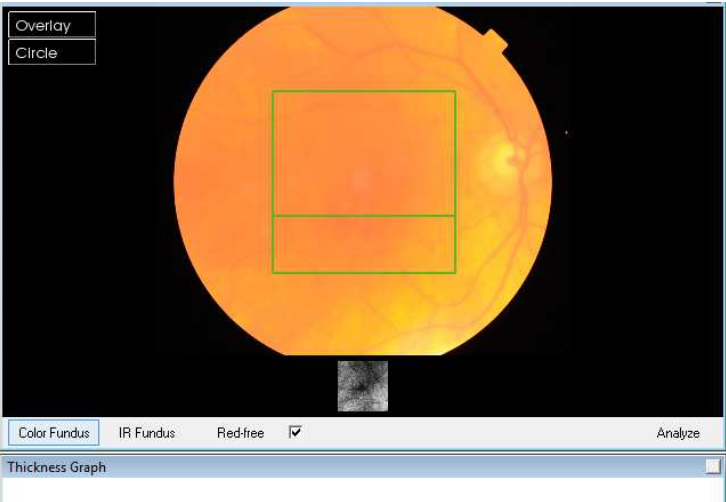
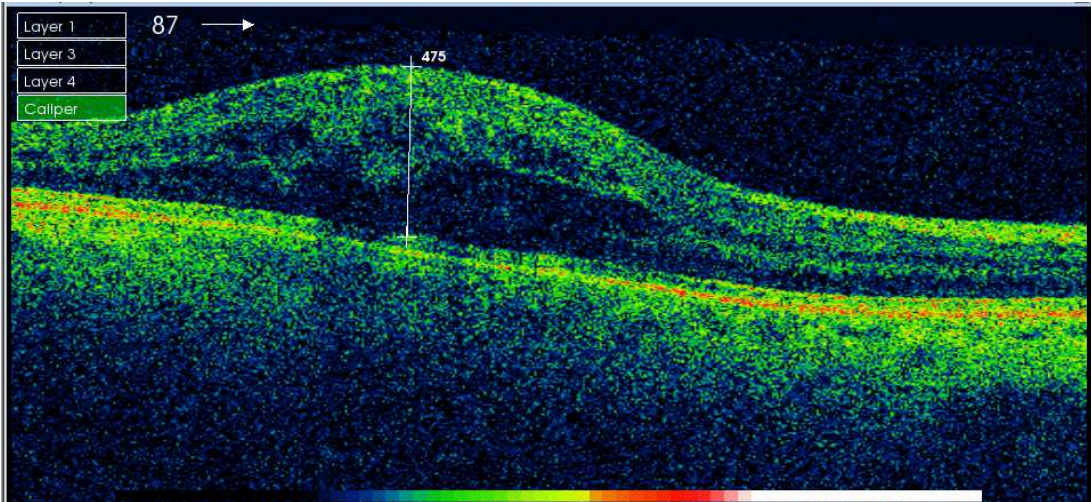
**M (Melanoma ) – Margin <3mm from optic disc)**

# Case 5

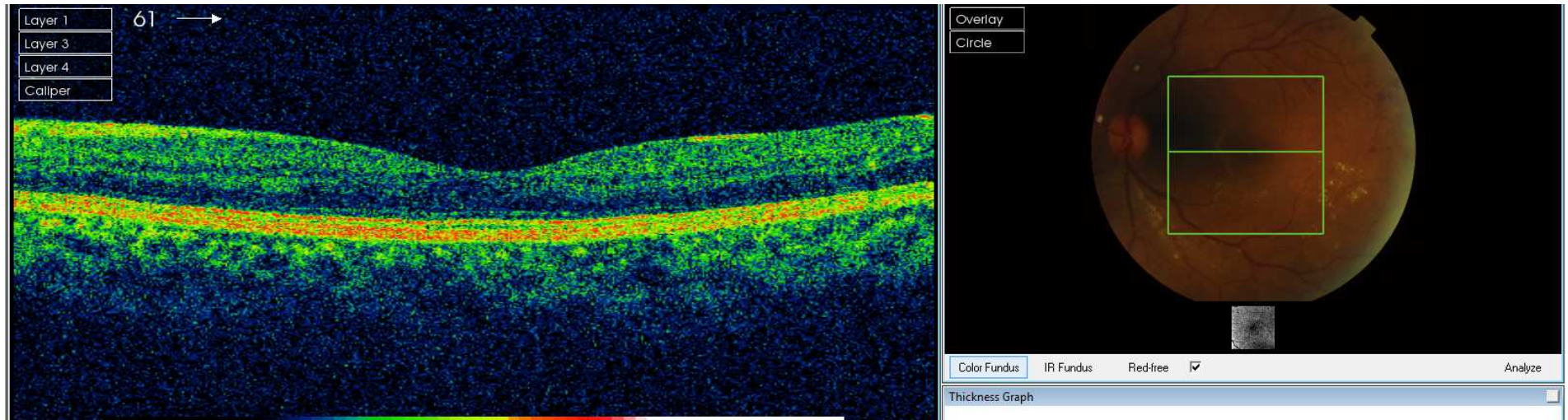
Reduced vision  
Diabetic patient

Few exudates at macula

Amsler distortion  
Please See URGENTLY







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Urgent DR – R3 proliferative changes

Other Diabetic change – Routine

What is Diabetic Maculopathy

- Exudate at fovea
- Group of exudates at macula
- Microaneurysm with reduced vision

Management options

- Fluorescein angiography
- Focal laser
- **RANIBIZUMAB**
- Ozurdex

## Case 6

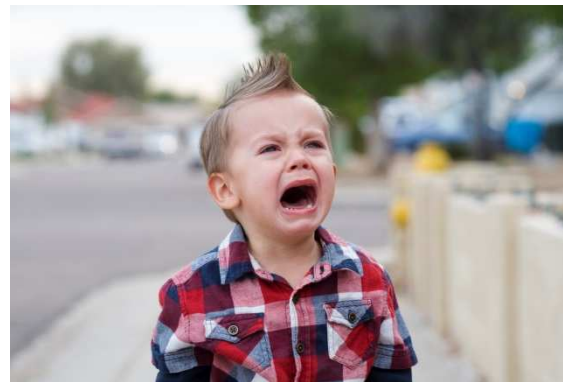
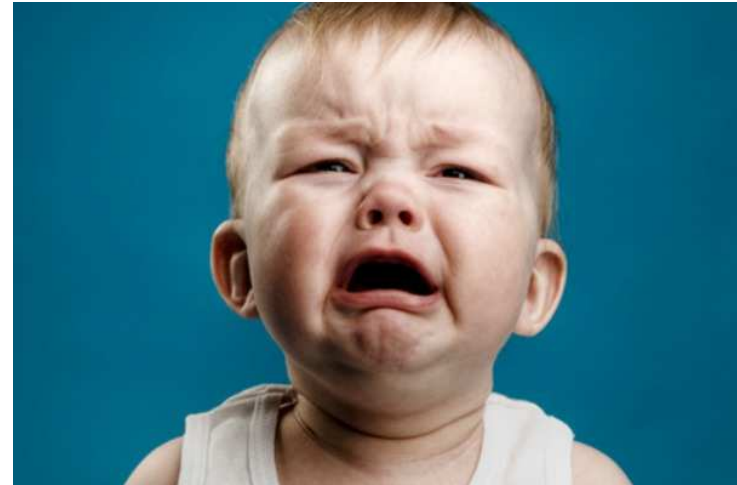
7 year old

First eye examination

Poor vision one eye (RE 6/18 LE 6/7.5)

?Poor cooperation

Please see **urgently** as coming to end of plastic period



- Symptoms
- VAs
- Stereopsis
- Cover Test
- To cyclo or not?

Who not to refer?

- Just poor cooperation
- No other concerns

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## What is urgent in a Paediatric clinic?

- Recent onset nystagmus
- Inability to move eyes
- Unexplained reduced vision
- Suspect reduced vision that may require registration or additional support
- Acute onset diplopia

# Feedback

Two-way communication

Moorfields Audit targets – 90+ % Clinic letters to optoms

