OPHTHALMOLOGY
EMERGENCY- SAME DAY

CALL IN ADVANCE TO ARRANGE APPT 029 2074 3191 and then send email to eye.casualty.cav@wales.nhs.uk (PDF format)

- Unexplained sudden loss of vision
- Suspected temporal arteritis (with ocular involvement)
- (3rd cranial nerve palsy) remove the above statement
- Sudden onset acute diplopia in patients under 50
- Sudden onset abnormality of the pupil
- Cellulitis (orbital & periorbital) in children
- Orbital cellulitis in adults

ANTERIOR

- Hyphaema
- Hypopyon
- Pulsating proptosis
- Suspect Intra-orbital Foreign Body

VITREOUS

- Acute flashes and floaters with tobacco dust
- Vitreous haemorrhage

FUNDUS

- Central Retinal Artery Occlusion (ideally within 6 hours)
- Retinal breaks and tears
- Retinal detachment
- Uveitis
- Suspect Papilloedema (or other disc swelling) with ocular involvement

ACUTE GLAUCOMA

- Suspect Angle-Closure Glaucoma
- Raised IOPs (30mmHg or above)

Please note: any referral relating to posterior eye must be dilated as per WGOS guidance.

OPHTHALMOLOGY
URGENT Via Accredited OO

CALL IN ADVANCE TO ARRANGE APPT 029 2074 3191 and then send email to eye.casualty.cav@wales.nhs.uk (PDF format)

ANTERIOR

- Rubeosis
- Unexplained pupillary defects
- Post-operative ocular complications requiring therapeutic management
- Suspected cancerous lesions (USC email referral required)

VITREOUS

- Vitritis
- Vitreous Macular Traction with sudden reduced VA

FUNDUS

- Central Retinal Vein Occlusion (within 3 months)
- Wet maculopathy as per All Wales guidelines (must be on Wet AMD form)
- Maculopathy with sudden reduced VA
- Epiretinal membrane with sudden reduced VA
- Optic disc pallor (suspected compressive lesion)
- Pre-retinal haemorrhage
- Retinitis
- Suspected cancerous lesions (USC email referral required)

DIABETES

New Proliferative diabetic retinopathy

DIPLOPIA

- Sudden onset acute diplopia including probable microvascular events
- Sudden onset strabismus in children that is not consistent with refractive error

OPHTHALMOLOGY
ROUTINE
Via Accredited OO
BY LETTER (priority assessed upon receipt)

- Cataracts
- Variable non-specific field defects (no other signs)

LIDS & AREA

- Acquired ptosis
- Basal cell carcinoma
- Changed melanosis of lids or conjunctiva
- Entropion/Ectropion
- Recurrent Trichiasis
- Exophthalmos/Proptosis (good/ stable VA)
- Suspected malignant lesions

CONJUNCTIVA & AREA

- Symptomatic conjunctival cysts or inclusions

CORNEA

- Keratoconus
- Pterygium threatening visual axis
- Corneal dystrophy with reduced VA

FUNDUS

- Hollenhurst plaques
- Retinal haemorrhages (non-diabetics)
- Retinitis pigmentosa
- Other unusual, pigmented lesions
- Optic disc pallor (no obvious cause) with no corresponding loss
- Optic disc pits

GLAUCOMA

Glaucoma suspects according to NICE Guidelines NG81

DIABETES

New pre-proliferative diabetic retinopathy

ORTHOPTICS

All non-acute BV anomalies for children and adults.

A+E
EMERGENCY – SAME DAY
Eye Casualty at UHW 029 2074 3191.
Eye Casualty/IP will triage the episode appropriately depending on information given.

- Signs/symptoms suggestive of stroke
- Signs/symptoms suggestive of head injury
- Chemical injury- irrigate first (A&E to perform washout and litmus test and refer onto ophthalmology)
- Orbital trauma (A&E maxfax - will refer to ophthalmology)
- Painful third nerve palsy suggestive of an aneurysm

GP
URGENT-SAME DAY

Please call GP ahead of referral.

- Suspected Temporal Arteritis (without ocular involvement)
- Amaurosis fugax

IP OPTOMETRIST
Telephone/Arrange appt
(Refer to IPOS rota for IP details)
Send patient with letter

ANTERIOR

- Severe dry eye
- Scleritis
- Iritis
- Anterior Uveitis
- Keratitis
- Periorbital inflammation with pain and swelling in adults
- Corneal ulcer with red eye
- Herpes Zoster Ophthalmicus
- Corneal foreign body
- Rust ring
- Dacryocystitis
- Episcleritis (not clearing in 4 weeks)
- Inflamed pinguecula
- Non-resolving corneal abrasion or corneal abrasion in contact lens wearer

LIDS & AREA

- Persistent blepharitis
- Persistent cysts of the glands of meibomian, zeis or moll
- Persistent hordeolum
- Non-resolving conjunctivitis
- Ocular rosacea

OPTOMETRIST
and / or
GP MANAGED

ANTERIOR

- Blepharitis/ Meibomian Gland Dysfunction (MGD)
- Corneal abrasion
- Conjunctivitis (mild with normal VA)
- Hordeolum
- Trichiasis
- Pinguecula
- Sub-conjunctival haemorrhage
- Superficial foreign bodies
- Episcleritis
- Concretions

CORNEA

- Diagnosed corneal dystrophy with good V/A
- Chronic dry eye
- Pterygium not threatening visual axis -Superficial corneal abrasions

VITREOUS

- Asteroid hyalosis
- Floaters greater than 3-month onset with good vision

FUNDUS

- 'Dry' macular changes and stable Amsler with good VA (EHEW)
- Follow-up hospital diagnosed flat choroidal naevus can be managed by O.O.

GLAUCOMA

Diagnosed Ocular Hypertensive and suspect glaucoma patients discharged from HES with accompanying management plan.

HEADACHES

Refer if orthoptic problem otherwise to GP if no optometric explanation

OTHER

- Refractively managed squint

Referrals to GP may vary depending on local/cluster guidance– please check with your local GP.

Use Health Pathways to guide appropriate referral urgency to GP.

Login Details:
Username: healthpathways
Password: healthpathways

PLEASE NOTE: The ocular conditions listed in this document are intended to reflect those that might be encountered in community practice and is not intended to be exhaustive. The suggestions for referral have been devised for general GUIDANCE only. It does not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual basis.

Guidance Notes: Referrals to University Hospital Wales Ophthalmology

Urgent Referrals

All urgent referrals should be sent via email in PDF format to eye.casualty.cav@wales.nhs.uk.

Please make sure you call ahead for all urgent referrals to eye casualty, as per UHW protocol. This will ensure referrals are seen and actioned appropriately.

Please ensure all patient details are confirmed and correct; i.e. patient name, telephone number, address and date of birth. This will further ensure UHW can access the patient record promptly and contact the patient in a timely manner for their appointment.

Please note:

- Routine referrals sent to the eye casualty email will not be actioned.
- Wet AMD referrals should not be sent to this email. Please use the Wet AMD form link below.

Wet AMD

All Wet AMD referrals should be sent via the wet AMD referral form link below:

Please find below the link for the new referral form for Wet AMD which will be use in Cardiff and Vale from **1st October 2023.** All referrals for wet AMD should be made using this form from this date. Fax referrals for wet AMD will not be received after this date.

Wet AMD Referral Form- 1st October 2023

Once a referral is sent via the form, you will receive notification of receipt. In addition, the completed form can be downloaded securely to be stored on your computer system or emailed to a secure email address. The form can also be printed off to provide a copy to the GP, in line with EHEW guidance.

Link to AMD form:
https://forms.office.com/Pages/ResponsePage.aspx?id=uChWuyjjgkCoVkM8ntyProzropryVxtAs_S4hssiDLtUQkJXTjVLNFRSVTBTVDdVTUZZWTlOUU5MTi4u

Urgent Suspected Cancer

All Urgent Suspected Cancer (USC) referrals should be sent via email in a PDF format to:

USCeyes.Referrals.CAV@wales.nhs.uk.

Routine Referrals

Routine referrals to UHW should be posted to the appropriate specialty.