Patient Pathways If Follow up Required (After Diagnosis)

General rules:

Before arranging for a follow up, think of "how, when and where the patients will be best followed up?"

Patients can be followed up by 6 methods:

1. Refer to a subspecialty service for review in their clinic.
2. Back to their local hospital (see patient postcode) - ask reception to email urgent Medisoft entry/letter to arrange appointment.
3. Modality Clinics if need to be seen after a week. These clinic are done outside BMEC at Attwood Green Health Centre by BMEC staff. Click here for the criteria.
4. Primary Care Follow Up (PCFU) Clinic (if not meeting Modality Clinic Criteria). These clinic are done in BMEC.
5. Follow Up (FU) Clinic if need to be seen within a week (see SOP)
6. ED main shop floor as walk-in if need to be seen the next 1-3 days (NEED CONSULTANT APPROVAL)

Please indicate on Medisoft and advised patient to go to the reception desk to make the relevant appointment as well as ticking on the sheet note for ED review / FU / PCFU / Modality clinic / subspecialist clinic review / refer back to local hospital.

Cornea:

Corneal abrasion → Modality Clinic

Corneal foreign body → Modality Clinic

Corneal graft rejections → discuss with relevant corneal consultant/fellow → Corneal ARC

Dry Eyes → Modality Clinic

Herpes Simplex Keratitis → 1 visit in eye Cas (if required within 1 week) → (after first visit) Corneal ARC

Herpes Zoster Ophthalmicus (cornea related) → 1 visit in eye Cas (if required within 1 week) → (after first visit) Corneal ARC

Keratoconus → Corneal Clinic (routine)

Microbial keratitis → 1 visit in eye Cas (if required within 1 week) → (after first visit) Corneal ARC

Other non-specific corneal related issues → 1 visit in eye Cas (if required within 1 week) → (after first visit) Corneal ARC

Post operative complications (corneal related) → discuss with relevant corneal consultant/fellow → Corneal clinic / ARC

Glaucoma:

Narrow angle glaucoma → notify glaucoma fellow/consultant (if available) → admit (if required) or 1 visit in eye Cas (if required within 1 week) → (after first visit) glaucoma clinic

Ocular hypertension/primary open-angle glaucoma → glaucoma clinic after treatment given

Secondary glaucoma → notify glaucoma fellow/consultant (if available) → admit (if required) or 1 visit in eye Cas (if required within 1 week) → (after first visit) glaucoma clinic

Post operative complications (glaucoma related) → discuss with relevant glaucoma consultant/fellow → Glaucoma clinic

Lens:

Endophthalmitis → Admit

Intraocular lens subluxation/dislocation → VR referral

Phacomorphic glaucoma → notify glaucoma fellow/consultant (if available) → admit (if required) or 1 visit in eye Cas (if required within 1 week) → (after first visit) glaucoma clinic

Post operative complications (cataract related) → discuss with relevant consultant team who performed surgery / oncall consultant → Back to consultant in charge of surgery

Neuro-ophthalmology (see clinical guidelines provided on website):

Aniscoria → medics if required or neuro-ophthalmology clinic/advice (BMEC or QE Hospital fellow)

Binocular diplopia → orthoptists → medics if required or neuro-ophthalmology clinic/advice (BMEC or QE Hospital fellow)

Cranial nerve palsies → orthoptists → medics if required or neuro-ophthalmology clinic/advice (BMEC or QE Hospital fellow)

Giant cell arteritis → medics if required or neuro-ophthalmology clinic/advice (BMEC or QE Hospital fellow)

Optic nerve disorders (including papilloedema) → medics if required or neuro-ophthalmology clinic/advice (BMEC or QE Hospital fellow)

Orbital and oculoplastics:

Dacryoadenitis → Modality Clinic

Dacrocystitis → Oculoplastic Clinic

Lid / Canalicular laceration → Admit

Lid lumps (non malignant) → Modality Clinic

Lid lumps (malignant) → Oculoplastic Clinic

Lid malposition → Oculoplastic Clinic

Nasolacrimal duct obstruction → Oculoplastic Clinic

Orbital cellulitis → Admit or 1 visit in eye Cas (if required within 1 week) → (after first visit) Oculoplastic Clinic

Orbital lesions → Admit or 1 visit in eye Cas (if required within 1 week) → (after first visit) Oculoplastic Clinic

Proptosis → Discuss

Ptosis → medics if required or neuro-ophthalmology clinic/advice (BMEC or QE Hospital fellow) or oculoplastic clinic (depending on cause of pathology)

Thyroid eye disease → medics if required or discuss with oculoplastic fellow/consultant → Oculoplastic Clinic

Post operative complications (oculoplastic related) → discuss with relevant oculoplastic consultant/fellow → Oculoplastic clinic

Paediatric Ophthalmology:

Non-accidental injury → safe-guarding protocol

Ophthalmia neonatarum → admit paeds or discuss with paeds ophth team

Sudden onset squint in child → orthoptist → paeds ophth clinic

Leukocoria (white reflex) in child → orthoptist → paeds ophth clinic

Retina:

Age-related macular degeneration (wet) → Fast track macular clinic

Age-related macular degeneration (dry) → medical retina clinic

Central serous retinopathy → Fast track macular clinic

Choroidal detachment → VR fellow

Diabetic retinopathy (rubeotic) → must discuss with medical retina/glaucoma team or if not available, treat and see next day for discussion.

Cystoid macular oedema → Fast track macular clinic

Endophthalmitis → Admit

Epiretinal membrane → routine VR clinic

Macroaneurysm → medical retina clinic

Macular hole → routine VR clinic

Epiretinal membrane → routine VR clinic

Retinal detachment → VR Fellow

Retinal tears → VR ARC after treatment

Retinal vein occlusion → Fast track macular clinic

Submacular haemorrhage → VR Fellow

Vitreous haemorrhage → VR Fellow

Vitreomacular traction → Routine VR Clinic

Other non-specific retinal condition → Fast track macular clinic

Post operative complications (VR related) → VR Fellow

Uveitis:

Referral to Uveitis ARC (only to be booked after Uveitis Consultant's approval)

Any uveitis in patient <16years

Non granulomatous anterior uveitis complicated by secondary OHT or CMO

Bilateral simultaneous anterior uveitis (granulomatous or non granulomatous)

Granulomatous anterior uveitis (unilateral or bilateral) with or without OHT, CMO

Intermediate uveitis complicated by CMO. If vision good and no CMO , these patients can be referred to Uveitis clinic

All posterior and panuveitis cases

Scleritis

One off review after Casualty Visit

1st presentation of non granulomatous uveitis - review in 2 weeks for IOP check and treatment response

Episcleritis - review in 2 weeks for IOP check and treatment response

Recurrent anterior uveitis with no previous IOP problems and good response to topical steroids do not require any follow up.