

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 4 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 (email list of peripheral hospitals)
3. Follow Up (CFU) Clinic if need to be seen within 2 weeks only (NEED CONSULTANT APPROVAL)
4. ED main shop floor as walk-in if need to be seen the next 1-2 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 / CFU / subspecialist clinic review / refer back to local hospital.

If the patient is deemed not suitable for follow up after review by the consultant, the staff member who have seen the patient will have to personally contact the patient to inform the decision and future plan.

Please indicate on Medisoft and advised patient to go to the reception desk to make the relevant appointment if required as well as ticking on the patient outcome sheet note.

Cornea:

Corneal abrasion → Discharge

Corneal foreign body → Discharge

Corneal graft rejections → Discuss with relevant corneal consultant/fellow → Corneal clinic or local hospital where patient is known

Dry Eyes → Discharge

Herpes Simplex Keratitis → Local hospital / CFU → (after first visit if within BMEC/SWBH catchment area) Corneal clinic
Herpes Zoster Ophthalmicus (cornea related) → Local Hospital / CFU → (after first visit if within BMEC/SWBH catchment area) Corneal clinic
Keratoconus → Corneal clinic (if within BMEC/SWBH catchment area) or local hospital
Microbial keratitis → ED walk-in/FU clinic → (after first visit if within BMEC/SWBH catchment area) Corneal clinic / Local hospital (if not severe)
Other non-specific corneal related issues → Walk-in/FU clinic → (after first visit) Corneal clinic (if within BMEC/SWBH catchment area) / Local hospital
Post operative complications (corneal related) → Discuss with relevant corneal consultant/fellow (if required) → Corneal clinic or local hospital where surgery was performed.

Glaucoma:

Narrow angle glaucoma → notify glaucoma fellow/consultant (if available) → admit (if required) or walk-in/FU clinic → (after first visit if within BMEC/SWBH catchment area) glaucoma clinic / Local hospital (if controlled)
Ocular hypertension/primary open-angle glaucoma → Glaucoma clinic (if within BMEC/SWBH catchment area) or local hospital after treatment given
Secondary glaucoma → notify glaucoma fellow/consultant (if available) → admit (if required) or walk-in/FU clinic → glaucoma clinic (after first visit if within BMEC/SWBH catchment area) glaucoma clinic / Local hospital (if controlled)
Post operative complications (glaucoma related) → discuss with relevant glaucoma consultant/fellow (if required) → Glaucoma clinic or local hospital where surgery was performed.

Lens:

Endophthalmitis → Admit
Intraocular lens subluxation/dislocation → VR referral
Phacomorphic glaucoma → notify glaucoma fellow/consultant (if available) → admit (if required) or walk-in/FU clinic → (after first visit) glaucoma clinic
Post operative complications (cataract related) → discuss with relevant consultant team who performed surgery / oncall consultant (if required) → Back to consultant in charge of surgery or local hospital where surgery was performed.

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

Anisocoria → medics if required or neuro-ophthalmology clinic/advice (QE Hospital fellow on switchboard)
Binocular diplopia → orthoptists → medics if required or neuro-ophthalmology clinic/advice (QE Hospital fellow on switchboard)
Cranial nerve palsies → orthoptists → medics if required or neuro-ophthalmology clinic/advice (QE Hospital fellow on switchboard)
Giant cell arteritis → medics if required or neuro-ophthalmology clinic/advice (QE Hospital fellow on switchboard)
Optic nerve disorders (including papilloedema) → medics if required or neuro-ophthalmology clinic/advice (QE Hospital fellow on switchboard)

Orbital and oculoplastics:

Dacryoadenitis → Oculoplastic Clinic (if within BMEC/SWBH catchment area) or local hospital

Dacrocystitis → Oculoplastic Clinic (if within BMEC/SWBH catchment area) or local hospital

Lid / Canalicular laceration → Discuss with relevant oculoplastics consultant/fellow (if required) → Admit for surgery or planned surgery once discussed with oculoplastic team

Lid lumps (non malignant) → Oculoplastic Clinic (if within BMEC/SWBH catchment area) or local hospital

Lid lumps (malignant) → Oculoplastic Clinic

Lid malposition → Oculoplastic Clinic (if within BMEC/SWBH catchment area) or local hospital

Nasolacrimal duct obstruction → Oculoplastic Clinic (if within BMEC/SWBH catchment area) or local hospital

Orbital cellulitis → Admit (if required or with paediatric team if child) or walk-in/FU clinic → Discharge or (after first visit) oculoplastic clinic / paediatric clinic

Orbital lesions → Admit (if required or with paediatric team if child) or walk-in/FU clinic → (after first visit) oculoplastic clinic

Proptosis → Discuss with relevant oculoplastics consultant/fellow (if required) → medics (if required) or oculoplastic clinic

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

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 (if required) → Oculoplastic clinic (if within BMEC/SWBH catchment area) or local hospital

Paediatric Ophthalmology (see clinical guidelines provided on website):

Non-accidental injury → hospital safe-guarding protocol

Ophthalmia neonatarum → Admit paed or discuss with paed ophth team (Paeds Ophthalmology Team or Birmingham Children's Hospital)

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 (if within BMEC/SWBH catchment area) or local hospital

Age-related macular degeneration (dry) → Discharge or if required - medical retina clinic (if within BMEC/SWBH catchment area) or local hospital

Central serous retinopathy → Fast track macular clinic (if within BMEC/SWBH catchment area) or local hospital

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 (if within BMEC/SWBH catchment area) or local hospital

Endophthalmitis → Admit

Epiretinal membrane → Routine VR clinic

Macroaneurysm → Medical Retina clinic (if within BMEC/SWBH catchment area) or local hospital

Macular hole → Routine VR clinic

Epiretinal membrane → Routine VR clinic

Retinal detachment → VR Fellow

Retinal tears → VR after treatment

Retinal vein occlusion → Fast track macular clinic (if within BMEC/SWBH catchment area) or local hospital

Submacular haemorrhage → VR Fellow (if within 1 week onset) or if longer, fast track macular clinic (if within BMEC/SWBH catchment area) or local hospital

Vitreous haemorrhage → VR Fellow

Vitreomacular traction → Routine VR Clinic

Other non-specific retinal condition → Fast track macular clinic (if within BMEC/SWBH catchment area) or local hospital

Post operative complications (VR related) → VR Fellow

Uveitis:

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

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

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

Referral to Uveitis Acute Referral Clinic (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