

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 with their following methods:

1. Back to their local hospital (1st choice if outside our postcode catchment area - see patient postcode behind outcome sheet) - ask reception to email urgent Medisoft entry/letter to arrange appointment.
2. Refer to a subspecialty service for review in their clinic.
3. Primary Care Follow Up (PCFU) Clinic (1-2 weeks after visit) – **please consult senior doctor approval**
4. Follow Up (FU) Clinic (within 3-7 days after visit) – **please consult senior doctor approval**
5. ED main shop floor as walk-in if need to be seen the next 1-2 days – **please consult senior doctor 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 patient outcome sheet note.

Cornea:

Corneal abrasion → Discharge or PCFU clinic (if absolutely required)

Corneal foreign body → Discharge or PCFU clinic (if absolutely required)

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

Dry Eyes → Discharge

Herpes Simplex Keratitis → FU/PCFU clinic → (after first visit) Corneal clinic

Herpes Zoster Ophthalmicus (cornea related) → FU/PCFU → (after first visit) Corneal clinic

Keratoconus → Corneal clinic (if within BMEC/SWBH catchment area) or local hospital

Microbial keratitis → Walk-in/FU clinic → (after first visit) Corneal clinic

Other non-specific corneal related issues → Walk-in/FU clinic → (after first visit) Corneal clinic (if within BMEC/SWBH catchment area) or 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) glaucoma clinic

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 → (after first visit) glaucoma clinic

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 → Modality Clinic

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 (Mr Ghauri 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 (PCFU)

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

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