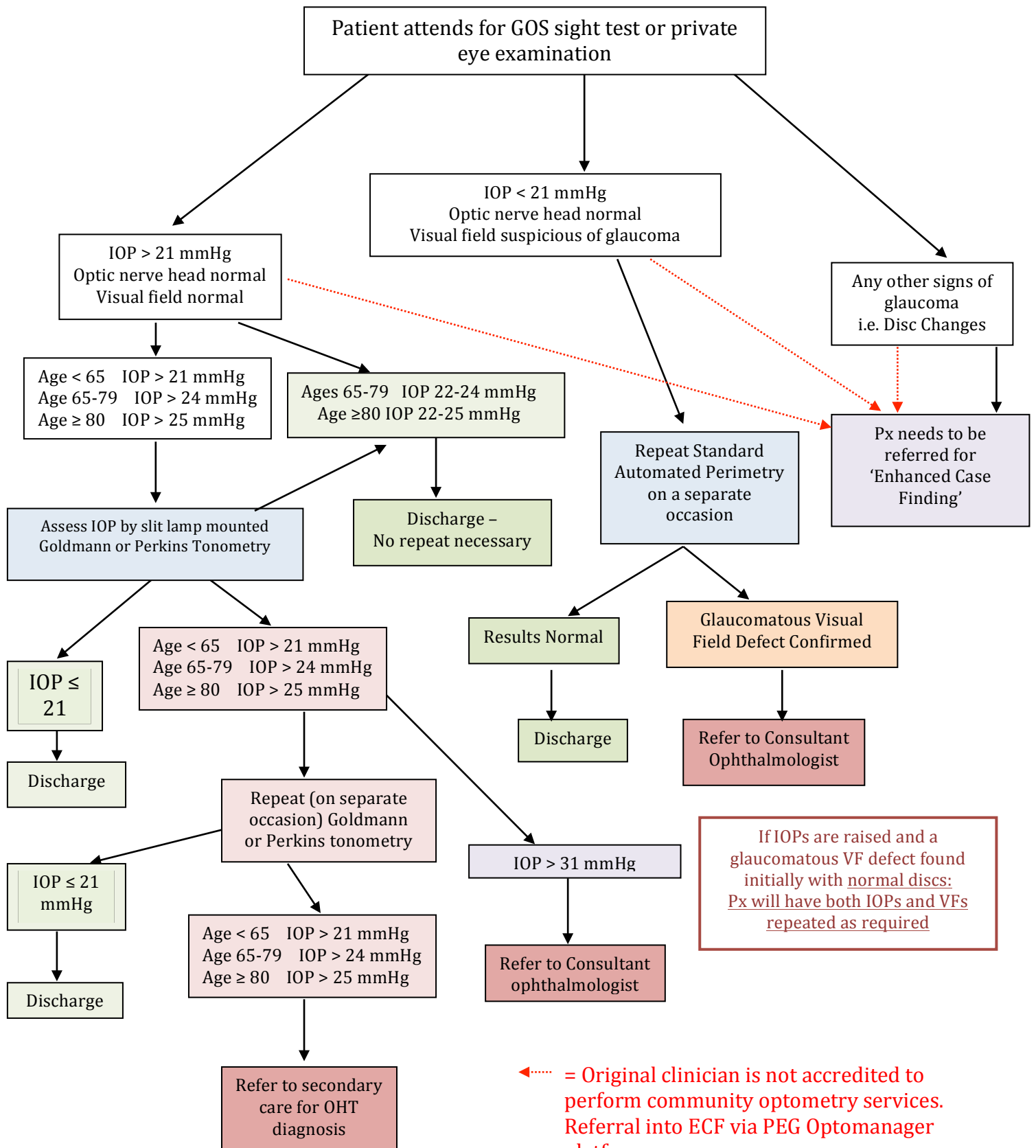




# Glaucoma: Repeat Readings





## Clinical Management Guideline for Glaucoma: Repeat Readings

**1a Intra-ocular pressure alone (i.e. normal fields and disc appearance)**  
**IOP > 21 mmHg by non contact tonometry at GOS or private sight test and IOP refinement by Goldmann or Perkins tonometry is carried out by the optometrist.**

**Under local agreement with the CCG and Secondary care provider:**

**If Px is between 65 and 79 years IOPs of 22 to 24 mmHG do not require repeating.**

**If Px is over 80 years IOPs of 22 to 25 mmHG do not need repeating.**

**If IOPs are above these levels then IOP repeated with contact tonometry  
Slit Lamp mounted Goldmann or Perkins**

Outcomes:

- All patients with IOP > 31mmHg should be referred for OHT diagnosis without further IOP refinement.
- Any patients with IOP ≤ 21mmHg should be discharged
- If IOP result is 22 - 31mmHg (if under 65), 24 -31mHg (if between 65 and 79 years), 25-31mmHg (if 80 years or over) or if there is a difference in IOP of ≥ 10 mmHg between the eyes then Goldmann (or Perkins) is repeated on a separate occasion.

**Second repeat of Goldmann or Perkins tonometry (on a separate day)**

Outcomes:

- Any patients with IOP ≤ 21mmHg should be discharged
- If there is a difference in IOP of ≥ 10 mmHg between the eyes then practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye)
- The following patients are referred for OHT diagnosis:

Age Group	< 65 years	65 – 79 years	80 years +
Pressure	> 21 mmHg	> 24 mmHg	> 25 mmHg



- The following patients are discharged from the service (as agreed with the CCG and GHNHSFT):

Age Group	65 – 79 years	80 years +
Pressure	22 - 24 mmHg	22 - 25 mmHg

**1b. Visual Field alone (i.e. normal IOP and optic disc appearance)**

**Visual field defect which may be due to Glaucoma found at GOS or private sight test and visual field repeat is carried out by the clinician on a separate occasion.**

Outcomes:

- Field defect consistent on two occasions, patient is referred to consultant ophthalmologist for differential diagnosis or specialist optometrist as per local protocol.
- Field defect inconsistent or not repeatable patient should be discharged

NB. If optic disc status is normal but raised IOPs and glaucomatous visual field defect seen at initial visit – IOPs repeated with GAT/Perkins on the day and visual fields (and IOPs if required) repeated on a separate occasion.

**2. Optic Disc indications**

**Suspicious optic nerve head found at GOS sight test or Private sight test.** Patient is referred to Glaucoma 'Enhanced Case Finding'

**3. Narrow Angle**

**Suspicious anterior chamber angle found at GOS or private eye examination.** If suspect narrow angle refer to consultant ophthalmologist if symptoms of sub acute attacks or IOP > 21 mmHg or greater (Van Herrick grade 2 or less).

**NB.** If a patient is found to have raised IOPs and/or glaucomatous visual field defect with normal optic discs and the clinician/practice can not offer the patient the Glaucoma: Repeat Readings service the patient must be referred to another practice via the Optomanager platform for Glaucoma: Enhanced Case Finding.