Protocols to accompany the pathway.

- 1. Symptoms requiring <u>Urgent Referral to HES</u> without Optometrist Intervention:
 - Flashes & Floaters
 - + Rapid vision loss
 - + Curtain across vision PLUS vision loss
 - $\circ~$ + Functionally Monocular i.e. VA in other eye is worse than 6/60
 - \circ + History of Retinal detachment/Tear in fellow eye
 - + Field loss
 - + High Myopia (>5D)
 - Phone Triage 0300 422 3578 and arrange HES appointment FAX either CGH: 0300 422 3652 or GRH: 0300 422 8450
- 2. Symptoms requiring **"Urgent" assessment by Optometrist within 24 hours:**
 - Sudden Increase in number of floaters "too much to count"
 - Sudden shower of floaters
 - Cloud/Curtain/Veil across vision
 - Flashes < 6 weeks

3. Symptoms requiring "Soon" assessment by Optometrist within 48 hours

- Stable Flashes and Floaters
- Symptoms > 6 weeks
- Normal Vision

4. Referrals at weekends/Bank Holidays

- Phone 0300 422 3578
- Speak with Doctor on Call & make an emergency appointment on behalf of the patient.

5. Detailed **History and Symptoms of a patient who presents with symptoms suggestive of a retinal break**:

- Detailed History & Symptoms
- Examine Anterior Vitreous to look for pigment cells
- Perform a dilated Fundus examination, with at least the field of view of a Volk 90
- Examination of all 8 positions of gaze

6. 4 to 6 week Follow up:

- Patient with only one seeing eye, reassess Posterior Vitreous Detachment in 4 to 6 weeks
- Any uncertainty on behalf of Optometrist
- Second opinion from colleague

NOTES:

- A. Positive Signs of a retinal break:
 - Retinal Detachment
 - Vitreous or pre-retinal break
 - Pigment 'Tobacco dust'
 - Retinal Tear/hole
- B. Negative Signs of a break:
 - Clear Vision
 - No Tear
 - No Pigment in Anterior Vitreous
 - Uncomplicated Posterior Vitreous Detachment