

Protocols to accompany the pathway.

1. Symptoms requiring **Urgent Referral to HES** without Optometrist Intervention:

- Flashes & Floaters
 - o + Rapid vision loss
 - o + Curtain across vision PLUS vision loss
 - o + Functionally Monocular i.e. VA in other eye is worse than 6/60
 - o + History of Retinal detachment/Tear in fellow eye
 - o + Field loss
 - o + High Myopia (>5D)
- Phone Triage 0300 422 3578 and arrange HES appointment
- Email ghn-tr.geecs@nhs.net (an email must only be sent with an accompanying phone call)

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 Triage 0300 422 3578 Saturday 8am to 1pm.
- Phone 0300 422 2222 (Hospital switchboard) after 1pm Saturday.
- Speak with Ophthalmology 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