OPHTHALMOLOGY REFERRAL GUIDE FOR GPS

A guidebook to support general practitioners in the management and referral of a range of common eye problems.

MALAYSIAN SOCIETY OF OPHTHALMOLOGY

Contents

INTRODUCTION

MSO is committed to provide continuing educational and advisory support to GPs who are the primary health care providers.

The Ophthalmology Referral Guide for GPs is a simple guidebook to provide a quick reference for GPs in Malaysia in diagnosis and managing simple eye cases.

It stipulates the urgency and timing of referral of the eye cases, including the referral algorithm for the two leading causes of irreversible blindness - Diabetic Retinopathy and Glaucoma.

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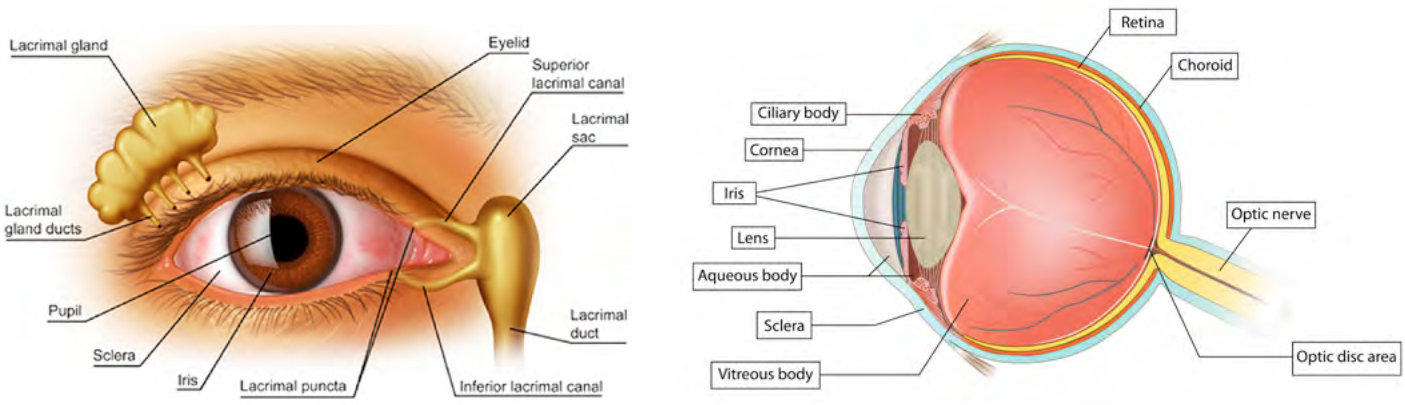
2018



Schematic diagram of the human eye

OPHTHALMIC WORKUP

A. HISTORY

Taking a good history is key to diagnosis

Important points:

- Symptoms point to likely cause of the disease
- History of Trauma
- Previous ocular history and medications
- Previous eye surgery
- Contact lens wear
- Always consider the systemic condition and medications

Note: If the patient has one good precious eye, It is advisable to refer to an ophthalmologist for review

B. EYE EXAMINATION

Equipment to keep at hand in the clinic:

1. Visual Acuity Chart eg. Snellen
2. Good light source eg. Powerful torch
3. Cotton bud – to evert eyelids
4. Eye pads and tape
5. Direct Ophthalmoscope – to visualise the fundus
6. Magnifying glass or simple magnifying loupes – to visualise the anterior structures of the eye
7. Local anaesthetic drops in cases of chemical injury
   eg. Amethocaine, Lignocaine

Picture Source: Google

C OCULAR DRUGS FOR USE IN GP CLINIC

Local Anaesthetic

Local anaesthetic drops are used as an aid for eye examination. They are also useful in improving patient comfort for eye irrigation procedure for chemical injury.

Basic Antibiotic

For treatment of acute bacterial infection of lids, conjunctiva and cornea.
Available in both drops and ointment preparation.
Usage is qid (4 times a day) for 1 week unless directed by an ophthalmologist
Common preparations:
Chloramphenicol 0.5% drops or 1.0% ointment
Ciprofloxacin drops
Polymyxin B sulphate drops or ointment
Tobramycin drops or ointment
Fucithalmic

Antiviral

The most common viral infection requires ophthalmology specialist care is Herpes Simplex Keratitis.
Common Preparation:
Acyclovir (Zovirax) ointment – 5x a day

Ocular Lubricants

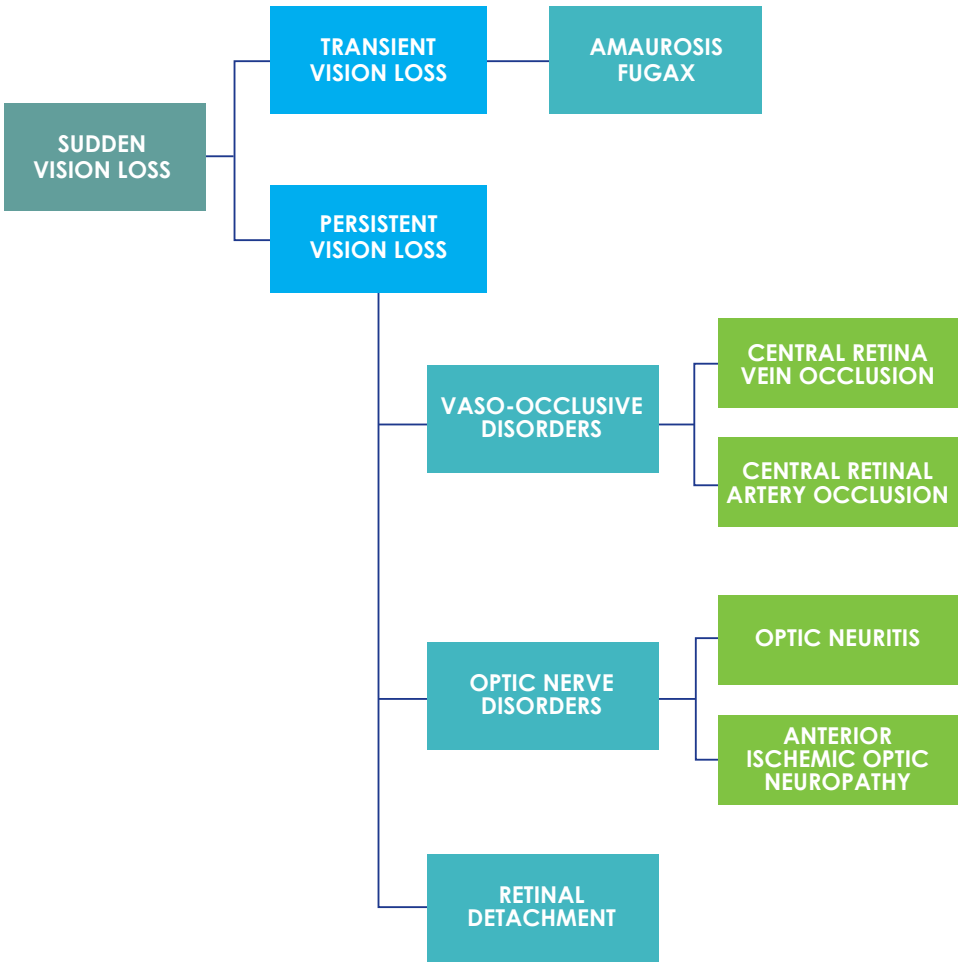
Treatment for dry eyes. Available in drops or gels (longer effect but may temporarily blur vision); and with or without preservatives
Common preparations:
Hypomellose drops or gel eg. Genteal, Tears Naturale, Refresh,
Sodium Hyaluronate eg. Optive
Glycerol eg. Cationorm
OptiveCarbomer eg. Polygel, viscotears
Soft paraffin and lanolin eg. Lacrilube

Steroid Drops

Steroids should only be used on the advice of the consulting ophthalmologist.

ACUTE VISUAL LOSS

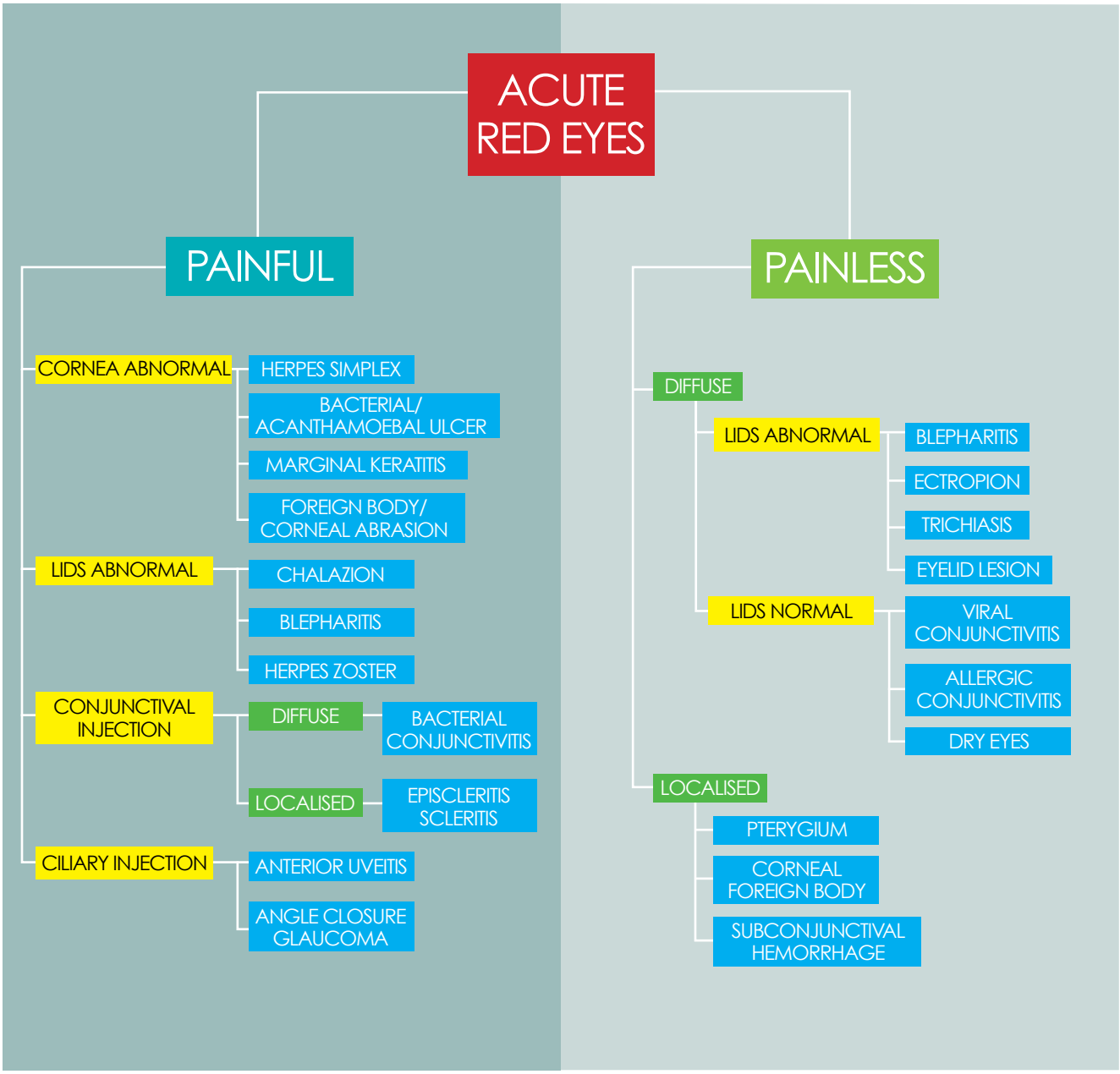
ALL PRESENTATIONS OF SUDDEN PERSISTENT LOSS OF VISION REQUIRE AN URGENT OPHTHALMOLOGY REFERRAL



ACUTE RED EYES

There are many conditions that can lead to a patient presenting with a red eye. A useful distinguishing feature is whether the condition is painful or painless.

*****Beware of making the diagnosis of monocular conjunctivitis until more serious eye diseases are excluded.**



WHEN TO REFER TO THE OPHTHALMOLOGIST?

IMMEDIATE REFERRAL

- Acute glaucoma
- Chemical burn (check PH and irrigate first)
- Corneal laceration
- Globe perforation
- Intra-ocular foreign body
- Hypopyon (pus in anterior chamber)
- Iris prolapse (cover with an eye shield)
- Orbital cellulitis
- Central retinal vein occlusion (less than 8 hours onset/acute <24 course visual loss)
- Giant cell arteritis with visual disturbance
- Sudden unexplained visual loss of less than 12 hours
- Painful eye in post operative intraocular surgery (less than two months post op)
- Acute third nerve palsy if pupil involvement or pain

REFERRAL WITHIN 24 HOURS

- Corneal abrasion
- Corneal foreign body
- Substantial foreign body (only if unsure of diagnosis or cannot manage appropriately)
- Blunt trauma
- Contact lens related problem
- Corneal graft patients
- Corneal ulcers or painful corneal opacities
- Hyphema
- Iritis
- Lid laceration
- Orbital fractures
- Painful eye
- Retinal detachment/ tear
- Vitreous hemorrhage
- Sudden loss of vision of more than 12 hours
- Neonatal conjunctivitis
- White pupil in children/lack of red reflex

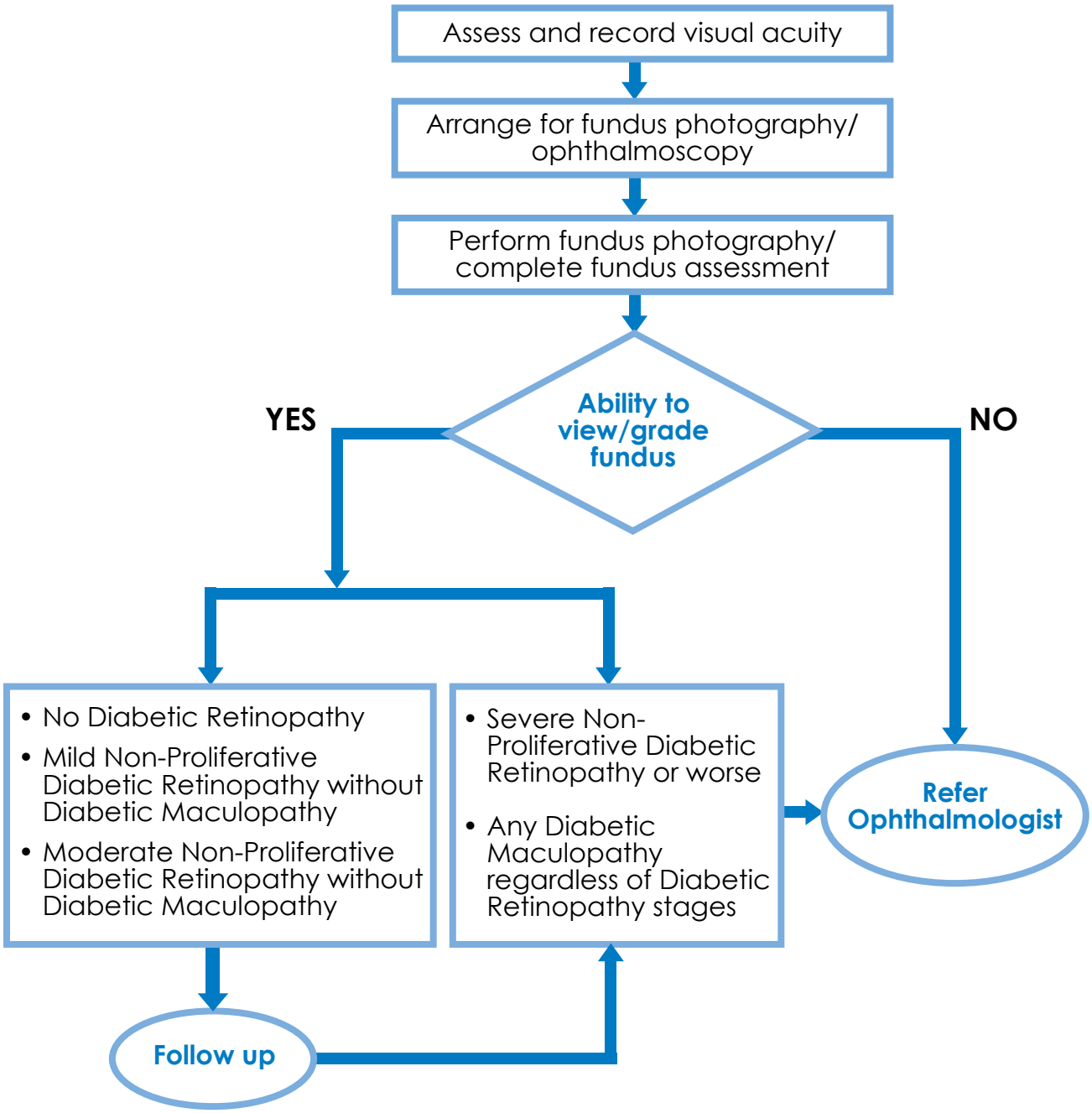
REFERRAL WITHIN 1 WEEK

- Sudden/recent onset of diplopia
- Sudden/recent onset of distortion of vision
- Entropion that is painful
- Herpes Zoster Opthalmicus with eye involvement
- Episcleritis
- Scleritis
- Posterior vitreous detachment
- Bell's palsy
- Optic neuritis
- Severe infective conjunctivitis
- Vein occlusions
- Proliferative diabetic retinopathy

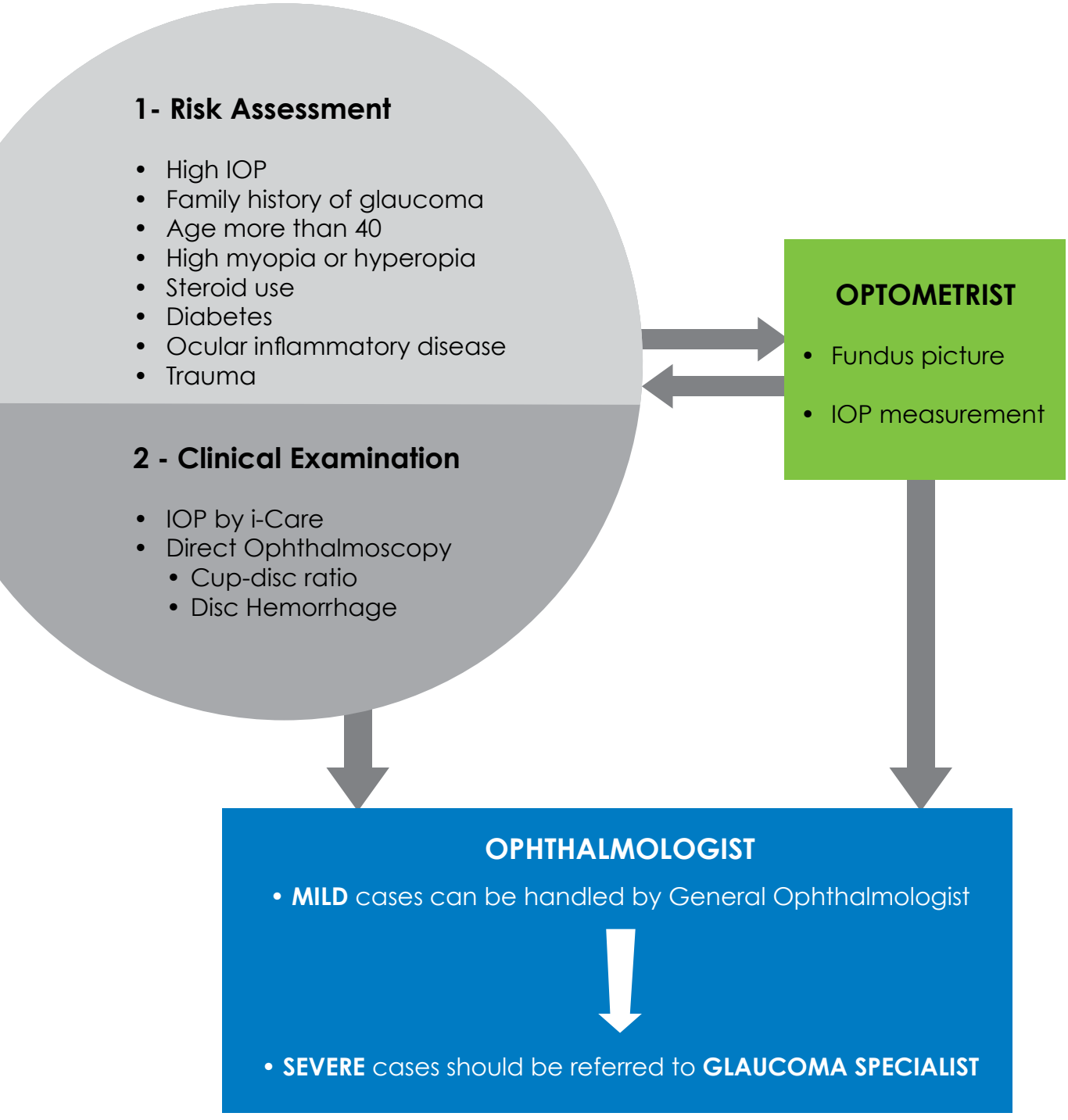
ROUTINE REFERRAL

- Allergic conjunctivitis
- Mild to moderate conjunctivitis
- Blepharitis
- Chalazion
- Dry eyes
- Ectropion
- Watery eye
- Subconjunctival hemorrhage
- Non-proliferative diabetic retinopathy
- Squint - gradual onset or longstanding
- Cataract

REFERRAL ALGORITHM FOR DIABETICS



REFERRAL ALGORITHM FOR GLAUCOMA



REFERENCES

Common Eye Condition Management
Moorfields Eye Hospital NHS Foundation Trust

Eye Emergency Manual: An Illustrated Guide
New South Wales Department of Health

Clinical Practice Guidelines: Screening of Diabetic Retinopathy 2011
Ministry of Health, Malaysia