

West Cambs GP training

16 Oct 13

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Current Rx	Unaided VA	Sph	Cyl	Axis	Prism	VA	Add	Near VA	IOP
Right	6/5	+0.25				6/5	+2.25	N5	17
Left	6/6	-0.25	-0.50	150		6/5	+2.25	N5	15

Previous Rx Date:	Vision	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Previous IOP
Right									
Left									

*I have referred directly / please refer this patient to the following eye dept

Ophthalmology

**Delete as appropriate*

SYMPTOMS and SIGNS

Please could Mrs Cooper be seen with regard to possible open angle glaucoma? Findings:

- family history of glaucoma (mother)
- discs suspicious: C/D ratio 0.5 R&L, possible notch at 12 o'clock R&L, possible superior RNFL defect R.
- fields abnormal (attached): R inferior loss (consistent with disc findings), L borderline
- IOPs WNL (R17, L 15mmHg)
- AC angles open (van herick grade 4 R&L)

Symptom Duration:

Asymptomatic Finding:

Place a tick in the appropriate box

PROVISIONAL DIAGNOSIS	Visual Field Plot attached	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Glaucoma suspect RE	Mydriasis	Yes <input type="checkbox"/>

ACTIONS / RECOMMENDATIONS

Routine Soon Urgent

Patient has been informed and referral explained:

Yes No

Glaucoma

This referral comes to you from the optometrist suggesting the patient may have glaucoma.

1. What types of glaucoma do you know?
2. What medical management is used and why?
3. What surgical management do you know of?
4. Is there any medical information that you feel as a GP would be helpful when referring this patient on to the hospital, and who would you send the patient to?

“Cobwebs”

69 year old man comes into your surgery with a history of a ‘cobweb’ across his vision.

1. What else do you want to know in the history?
2. Are you looking for anything on clinical examination?
3. What is the likely diagnosis?

Painful red eye

40 yr old lady with a painful red right eye

1. What questions are important to ask in the history?
2. What on examination might help your diagnosis?
3. When do you need to refer to a specialist?

Watery eyes

A 60 year old lady complains that her watery eyes are stopping her from playing golf on a windy day.

1. What symptoms are you interested in identifying?
2. What might you see on clinical examination?
3. What is your differential diagnosis?
4. What treatments could you try?

Loss of Vision

Ted, a 79 year old diabetic patient noticed on Monday that he couldn't see his wife in bed next to him.

1. What would you like to ask him?
2. What element of his past history might concern you?
3. What could be going on and what would you do with him?

Loss of Vision

Is it TRANSIENT or LASTING >24 HOURS?

Transient (usu normal within 1 hr):

More common: Papilloedema (secs); Amaurosis fugax, vertebrobasilar insuff (minutes); Migraine +/- headache (10-60mins)

Less common: impending CRVO, ION, glaucoma, sudden change in BP

Loss of Vision

Lasting >24hrs:

Sudden: RVO/art occlusion, ION, vit haem, RD, optic neuritis

Gradual, painless loss:

More common: cataract, ref error, glaucoma, chronic retinal dx

Less common: chronic corneal dx, optic neuropathy

Painful loss:

Acute angle closure glaucoma, optic neuritis, uveitis

Cataract

You get this referral from the optometrist.

1. What does the eye test tell you?
2. How can you measure visual acuity in G Practice?
3. When should a patient be referred for cataract surgery?

09/10/2013

Reason for referral: **LEFT BLUR AFFECTING DRIVING**

Ocular Co-morbidity: **NON**

Rx	R Sph.	Cyl.	Axis	V.A.	L Sph.	Cyl	Axis	V.A.	Add
Current	+2.25	-1.75	90	6/17.5	∞	-1.75	90	6/15	+3.00 ^R -2.75 ^L
Previous	+3.25	-1.00	90	6/6	2.00	0.50	90	6/6	+2.75

NO
MIO
MS
NS

Cataract Grade **PCT Referral Threshold met* (please use code as described below)** **1**

R	Clear		L	Clear	
	Nuclear	mild (mod) severe		Nuclear	mild / mod / severe
	Cortical	mild / mod / severe		Cortical	mild / mod / severe
	PSC	mild / mod / severe		PSC	mild / mod / severe
	Pseudophakia			Pseudophakia	

List for cataract surgery in right or left eye? **LEFT** → **RIGHT DILATED WELL LEFT SLOWER REFLEX AND LESS DILATION**

Blepharitis: <input checked="" type="checkbox"/> Y/N	Pupil dilates well: <input checked="" type="checkbox"/> Y/N	Difficult fundoscopy: <input checked="" type="checkbox"/> Y/N	RAPD present: <input checked="" type="checkbox"/> Y/N
Cornea:	R: CLEAR	L: CLEAR	Indicate if opacity
IOP:	R: 19 mmHg	L: 18 mmHg	
Disc:	R: 0.3	L: 0.3	Indicate cup-disc ratio
Fundus:	R: NORMAL / MACULA CLEAR	L: NORMAL	Indicate macular status

Medical History (To be completed by the Optometrist) **HAS RHEUMATOID ARTHRITIS**

Diabetes: Y/N Hypertension: Y/N Heart attack: Y/N Stroke: Y/N
 Short of breath: Y/N Poor mobility: Y/N Is able to lie down flat: Y/N

Current Drugs: **BP, STATINS, ANTI-LOAGULANTS**

Social History: **DRIVER, RETIRED**
 (e.g. driver, working, carer)

Other: **Transport needed? Y/N Written information provided? Y/N**

Choice of care provider
HINCH

Patient agrees to the exchange of medical information and referral for cataract surgery Y/N

<p>Immediate</p> <p>9-4.30 via eye clinic on ext 7437 Out of hour via switch board for on call ophthalmologist</p>	<p>Within in 24 hours</p> <p>Via OPD appointment made in ED with PAS Fax notes and referral to 363693</p>	<p>Within 1 week</p> <p>Via OPD appointment made in ED with PAS Fax notes and referral to 363693</p>	<p>No referral required</p> <p>Follow up with GP if not settling within 1 week</p>
<ul style="list-style-type: none"> • Painful red eye post surgery or injection (less than 2 months old) • Painful eye with a corneal graft • Acute glaucoma • Blunt trauma with associated altered vision • Intra ocular FB post trauma • Corneal Laceration (<i>x-ray if FB present</i>) • Penetrating eye/globe injury (<i>x-ray if FB present</i>) • Chemical burn if Ph not settling after appropriate irrigation(2-3 litres) • Painful or Red eye with altered/loss of vision • <u>Periorbital</u> Cellulitis (also need referral and admission under medial team) • Complete vision loss • Suspected temporal arteritis with visual symptoms • Sudden painless loss of vision less than 12 hours • Hypopyon (pus in anterior chamber) • Iris prolapsed(<i>cover with eye shield</i>) 	<ul style="list-style-type: none"> • Corneal Foreign body if unable to remove in ED • Contact lens associated problems - after starting choramphenicol • Dendritic Ulcers - after starting choramphenicol • Opaque Ulcer/Corneal opacities • Lid lacerations • Vitreous haemorrhage • Painful red eye with corneal opacities • Flashing light with altered vision/visual field • <i>Acute 3rd nerve palsy without any other neurology – but admit under medics/ED???</i> 	<ul style="list-style-type: none"> • Chemical burns if Ph settle with irrigation in ED - after starting choramphenicol • Sudden or recent onset of diplopia • Entropion that is painful • Herpes Zoster with eye involvement but no ulcers – after starting antiviral therapy • Episcleritis /Scleritis • PVD/Flashing lights/floating bodies with normal vision • Deep corneal abrasions • Rust rings 	<ul style="list-style-type: none"> • Allergic conjunctivitis • Infective conjunctivitis • Blepharitis • Chalazion • Dry Eyes • Ectropion • Watery eye • ARC eye • Superficial corneal abrasion- after starting choramphenicol • Bells' Palsy – after starting steroids, antiviral and tape and lubricant for eye