Primary Care Referral Guidelines – Ophthalmology

IMMEDIATE REFERRAL TO THE WESTMEAD EMERGENCY DEPARTMENT

Please discuss all urgent referrals with our on call Ophthalmology Registrar – 8890 5555

- Sudden onset of new distortion of central vision
- Sudden loss of central vision
- For other indications for referral, please see below

Contents

1. Ophthalmology conditions not accepted

The following conditions are not routinely seen at Westmead Eye Clinic and may be appropriately managed by a local ophthalmologist, GP or optometrist until they reach the clinical thresholds identified in these Referral Guidelines.

Condition	Description
AMD	• Family history but asymptomatic • Retinal Pigment Epithelial changes (previously called dry AMD) • Drusen • Patients receiving anti-VEGF treatment already in the community
Blepharitis	• Without corneal involvement
Conjunctivitis	• No other signs or symptoms
Cosmetic Contact Lens	• New or replacement
Dry eyes	• Longstanding
Entropion / Ectropion	• Asymptomatic
Epiphora (watery eye)	• Intermittent watery • Asymptomatic blocked tear duct
Excess Eyelid Skin	• Not obscuring line of sight
Flashes	• With associated history of migraine
Floaters	• Longstanding with no other symptoms
Headaches	• When reading • Migraine with no ophthalmic symptoms • Tension headaches with no ophthalmic symptoms
Itchy eyes	• Longstanding • Children
Pterygium	• Asymptomatic
Red eye	• Chronic • No associated visual loss
Refraction	• For glasses check • Refractive laser surgery
Retinal	• Asymptomatic non-sight threatening Epiretinal Membrane (ERM) • Choroidal Naevi: asymptomatic, non-suspicious or monitoring only.
Trichiasis	• With no corneal involvement • Removal of eyelash in primary health care sector

2. Clinic Timeframe Categories

The following table gives an indication of the timeframe within which patients of different acuity are expected to be seen. Patients over 45 years of age should have regular eye examinations with an ophthalmologist / optometrist every two years.

Condition	Description
Emergency	A patient whose condition is identified from referral details as having an acute sight or life threatening condition where immediate medical or surgical intervention is required. Contact On Call Ophthalmology Registrar on 8890 5555 #22551 to confirm immediate referral to the Emergency Department.
Urgent: (within 30 days) Waiting list: Category 1	A patient whose condition is identified from referral details as having the potential to deteriorate quickly to the point that it may become an emergency.
Soon (semi-urgent): (90 days) Waiting list: Category 2	A patient, whose condition is identified from referral details as causing some pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency.
Routine: (12 months) Waiting list: Category 3	Patients whose condition is identified from referral details as being unlikely to deteriorate quickly and does not have the potential to become an emergency.
Primary Care – not accepted	Patients whose condition is identified from referral details as requiring primary care, and not reaching the threshold criteria for the hospital's specialist services. Patients over 45 years of age should have regular eye examinations with an optometrist every two years.

3. Referral Resources

In order to triage accurately to the most appropriate specialist clinic, within a clinically suitable timeframe, it is critical that we receive accurate and details referral information. In some cases this may require diagnostic support from local ophthalmologists or optometrists.

The referring GP or optometrist must include:

- Clear statement of symptoms
- Duration of problem – sudden onset / long standing
- Risk factors
- Date of last eye examination – including refraction and BCVA
- Current diagnostic report if available

The Eye Clinic recommends the use of our endorsed referral template available on our Hospital Webpage https://www.wslhd.health.nsw.gov.au/westmead-hospital-eye-clinic/ophthalmology-service/Westmead-Hospital-Eye-Clinic-Ophthalmology-service which ensures all minimum referral data requirements are met.

These guidelines are not designed to assist with a definitive diagnosis, but rather to identify key clinical thresholds requiring referral to the Westmead Eye Clinic for specialist diagnosis.

If the GP is unable to ascertain the clinical information required to identify the thresholds (for e.g. Visual Acuity), this can be obtained from a community Optometrist or Ophthalmologist.

Optometrists can also be located through www.optometrists.asn.au/nsw Ophthalmologists can also be located through www.ranzco.edu

4. Referral Guidelines

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
DIAGNOSES		
AMD		
Choroidal Neovascularization (CNV), also known as Wet AMD • Blurred or distorted central vision Amsler grid showing central vision changes	Optometrist / Ophthalmologist report including VA, refraction and retinal examination Referrals can include patients already receiving anti-VEGF therapy	Prompt treatment to preserve central vision
Cataracts		
Cataract • Best Corrected Visual Acuity (BCVA) – with distance glasses	Optometrist / Ophthalmologist report including VA, refraction and impact of symptoms • Level of visual impairment (recreational, educational, occupational, driving) • Social circumstances • Whether first or second eye **Patient confirms they want surgery** • Worse that 6/12 vision in better eye – Category 3 (unless prior cataract surgery on other eye) • Worse than 6/9 vision in better eye and a professional driver – Category 3 • Only functional eye – Category 1 • With risk of falls – Category 2 • VA >6/12 at discretion of Head of Department • VA <6/60 OU – Category 1 • VA 6/18-6/30 OU – Category 2 • VA 6/12 – Category 3	Cataract Surgery • Surgical Removal of the natural lens • Implantation of an Intraocular Lens
Posterior Capsular Opacity Symptomatic • Reduced visual acuity as compared to 1/12 post-Cataract surgery • Glare	Optometrist / Ophthalmologist report including VA, refraction and impact of symptoms • Refer – Category 3	Capsulotomy • Treatment of thickened posterior lens capsule with laser
Corneal		
Corneal decompensation • Bullous Keratopathy • Endothelial Keratopathy	Optometrist / Ophthalmologist report • Refer urgently – Category 1	Management of corneal disease
Keratoconus	Optometrist / ophthalmologist report • With hydrops – Category 1 • Without hydrops refer – Category dependent on clinical need	• Appropriate patient central management • Corneal Cross Linking
Keratitis	Optometrist / Ophthalmologist report • Refer urgently – Category 1	Medical or surgical treatment of keratitis to reduce pain and improve vision
Pterygium Symptomatic	Optometrist / ophthalmologist report with VA and refraction • Refer – Category 3 depending on clinical need	Surgical removal +/- conjunctival grafting

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
	Red / irritated / distorting vision	
Diabetic Eye Disease		
Diabetic Retinopathy Diabetic Macular Oedema (DMO) Vitreous Haemorrhage	Retinal Assessment including VA and refraction with Optometrist or Ophthalmologist • Refer – Category dependent on clinical need Clinical need is defined by NHMRC Guidelines Screening for early diabetic eye disease can be done by optometrists	Management of diabetic retinopathy for the preservation of vision
Diabetes with sudden Loss of Vision	Refer immediately to On Call Registrar	Emergency management to preserve vision
Eye Infections / Inflammations		
Orbital Cellulitis • decrease in vision • diplopia • pain on eye movements • proptosis • Lid swelling with inability to open eyelids • Systemic sepsis	• Refer immediately to Emergency Department	• Emergency management to preserve vision and orbital function
Preseptal (Periorbital Cellulitis)	• Failure to respond to systemic antibiotics at 48 hours or need for IV antibiotics	• Inpatient management to preserve vision
Eyelids / Malposition		
Blepharospasm	Optometrist / Ophthalmologist report • Essential blepharospasm for consideration for eyelid surgery or orbicularis oculi myectomy surgery.	Surgical management of Essential Blepharospasm
Blepharitis Severe and persistent blepharitis with corneal or lid changes (Trial lid hygiene/compresses and lubricants first)	Optometrist / Ophthalmologist report • Refer Category 2 or 3 as per clinical need	Management of blepharitis
Ectropion and Entropion • With corneal involvement or lid irritation • Unmanageable pain • Corneal damage	Optometrist / ophthalmologist report • Moderately or severely symptomatic ectropion or entropion	• Prevention of corneal disease
Ptosis With / without neurological signs	• Sudden onset if associated with diplopia – Category 1 • Longstanding – Category 3	• Diagnosis and management of underlying neurological cause • Surgical management of ptosis
Chalazion • Acute chalazion • Chronic (3 months) recurrent chalazion which is	Refer – Category 3	Procedure required

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
non-responsive to warm compress		
Lid Lesions	• Clinical suspicion of or biopsy confirmed periocular malignancy (BCC/SCC/Melanoma) – Category 1	Surgical or multidisciplinary management of periocular malignancy
Prosthesis	Refer – Category 2 or 3 depending on clinical need	Management of ocular prosthesis in conjunction with appropriate referral to ocular prosthetician
Eye Pain / Discomfort		
Corneal or Sub-Tarsal Foreign Body If unable to remove FB	Refer immediately to Emergency Department	Check for corneal damage with fluorescein
Contact lens wearer • Discomfort without ulcer or redness • Cease contact lens wear	Refer – Category 2 or 3 depending on clinical need	• Management of pain • Prevention of secondary corneal disease
Acute Angle Closure Glaucoma • See Glaucoma	See Glaucoma	See Glaucoma
Corneal Ulcer	Optometrist / Ophthalmologist report Refer immediately to Emergency Department	Treatment of ulcer to manage pain and improve vision
Proptosis • Suspected Thyroid eye disease • Acute or chronic proptosis with suspected orbital mass or disease	Assessment with an Optometrist or Ophthalmologist Cat 1 or Refer immediately to Emergency Department or On Call ophthalmology registrar	• Emergency treatment to prevent vision loss
Optic Neuritis • Pain on eye movements with reduction of vision	Refer immediately to Emergency Department	• Emergency treatment to prevent vision loss
Glaucoma		
The following will be identified by a glaucoma assessment by local ophthalmologist or optometrist: • Significant increased Intraocular Pressure (IOP) ≥26 mmHg	• Optometrist / Ophthalmologist report including VA, refraction, IOP, + / - gonioscopy, + / - pachymetry, visual fields and disc assessment • Uncontrolled IOP /> 26 mmHg – Category 1 with applanation tonometry	Control of the IOP with: • Eye drops • Laser treatment • Surgical treatment Prophylactic Iridotomy To prevent acute angle closure glaucoma
Narrow Angles Advanced Glaucoma / Uncontrolled Glaucoma	• Controlled IOP – Category 2/3 • Narrow Angles – Category 3	
Acute Angle Closure Glaucoma • History of glaucoma • Red painful eye • Significant reduction or loss of vision • Photophobia • Partly opaque cornea • Hard, tender eye	Refer immediately to Emergency Department or On Call Registrar	Emergency management to preserve vision

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Dilated fixed pupil		
Ophthalmological Headache		
Raised intracranial pressure • +/- Neurological signs / symptoms Headache	Refer immediately to Emergency Department	Emergency treatment to prevent vision loss or serious morbidity
Giant cell arteritis and other vascular disease • Immediate discussion with Ophthalmologist for acute sight threatening giant cell arteritis is mandatory • Immediate ESR/CRP/FBE (no need to wait for results)	• With vision loss - Refer immediately to Emergency Department If pathology is suspected with confirmatory signs / symptoms and raised ESR/CRP – Category 1	Preservation of vision or avoiding serious morbidity
Headache with Ocular pathology • Headaches associated with ocular signs and symptoms: - red eye - epiphora • proptosis	• With diplopia or loss of vision and / or Papilloedema Refer immediately to Emergency Department • Otherwise Category 1 or 2 based on clinical need	Preservation of vision or avoiding serious morbidity
Retinal Disorders		
Epiretinal Membrane & Vitreomacular Traction Syndrome (VMTS)	Patients who do not wish to have surgery do not need to be referred Optometrist / Ophthalmologist report, OCT and VA • Asymptomatic, VA>=6/12– No need for referral • Asymptomatic, VA<6/12 - Category 3 • Symptomatic, VA>=6/12 – Category 3 • Symptomatic, VA<6/12 – Category 2 For possible surgery – Category 2 if VA <6/12	Surgical management
Macular hole	Optometrist / Ophthalmologist report +/- Oct VA • Partial thickness – Category 2 • Full thickness – Category 1	Surgical management
Retinal Vein / Artery Occlusion • Central Branch	Optometrist / Ophthalmologist report – Category 1	Preservation of vision
Retinitis Pigmentosa	Optometrist / Ophthalmologist report – Category 3	
Vitreous Haemorrhage	Optometrist / Ophthalmologist report • Known Diabetic Retinopathy – post PRP laser – Category 1 New Vitreous Haemorrhage – no previous history – Refer immediately to Emergency Department	Surgical management
Central Serous Retinopathy Amsler grid changes	Optometrist / Ophthalmologist report • Category 2	

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Choroidal Naevus	Optometrist / Ophthalmologist report • Non-suspicious/monitoring – no need for referral • Uncertain/suspicious – Category 2-3 depending on level of concern	Preservation of vision and avoid serious morbidity
Intraocular melanoma	Optometrist / Ophthalmologist report • Category 1	Surgical and medical treatment for the preservation of vision and the prevention of metastatic disease
Strabismus (Squint)		
Strabismus / Ocular misalignment • Strabismus, amblyopia (lazy eye), diplopia and thyroid eye disease • Adults and children with developmental, neurological and other problems • Esotropia (ET) (convergent) • Exotropia (XT) (divergent) • Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO) Nerve Palsies	Optometrist / Ophthalmologist report Adults, refer – Category 1 or 2 depending on clinical need	• Surgical management of ocular misalignments • Monitored occlusion therapy to treat amblyopia in children Prescription of prism aids to reduce or eliminate double vision
Trauma		
Adnexal (lid) trauma: • Full thickness lacerations of the upper lid Suspected canalicular or levator disruption	Refer immediately to Emergency Department	Surgical repair of damage caused by trauma to maintain functional anatomical integrity
Blunt trauma • Hyphema • Traumatic mydriasis • Loss of vision	Refer immediately to Emergency Department	Emergency treatment to prevent vision loss
Chemical burns • Irrigate all chemical injuries immediately for at least 10 mins with Saline, Hartmann's or Water	• History (acid, alkali, other) • Phototoxic burns / UV burns Refer immediately to Emergency Department	• pH neutralisation of ocular surfaces • Management of resulting injury
Contact lens wearer	If acute, or associated ulcer – Refer immediately to Emergency Department	• Review of patient's contact lens management by patient of contact lens
Foreign bodies • Within pupil zone • Under upper eyelid • If difficult, incomplete or unable to remove • If pain persists or increases • Intra-ocular • If in doubt	Refer immediately to Emergency Department	• Removal of foreign body • Management of wound / injury
Orbital fracture	Diplopia + / - CT scan Refer immediately to Emergency Department	Surgical repair of fractures and removal of entrapped orbital contents

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Retinal detachments • Sudden unilateral loss of vision • Without or without preceding floaters or flashes • History of trauma • History of severe short-sightedness A "veil" over the vision	Refer immediately to Emergency Department	Emergency treatment to prevent vision loss
Vitreous Haemorrhage	Retinal Assessment with an Optometrist or Ophthalmologist including VA and refraction • Known Diabetic Retinopathy – post PRP laser – Category 1 New vitreous haemorrhage, no previous history – Refer immediately to Emergency Department	Emergency treatment to prevent vision loss
SYMPTOMS		
Diplopia		
Diplopia / Ocular misalignment • Strabismus, amblyopia (lazy eye), diplopia and thyroid eye disease • Adults with developmental, neurological and other problems • Esotropia (ET) (convergent) • Exotropia (XT) (divergent) • Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO) Nerve Palsies	Optometrist / Ophthalmologist report • Adults, refer – Category 1 or 2 depending on clinical need	• Surgical management of ocular misalignments • Prescription of prism aids to reduce or eliminate double vision
Eye Infections / Inflammations		
Red Painful + / - Watery Eye If any of the following occur: • Fluorescein dye inserted in the eye cannot be blown from the nose after five minutes • Photophobia / redness • Hazy and enlarged cornea • Frank suppuration Excessive lacrimation	• Acquired – Refer immediately to Emergency Department • Long standing – Refer Category 3	Emergency treatment to prevent vision loss
Eye Pain / Discomfort		
Dry Eye • Painful and unresponsive to sustained lubrication over 2/52 • Associated with known Sjogren's syndrome • With conjunctival inflammatory condition With ocular pemphigoid	Refer Category 2	• Management of ocular discomfort • Prevention of secondary corneal disease

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Redeye with pain + decreased VA	Refer immediately to Emergency Department	Emergency treatment to prevent vision loss
Ophthalmological Headache		
Headache with Ocular pathology Headaches associated with ocular signs and symptoms: • Red eye • Ephiphora • Proptosis	With diplopia or loss of vision / or Papilledema – Refer immediately to Emergency Department	Preservation of vision
Visual Disturbance / Vision Loss (non cataract)		
Sudden loss of vision with / without pain on eye movements	Refer immediately to Emergency Department	Emergency treatment to prevent vision loss
Blurred vision	• With red eye – Refer immediately to Emergency Department • With headache – Category 1 • Optometrist / Ophthalmologist report – Idiopathic – category as necessary	Preservation of vision
Neuro-Ophthalmic Disorders • Sudden unilateral or bilateral loss of vision • Sudden Lid Ptosis • Sudden Double Vision • Pain on eye movements Sudden visual field loss – confrontation field or formal field test results	Refer immediately to Emergency Department	Emergency treatment to prevent vision loss
Floaters / Flashes	Optometrist / Ophthalmologist report • With reduced vision OR cobwebs / curtain over vision – Refer immediately to Emergency Department Otherwise refer – Category 1	Prevention of retinal detachment