

## Ophthalmology - Top Tips for GP's

### **DO REFER:**

- Lid lumps if suspected tumour
- Red eye if Reduced Visual Acuity:
  - Moderate to severe photophobia
  - Painful
  - Suspected penetrating injury
  - Irritant conjunctivitis (acid/alkali) or severe allergic
  - Suspected Chlamydia in the specific age group
  - Recurrent herpes simplex
- Corneal superficial injury:
  - e.g. Foreign body (if unable to remove)
  - Hyphaema and hypophaea
  - Distorted pupil
  - Suspected retinal damage
  - Reduction in visual acuity
  - Corneal opacities or abrasions
  - Periorbital haematoma
- Giant papillary conjunctivitis:
  - If develops after surgery
  - Chronic contact lens wear
  - Severe atopic not responding to Rx

### **DO NOT REFER:**

- Lid lumps/skin tags for cosmetic reasons
- Refractive errors for laser treatment
- Subconjunctival hemorrhage (unless tracks posteriorly or orbital fracture)
- Blepharitis unless does not respond to lid hygiene/lubricants etc or if associated with disease e.g. Sjogrens

- Dry eye :
  - unless symptoms uncontrolled after 4 weeks Rx
  - ulcers or corneal damage
  - associated disease e.g. SLE, Sjogrens, RA, eyelid deformities
 NB dry eyes can often cause redness ++
- Chronic floaters (refer to optician if not acute)
- Sticky eyes in babies < 12 months if swabs negative (including Chlamydia)
- Bacterial conjunctivitis and Episcleritis unless severe or not responding to Rx

**NB: Watery eyes:-**

Consider direct referral to ENT if suspected blockage of tear passages or mucocele or infected lacrimal sac . (Mr Harkness - Epiphora Clinic)

**Sudden painless loss of vision:-**

In elderly may need vascular referral if suspected carotid problems or other vascular incidents, other guidelines will be ready soon on Giant Cell Arteritis.

Choose and Book advice and guidance is available and underused.

Use link [www.cks.nhs.uk](http://www.cks.nhs.uk) for management details e.g. [www.cks.nhs.uk/blepharitis](http://www.cks.nhs.uk/blepharitis) etc.

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