

# GP Masterclass: Ophthalmology 2

(Everything else you always wanted to know - in 2 hours!)

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# My Bits

## A) Examination

Demonstration of eye examination - Siobhan Wren

## B) Referral refinement

Common referrals to eye OPD / management tips - Inayat Khan

How to prioritise optician's referral requests- Nicholas Lee

Ophthalmology & PPwT conditions / when to refer cataracts - Philip Bloom

## C) Diagnosis and treatment

Clarification of glaucoma drops - Philip Bloom

Corneal Disorders - Fran Harman

Macular degeneration / retinal detachment / flashes & floaters - Julian Patterson

Red eye / painful eye / eyelid lumps (inc chalazion) - Inayat Khan

## D) Update

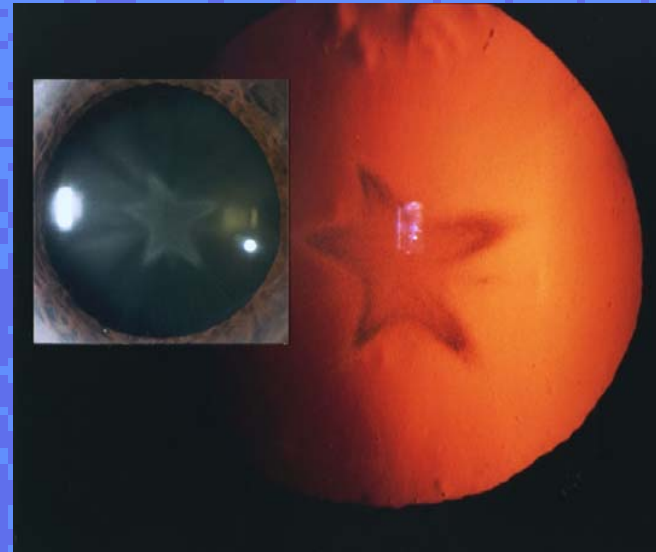
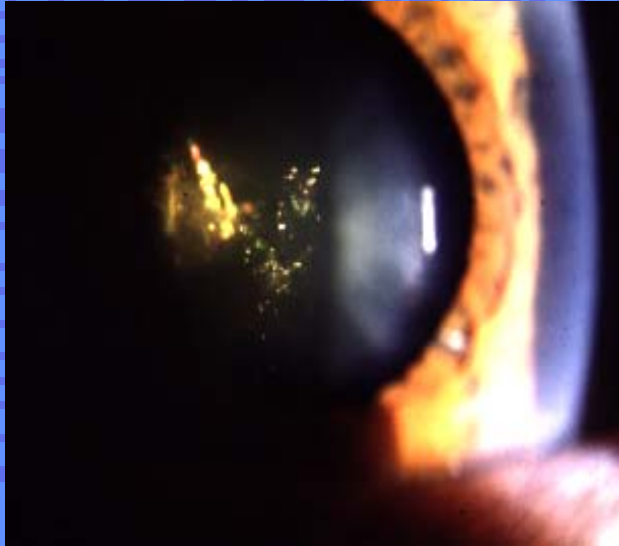
Future of eye services in Hillingdon - Steven Mort

## E) Q&A

# Ophthalmology & PPwT Conditions

## When To Refer Cataracts

# Many Types Of Cataract

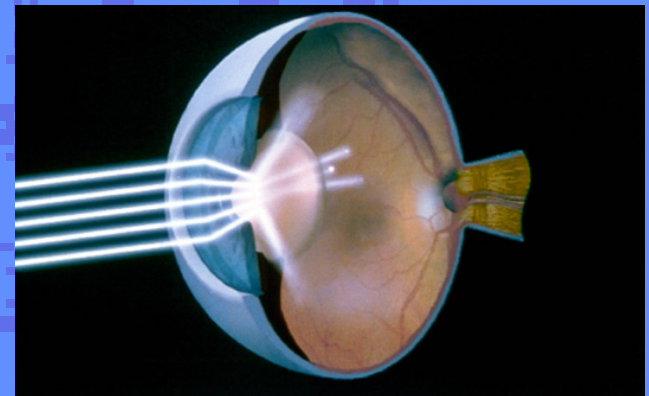
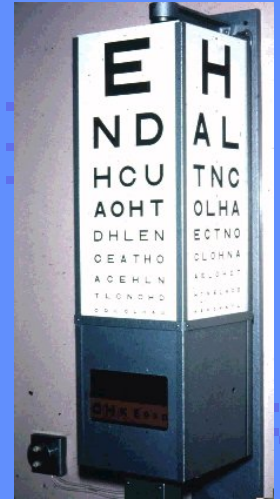


# Clinical History

- Symptoms and duration
- Associated features
- Previous ophthalmic history & surgery
- Other medical conditions & medications
- Refractive error
- Effect on lifestyle
  - Employment
  - Driving

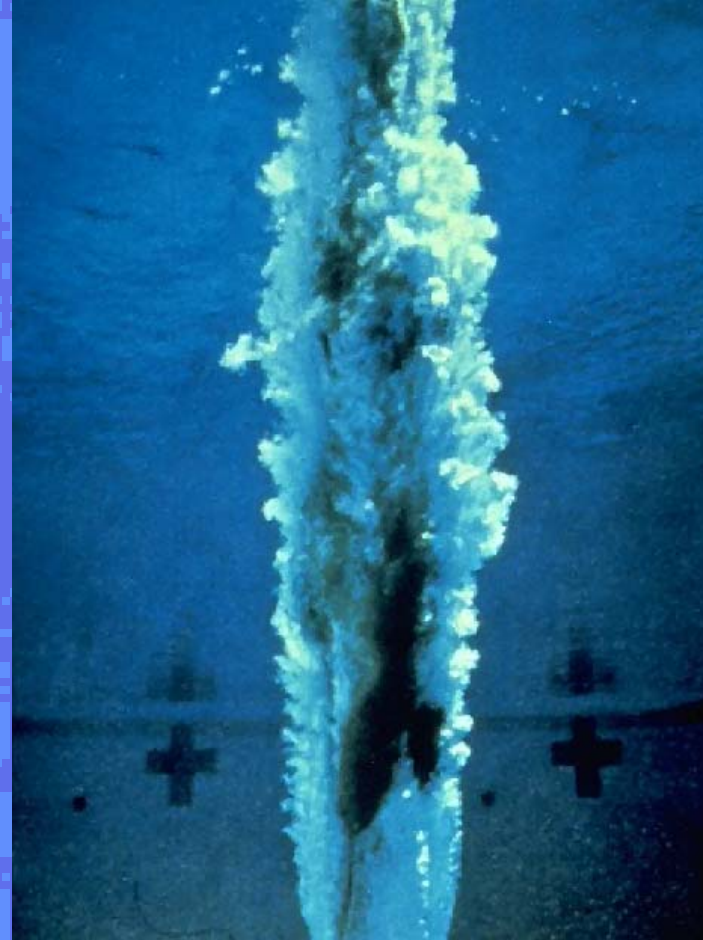
# Visual Assessment

- Symptoms vs. signs
- Acuity
  - Snellen
  - Logmar, ETDRS
- Contrast sensitivity
- Colour vision
- Near & distance vision
- Glare
- Occupation
- Driving



# Glare

- Discomfort
- Disability



# Driving

- Not simply ability to pass Number plate
- Read roads signs at speed
- Make colour judgements
  - Road designations
- Spatial awareness
  - Distances / "gaps"
- Deal with oncoming glare sources

# Refinements

- ◉ Spectacle independence
  - IOLs
  - Incisional surgery
- ◉ Astigmatism control
  - Toric IOLs
- ◉ Presbyopia correction
  - Multifocal IOLs
  - Accommodating IOLs



# Cataracts - What You Need To Know

- 👁️ Is there a cataract?
  - So what if vision is normal
- 👁️ Is it symptomatic?
  - QoL issues
- 👁️ Does the patient want surgery?
  - Ensure understand benefits and risks
- 👁️ Does patient fulfill PPwT threshold?

**Cataract Surgery**

**Policy & Criteria**

**Referral criteria/treatment thresholds for first and second eye cataract surgery**

1. Cataract surgery to be considered for patients with a best corrected visual acuity of 6/9 or worse in either the first or second eye

AND

2. Have engagement in lifestyle such as substantial affect on activities of daily living, leisure activities, risk of falls
3. Surgery is indicated for management of ocular comorbidities e.g. control of glaucoma, view of diabetic retinopathy
4. Patients with visual acuity of 6/9 or better in both eyes should not normally be referred for cataract surgery

*Referrals that do not meet these criteria will be required to follow prior approval/Individual Funding Request route*

# PPwT - Cataract

## Cataract Surgery

### Policy & Criteria

#### **Referral criteria/treatment thresholds for first and second eye cataract surgery**

1. Cataract surgery to be considered for patients with a best corrected visual acuity of 6/9 or worse in either the first or second eye

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# PPwT - THH Forms 1

## Ophthalmology

The Hillingdon Hospital   
NHS Trust

### MANDATORY VERIFICATION FOR PPwT's

FOR ANY PATIENTS BEING LISTED FOR A PLANNED PROCEDURE WITH THRESHOLD AS AGREED IN THE 2011/12 NORTH WEST LONDON COMMISSIONING CONTRACT (SEE LIST OVERLEAF)  
THIS FORM MUST BE COMPLETED AT THE TIME OF LISTING TO ENSURE FUNDING

Addressograph Label:

Date: \_\_\_\_\_

I VERIFY THAT THIS PATIENT MEETS THE REFERRAL CRITERIA SET BY NHS NWL AS DIRECTED BELOW

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

#### Cataract Surgery

Referral criteria/treatment thresholds for first and second eye cataract surgery

Yes

Cataract surgery to be considered for patients with a best corrected visual acuity of 6/9 or worse in either the first or second eye

**And any one of the below**

Have impairment in lifestyle such as substantial affect on activities of daily living, leisure activities, risk of falls

Surgery is indicated for management of ocular comorbidities e.g. control of glaucoma, view of diabetic retinopathy

#### Chalazia

Surgical excision of chalazia will only be funded if the one of the following criteria is met:

Malignancy suspected

Chalazia has been present for more than 6 months

Situated in the upper eyelid

Interfering with vision

# PPWT - THH Forms 2

Proposed Treatments with Criteria and Threshold (PPWTs)	Proposed Treatments NOT FUNDED - need approval by the individual Funding Panel
<b>Urology</b>	<b>Ophthalmology</b>
Circumcision	Refractive surgery
	Face lift or brow lift
	Laser surgery for short sight
<b>Orthopaedics</b>	
Handgrip	<b>Breast</b>
Hip Replacement	Inverted nipple correction
Knee replacement	Revision mastectomy
Knee Arthroscopy/wash out	Breast augmentation (breast enlargement)
Revision hip surgery	Breast prosthesis removal or replacement
Revision knee surgery	Breast reduction
Carpal tunnel surgery	Gynaecomastia - Male breast reduction
Upper Limb	Mastopexy
Dupuytren's Disease/Contracture	
	<b>Urology</b>
<b>General Surgery</b>	Reversal of male sterilisation
Asymptomatic gall stones	Drug treatment for erectile dysfunction
Varicose veins	
Haemorrhoidectomy	<b>General Surgery</b>
Removal benign skin lesions	Removal benign skin lesions
Uncomplicated hernia	Plastic operations on umbilicus
	Hyperhidrosis treatment with Botox/Alum. Tain
<b>Oral surgery</b>	Refracturing of ears and keloids
Wisdom teeth removal	Skin grafts for scars
Ducal splints	
Dental extraction for non impacted teeth	<b>Oral Surgery</b>
	Gynaecology
<b>Ophthalmology</b>	Dental implants
Phacolytic	Orthodontic treatments - cosmetic in nature
Cataracts	
	<b>Pain</b>
<b>Gynaecology</b>	Alternative/Complementary therapies - homeopathy, osteopathy, acupuncture, biofeedback, etc
Pelvic organ prolapse	Reversal of female sterilisation
Hysterectomy for menorrhagia	
	<b>All</b>
	Open MRI scan

Guidance for using above matrix

- Procedures under Green Heading need this form to be filled in at the time of listing and attached to the yellow waiting list form.
- Procedures under the Red Heading must not be listed as not routinely funded. Clinician should alert the patient of this and discharge back to GP for referral to the IFA.
- If clinician feels that the procedure is clinically needed this must be referred to the service manager.

# PPwT - Chalazia

## Chalazia

### Policy & Criteria

Surgical excision of chalazia will only be funded if the following criteria are met:

1. Malignancy suspected
2. Chalazia has been present for more than 6 months
3. Situated in the upper eyelid
4. Interfering with vision

\*Adapted from Kent & Medway List of Low Priority Procedures

# PPwT - Blepharoplasty

## Blepharoplasty

### **Background:**

Blepharoplasty is a surgical procedure performed to correct puffy bags below the eyes and droopy upper eyelids. It can improve appearance and widen the field of peripheral vision. It is usually done for cosmetic reasons.

### **Recommendation**

Blepharoplasty will not be routinely funded except in exceptional circumstances. All requests must be via the IFR Route.

Patients with the following conditions may be considered:

- Impairment of visual fields in the relaxed, non compensated state.
- Clinical observation of poor eyelid function, discomfort, e.g. headache worsening towards end of day and/or evidence of chronic compensation through elevation of the brow.

# IFR form

The image shows a horizontal strip of nine pages from an IFR (Infection Risk Factor) form. The pages are numbered 1 through 9 and contain various tables and text boxes for data entry. The forms are arranged in a row, showing the layout of the document. The background is a solid blue color with a large, faint, pixelated smiley face graphic.



# Clarification of Glaucoma Drops

# Glaucoma: Classical Triad (c 1990)

## 👁️ *Raised eye pressure*

- IOP = intraocular pressure

## 👁️ *Abnormal optic disc*

- Optic disc = optic nerve head = front of optic nerve, visible within the eye
- Degree of 'cupping'
- Colour & size of optic nerve head

## 👁️ *Reduced field of vision*

- Characteristic visual field defects
- End stage 'tunnel vision', then blindness



# (More Recently) Glaucoma Is .....

## 👁️ An optic neuropathy

- With an associated, commensurate visual field defect

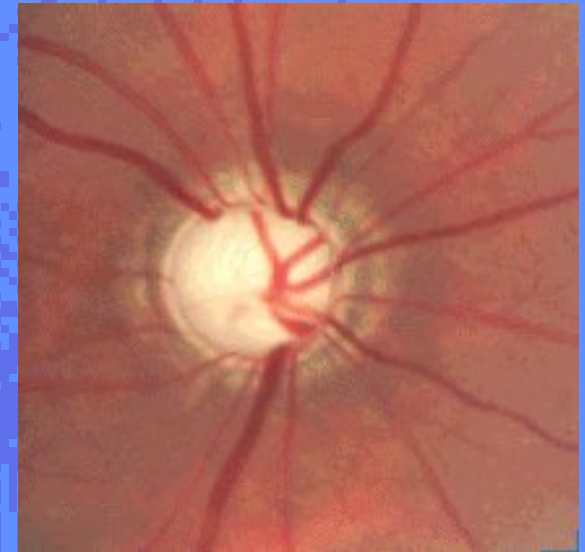
## 👁️ A group of disorders

- These may share common features (e.g. IOP)
- May be very different (e.g. cause, Rx, chronicity)

## 👁️ Not just (or necessarily) raised eye pressure

- IOP outside normal range in only 2/3 glaucoma pts

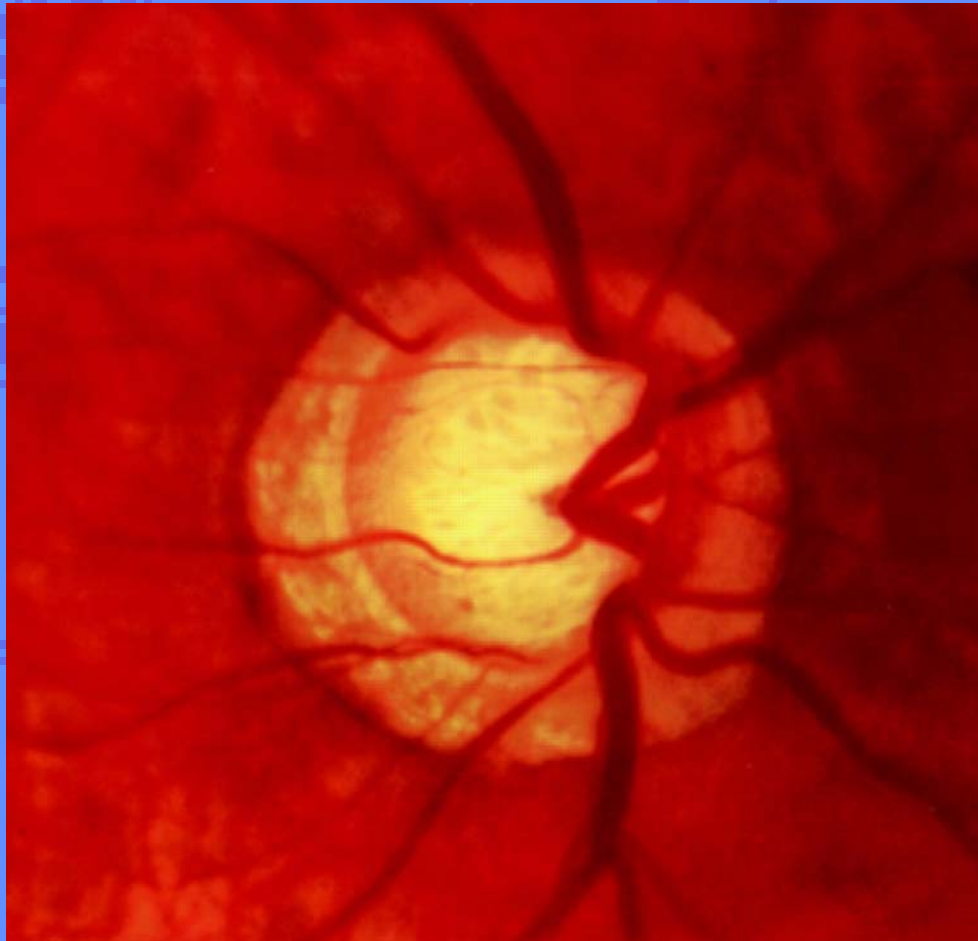
## 👁️ Not usually an emergency (unless acute)



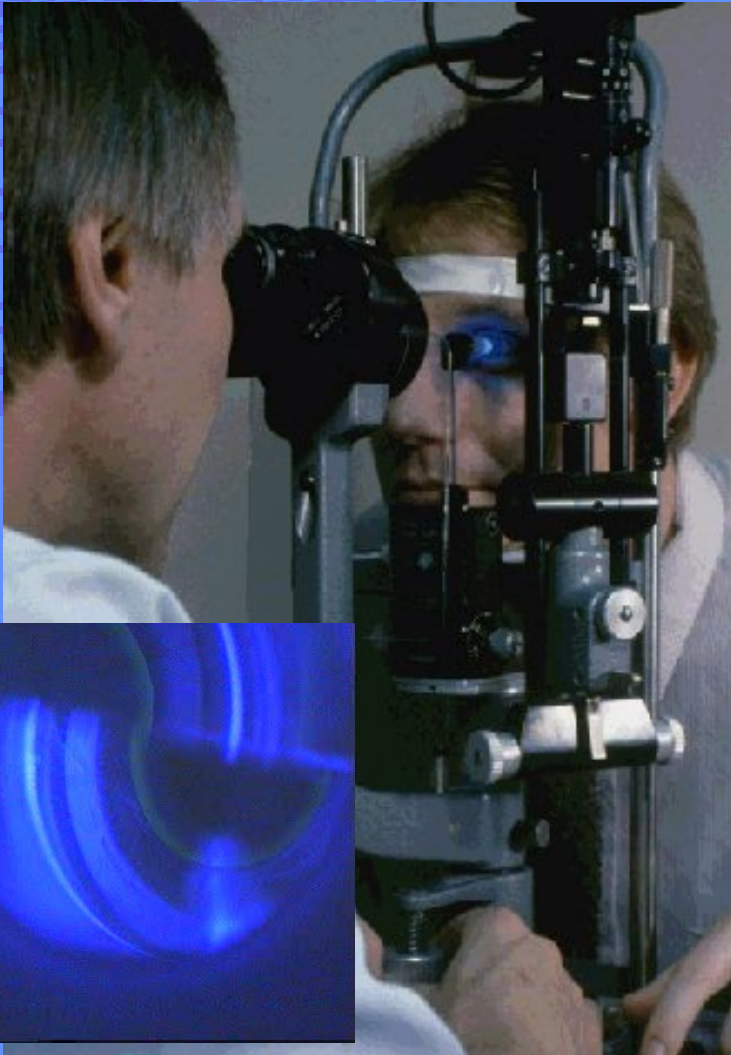
# IOP In Glaucoma

- A continuum of pressure
- A continuum of risk
- A degree of diurnal variation is normal
- Single or infrequent measurement of raised IOP does not equal glaucoma
- The only modifiable risk factor

# The Optic Disc



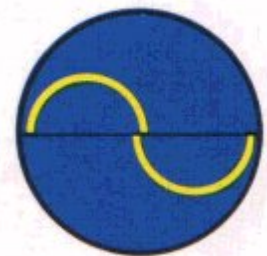
# IOP Measurement



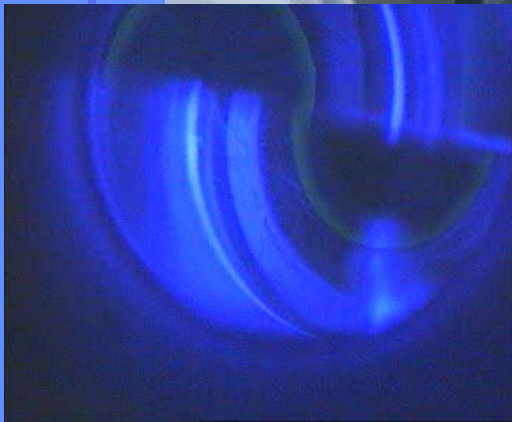
Too small



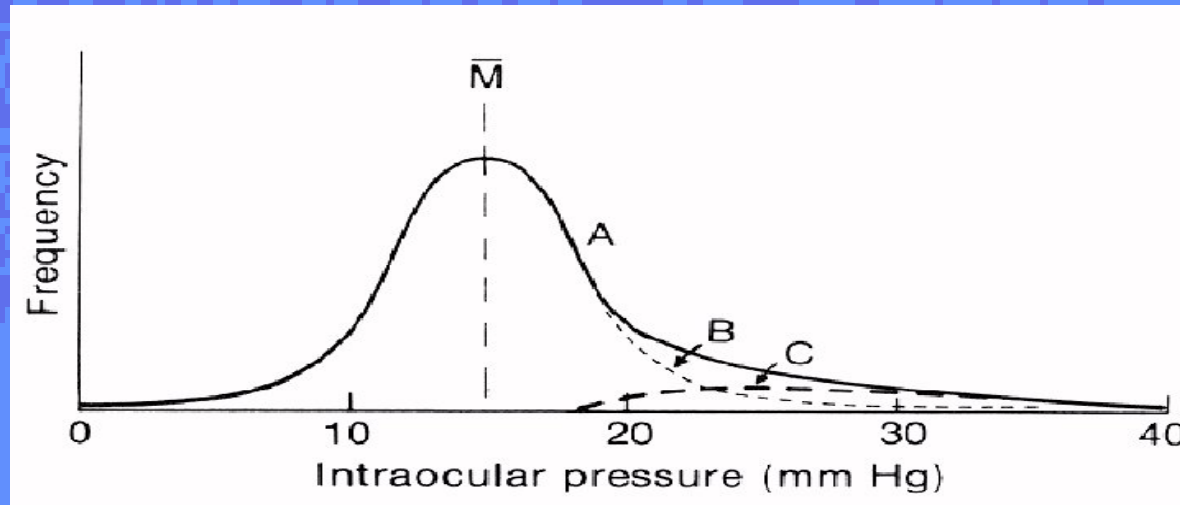
Too large



Endpoint



# Intraocular Pressure (IOP)



- Mean 15 mmHg
- Mean + 2 SD = 21 mmHg
- Individual glaucoma patients susceptible to damage at different levels of IOP
  - i.e. may progress if IOP in 'normal' range

# Drops For Glaucoma : $\beta$ -blockers & Others



## Trade name

## Drug name

Timoptol 0.25-0.5%

Timolol

(+ generic / minims)

Betagan (+PF)

Levobunolol (+PF)

Betoptic

Betaxolol

Teoptic

Carteolol

Isoptocarpine 1-4%

Pilocarpine (minims)

Diamox 250mg

Acetazolamide

Diamox SR

Acetazolamide (SR)

# Drops For Glaucoma : Prostaglandins (PG)

Trade name

Drug name

Xalatan

Latanoprost



Lumigan

Bimatoprost



Travatan

Travaprost



Saflutan (PF)

Taflaprost (PF)



# Drops For Glaucoma : Combination (PG)

Trade name      Drug name

Xalacom

Latanoprost + timolol



Ganfort

Bimatoprost + timolol



Duotrav

Travaprost + timolol



# Drops For Glaucoma : Carbonic Anhydrase Inhibitors (CAI)

Trade name

Drug name

Trusopt

Dorzolamide



Azopt

Brinzolamide



Trusopt (PF)

Dorzolamide (PF)



# Drops For Glaucoma : Combination (CAI)

Trade name      Drug name

Cosopt

Dorzolmide + timolol



Azarga

Brinzolamide + timolol



Cosopt (PF)

Dorzolmide + timolol (PF)



# Drops For Glaucoma : α-agonists

Trade name

Drug name

Alphagan

Brimonidine



Iopidine 0.5%

Aproclonidine 0.5%

Iopidine 1% (PF)

Aproclonidine 1% (PF)

# What Nice Eyes!

