



# Summary

## AS-OCT pathway

### Overview

A community-based, locally funded service for patients referred for narrow anterior chamber angles.  
Aim: To outline practice and practitioner criteria for AS-OCT service provision

### Patient Eligibility

- Patient aged 18 and over and registered with SEL GP
- Patient is not currently under HES for glaucoma

### Any patient already under HES glaucoma clinic

Overdue review	Clinical status update
•Contact HES outpatient appointments team	•Contact HES Glaucoma team directly

### Service Delivery

- Full history and symptoms including specific check for PACS plus criteria
- Applanation tonometry
- Stereoscopic optic disc assessment (i.e. Volk)
- Anterior chamber (AC) assessment with either AS-OCT or gonioscopy
- AS-OCT findings noted as irido-trabecular contact (ITC) present or absent
- Gonioscopy findings noted as occludable angle (2 or more quadrants of ITC) present or absent
- All findings entered onto glaucoma form on Outcomes

### Service Outcomes

- Discharge from service back with px advice for monitoring by patient's community optometric care
- Referred onwards to glaucoma clinic

Advice to patient: To seek immediate advice if you experience all three of these symptoms together – pain around the eye or eyebrow, intermittent blurry vision and haloes around lights.

### Service Requirements

- All episodes must be recorded on Outcomes platform
- Equipment: access to Outcomes & eRS; Distance & Near test chart; Appropriate ophthalmic drugs as required; GAT or Perkins; Slit-lamp biomicroscope; Volk &/or BIO; AS-OCT &/or Goniolens
- Practitioner: GOC registered, SEL COTS approved optometrist with Prof Cert or higher qualification in glaucoma & attended POS AS-OCT training
- Practice: SEL COTS approved practice and have required equipment

### e-RS Tips

- All information is for the correct relevant patient
- Referral letter contains all relevant information as per service delivery
- All relevant associated documents such as OCT images are attached
- Action requested, urgency, clinic choice and provider choice (where applicable) is clearly identified



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### Referral Information

Px details	Referrer Details	Required Information	Ideal additional information
<ul style="list-style-type: none"> <li>Name</li> <li>DOB</li> <li>NHS number</li> <li>Address</li> <li>Contact info</li> <li>GP details</li> </ul>	<ul style="list-style-type: none"> <li>Referrer's Name</li> <li>Referrer's GOC number</li> <li>Practice details</li> <li>Practice contact info</li> </ul>	<ul style="list-style-type: none"> <li>Absence/presence of PACS plus criteria</li> <li>VVA with pinhole if reduced</li> <li>IOP</li> <li>AC angle findings (AS-OCT scans if applicable)</li> <li>ONH CD ratio</li> </ul>	<ul style="list-style-type: none"> <li>Refraction</li> <li>Risk Factors</li> <li>Previous ocular history</li> <li>Medical history inc meds/allergies</li> <li>Disc images</li> <li>VF plots</li> </ul>

### PACS Plus Criteria

- Diabetic patient under DRSS with dilation
- Taking certain medications with anti-cholinergic properties eg anti-depressants
- Live in remote location without access to local emergency eye care
- High hyperopia +6.00D or more
- Only eye patient
- Learning disability patients
- Very strong family history of angle closure disease

### Referral Guidance

Intermittent Angle closure symptoms	AC findings	ITC/occludable angle	PACS plus	IOP	ONH	Outcome
Present	Open	Absent	n/a	Follow Glaucoma Pathway		
Absent or Present	Narrow	Absent	Absent	<22mmHg	Normal	Discharge with advice
			Present	<22mmHg	Normal	Discharge with advice
		Present	Absent	<22mmHg	Normal	Routine referral to glaucoma
			Absent or Present	22-30mmHg	Normal	Routine referral to glaucoma
			Absent or Present	<30mmHg	Suspect	Routine referral to glaucoma

#### Note in any scenario:

- If IOP = 30-34mmHg – URGENT referral to HES – glaucoma via e-RS
- If IOP >35mmHg – EMERGENCY/same day referral to HES RAU via Emergency Pathway
- If Acute Angle Closure (AAC) attack – EMERGENCY/same day referral to HES RAU via Emergency Pathway