



## New Direct Macular Surgery Pathway – at St Thomas'

Dear all Optometrists in SE London – MECS and non-MECS practices,

A new pathway is available at St Thomas to enable patients to be seen and treated quicker if they are suffering with any of the following:

- Epiretinal membrane
- Macula holes
- VMT/VMA

Aim is for patients to be seen and treated (if required) within 3 months to optimise best visual prognosis.

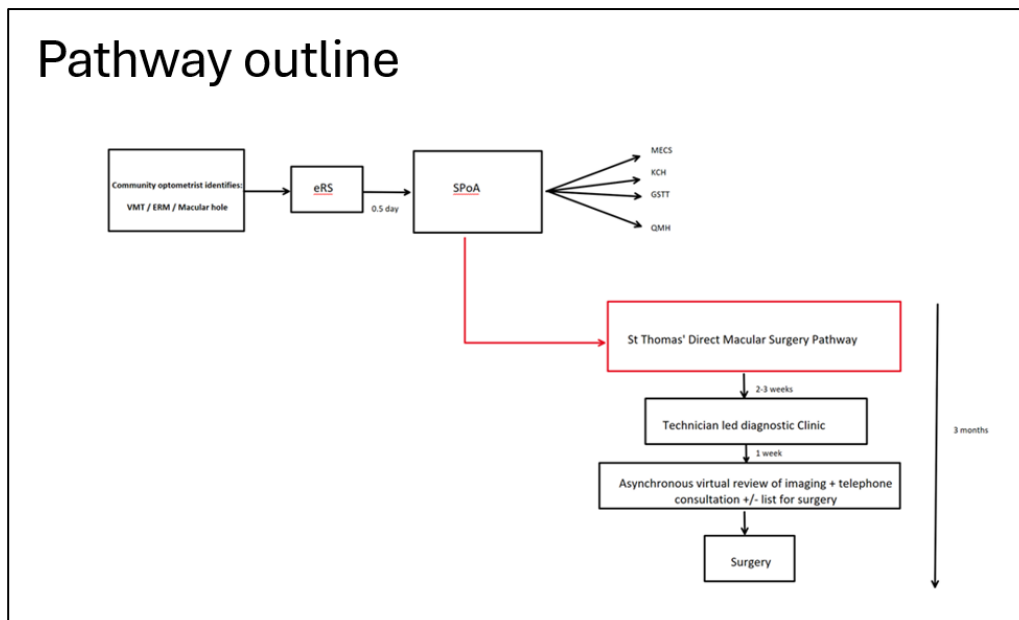
**\*\*\*This is not for wet ARMD/Diabetic maculopathy – those referrals need to be sent to their appropriate clinics. \*\*\***

### What your referral needs to include:

- All the usual patient identifiable data – name, DOB, address, telephone number, email etc
- **Telephone number is essential as px will be called by the team (details below)**
- GH/Meds/Previous OH – including any treatment and the HES site if known
- Distance VA, PH, Near VA
- Amsler and/or detailed description of distortion
- Dilated exam (if required) to get good fundus view and OCT images
- OCT B scan (layer scan) showing the Macula ERM, VMA, VMT or mac hole
- Any other useful information/scans – please ensure that these are of good quality.

On Outcomes MECS form, there will soon be an additional box for this service under OCT claim. Until then add New Mac Pathway in reason for claim

Please remember when you are discussing HES choice with your patient that this is **for St Thomas only**.



**\*\*\*Please note the Technician led Diagnosis Clinic is at Minnie Kidd House which is based in Clapham. Nearest station is Clapham South which is on the Northern Line.**

**Any surgery will take place at St Thomas' Hospital, Westminster Bridge Road. \*\*\***

**Once the patient has been seen in the Technician Led Diagnosis Clinic at Minnie Kidd House, their results will be assessed by the Ophthalmologist, and the patient will then have a telephone call to discuss and list for surgery if appropriate.**



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## Referral Guidance from The College of Optometrists

### Epiretinal Membrane:

#### Management category

**B1:** fovea involving with VA  $\leq 6/12$  (or loss of more than two lines from baseline (0.2 logMAR)) or distortion, and no other reason for decreased vision. Routine referral to vitreo-retinal (VR) service.

**B2:** fovea sparing or fovea involving, with no reduction or change in VA or distortion. Annual monitoring in the community or according to local protocols.

If available OCT of macula should accompany referral.

### VMT/VMA/Macular Hole

#### Management by optometrist

Practitioners should work within their scope of practice, and where necessary seek further advice or refer the patient elsewhere

#### Non pharmacological

OCT examination (if not available, consider referring to a colleague who has the equipment). OCT imaging provides information on the size of a macular hole and the presence of vitreoretinal traction and/or epiretinal membrane formation. OCT images are also helpful in patient education.

In the presence of a full thickness macular hole, evaluate the minimum linear diameter (MLD) in the OCT slice with the widest hole dimensions where possible. MLD is the minimal width at the approximate midpoint of the hole.

Careful examination of the fellow eye to identify presence of 'at risk' features e.g. vitreous traction at or near the centre of the macula (VMT).

(GRADE\*: Level of evidence=moderate; Strength of recommendation=strong)

Patient education on early warning signs of a macular hole e.g. metamorphopsia and/or change in central vision. Consider supplying an Amsler Grid and emphasise the importance of using it (a) monocularly and (b) regularly. Alternatively, ask the patient to regularly read with each eye independently to check for changes in vision (blur or metamorphopsia).

Counsel patients with previous macular hole regarding the risks of subsequent fellow eye involvement and advise to self-monitor for symptoms.

GRADE\*: Level of evidence=low; Strength of recommendation=strong)

#### Pharmacological

None

#### Management category

**B1 (modified):** for VMA, VMT, and partial thickness macular holes monitoring with OCT

**A3:** for FTMH regardless of size: urgent referral to the local vitreoretinal service for consideration of a surgical treatment plan (within one week, or in accordance with local protocols)

### Key Points

- Patients must be willing to be seen at Minnie Kidd House and GSTT – ensure they know that will be seen at 2 different sites
- Pathway is not suitable for any other macula issues such as wet/dry ARMD/Diabetic Maculopathy
- MUST have an OCT of good quality
- Patient MUST have telephone

### Links to College Guidance:

[Idiopathic epiretinal membrane - College of Optometrists](#)

[Vitreomacular traction and macular hole - College of Optometrists](#)