Quick Guide

Urgent Maculopathy (wet ARMD/IVT)

Overview

Provide information and referral form for patients who may be suitable for intra-vitreal therapy (IVT) for macular neovascularisation

Patient Eligibility

- Patient aged 18 and over with signs/symptoms of macular neovascularisation with VA of 6/96 or better
- Patients also not currently under HES for IVT.
- For patients already under HES for IVT and awaiting next appointment showing –
  - reduced VA &/or fluid on OCT image – refer via Urgent pathway as below
  - stable VA & OCT – wait for HES appointment but to return for review ASAP if vision changes

Service Delivery

- Relevant clinical examination
- Completion of Urgent Macular Referral Form
- Management as per Service Outcomes

Referral Criteria

Potential Concern	Signs/Symptoms	Additional	Management
Wet ARMD	Reduced VA, Amsler distortion, macular outer retinal fluid/haemorrhage	Over 50 years old	Urgent referral with OCT scans to wet ARMD
CSCR	Reduced VA, Amsler distortion, subretinal separation	Under 50 years old	Routine referral to OMR if evidence of chronicity >3 months
Post-op CMO	Reduced BCVA, intra-retinal macular oedema	Recent ocular surgery	Urgent referral with OCT scans back to cataract provider
RVO related CMO	Reduced VA, Amsler distortion, intra-retinal macular oedema	RVO	Urgent referral with OCT scans
DMO/CSMO	Macular fluid	Diabetic	CRT >400 microns – urgent referral with OCT scans to DMR CRT <400 microns – routine referral with OCT scans to DMR

Service Outcomes

- Discharge from service – patient does not require IVT consult
- Urgent Referral – COTS via URGENT – eRS; non-COTS via Urgent SPoA
- Routine Referral – COTS via Routine- eRS; non-COTS via Routine SPoA

Service Requirements

- If referring as urgent, completion of urgent macula referral form and attaching OCT scans
- Equipment: Distance & Near test chart; Amsler chart; Appropriate ophthalmic drugs (staining agent, mydriatic); Slit-lamp biomicroscope; Volk &/or BIO
- Practitioner: GOC registered

Referral Tips

- All information is for the correct patient especially patient contact information
- Referral letter contains all necessary information
- All relevant associated documents/images are attached
- Action requested, clinic choice and provider choice (where applicable) is clearly identified

URGENT MACULAR REFERRAL

This form is intended patients who may be suitable for Intra-Vitreal Therapy
Complete as fully as possible. Contact details for patient and optometrist MUST be completed
Images &/or OCT B-scans must be attached to the referral

Referral Criteria for using this pathway	☐	Vision loss & Affected eye VA is 6/96 or better
	☐	Recent sudden onset of central distortion (usually < 6/12)
	☐	Fundus appearance suggestive of choroidal neovascularization

Tick all that apply

Patient Details			
Px Name		DOB	
Px Contact Details		NHS number	

Enter details as specified

GP Details	
Optometrist Details	
Optometrist NHSmail	

Enter details as specified

	Current Refraction Date:	BCVA	PH	Add	NVA	Previous BVCA Date:
R						
L						

Enter details as specified

CURRENT	Yes	Onset (# weeks)	Distorted Amsler	Mac Haem	Subretinal Fluid
RE affected	☐		☐	☐	☐
LE affected	☐		☐	☐	☐

Tick all that apply, Enter number of weeks

Risks & Associations	☐	Previous History of AMD
	☐	Previous history of Intra-Vitreal Therapy
	☐	Co-existing diabetes & CRT > 400 microns
	☐	Evidence of Vein Occlusion

Tick all that apply

Attached Images Showing Pathology in Question	☐	Macular OCT B-Scan
	☐	Fundus Image

Tick all that apply

Chosen Provider	☐ GSTT	☐ KCH, Denmark Hill	☐ QMH	☐ Orpington	☐ Other
Which Other & Why					

Tick that which applies and Enter details if relevant

Information	
For Patient	You should be contacted within 1 – 2 weeks. If you have not heard, please contact the ophthalmology department at the relevant hospital
For GP	This referral has been sent directly to HES via the Urgent Macular Pathway. Please accept this as notification. No further action is required
For Optometrist	SEL MECS – send this report and images via eRS (SEL MECS) URGENT
	Non-MECS – send this report and images via SPoA URGENT

Non-MECS Contact email for Single Point of Access (SPoA)			
Lambeth GP patients	lamccg.ophthalmologyspor@nhs.net	Bexley GP patients	bexccg.ophthalmologyspo@nhs.net
Southwark GP patients	souccg.ophthalmologyspor@nhs.net	Bromley GP patients	selicb.bbgspa@nhs.net
Lewisham GP patients	lewccg.mecs@nhs.net	Greenwich GP patients	lch.greenwich.mecs@nhs.net

The reason for this correspondence has been explained to the patient/guardian who agrees to it and consents to information being exchanged between the Hospital Service, their General Medical Practitioner and Optometrist