

Ophthalmology Surgery Specialist Clinic Referral Guidelines

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. [The Alfred Specialist Clinics Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Referral to Victorian public hospitals is not appropriate for:

- Review or treatment of neovascular (wet) age-related macular degeneration (AMD) where the patient has already commenced treatment at another facility
- Early intermediate or geographic atrophy (dry) age-related macular degeneration.
- If the patient is not willing to have surgical treatment
- Cataract that does not have a significant impact on the person's activities of daily living
- Prior to the person's vision being corrected with spectacles, contact lenses, or the use of visual aids.
- Eye screening in patients with diabetes
- Review of diabetic retinopathy (including pregnancy).
- Requests for the diagnosis or ongoing management of glaucoma suspect, ocular hypertension or stable early and moderate glaucoma.

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Patients under 18 years of age
- Dry eyes
- Blepharitis
- Asymptomatic pterygium.
- Acute chalazion/stye

Please refer to the Department of [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Ophthalmology specialist clinics in public hospitals.

Ophthalmology Surgery Specialist Clinic Referral Guidelines

Please include in your referral:

Demographic details: <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• If an interpreter is required• Medicare number	Clinical information: <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports• Past medical history• Current medications
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Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist - please provide your patient with a **12 month referral addressed to the specialist of your choice.**

Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment. The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Ophthalmology Registrar on call on 9076 2000.

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Age-related macular degeneration

DHHS [Statewide Referral Guidelines](#) apply for this condition.

Criteria for referral to public hospital specialist clinic services:

- New onset of reduced central vision and/or distortion due to neovascular (wet) age-related macular degeneration (AMD).

Information to be included in the referral:

Information that **must** be provided:

- Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination, for both eyes
- Onset, severity and duration symptoms.

Provide if available:

- Optical coherence tomography (OCT) results
- If the person identifies as an Aboriginal and Torres Strait Islander.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Review or continuation of treatment of neovascular (wet) age-related macular degeneration (AMD)
- Patients who are already receiving treatment in the community
- Early intermediate or geographic atrophy (dry) age-related macular degeneration.

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Assessment for cataract surgery

DHHS [Statewide Referral Criteria](#) apply for this condition.

Criteria for referral to public hospital specialist clinic services:

- Patient requests surgery for documented cataract with either:
 - Significant disabling symptoms that affect the person's activities of daily living (e.g. light or glare sensitivity, ability to drive, recognise faces, work or self-care, increased risk of falls)
 - Visual acuity 6/12 or worse in the affected eye.

Information to be included in the referral:

Information that **must** be provided:

- Statement that the patient has indicated interest in having surgical treatment.
- Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination that includes best corrected visual acuity (i.e. measured with spectacles or contact lenses) for both eyes and performed in the last 3 months
- Onset, severity and duration symptoms
- Functional impact of symptoms on daily activities including impact on work, study or carer role.

Provide if available:

- A scan result
- If unable to visualise the retina during the eye and vision assessment
- If the person is a commercial driver
- If the person is a carer
- If the person identifies as an Aboriginal and Torres Strait Islander.

Referral to a public hospital is not appropriate for:

- If the patient is not willing to have surgical treatment
- Lens opacities that do not have a significant impact on the person's activities of daily living
- Patients whose vision can be corrected with spectacles, contact lenses, or the use of visual aids.

Assessment for cataract surgery (continued)

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.

If the person's vision deteriorates please provide an updated eye and vision assessment, with refraction, that includes best corrected visual acuity (i.e. measured with spectacles or contact lenses for both eyes)

Note as detailed in the Elective Surgery Access Policy, patients can only be referred for elective surgery at a public hospital if they meet the clinical threshold for that surgery at the time of referral for surgery.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Diabetic eye disease

DHHS [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

- Sudden loss of vision.

Criteria for referral to public hospital specialist clinic services:

- Proliferative diabetic retinopathy (PDR)
- Assessment of severe non-proliferative diabetic retinopathy threatening vision
- Vitreous haemorrhage in a person with diabetes.
- Diabetic macula oedema affecting vision.

Information to be included in the referral.

Information that **must** be provided:

- Comprehensive eye and vision assessment usually performed by an optometrist or ophthalmologist, with refraction and dilated retinal examination, for both eyes performed in the last 3 months.

Provide if available:

- Onset, severity and duration of symptoms
- Type of diabetes and duration of disease
- Any previous eye treatments e.g. retinal laser, surgery, intravitreal injections
- Optical coherence tomography (OCT) results
- Recent HbA1c results
- Fasting lipid results
- Blood pressure readings
- If the patient is pregnant
- If the person identifies as an Aboriginal and Torres Strait Islander.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Eye screening in patients with diabetes
- Review of non-vision threatening diabetic retinopathy (including during pregnancy).

Diplopia

Acute, painless diplopia

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for this condition.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Acute, painful diplopia

Direct to the Emergency Department for this condition.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Eye infections/ inflammations

Viral/bacterial conjunctivitis with discharge

Direct to the Emergency Department for:

- Red eye with reduced vision
- Suspected iritis
- Suspected corneal ulcer
- Suspected herpes simplex , infections, or
- Herpes zoster ophthalmicus with eye involvement.

Evaluation

Key Points:

- Reduced vision
- Discharge (purulent or watery)
- Photophobia (with or without pain)
- Itch/irritation
- Unilateral/bilateral
- Fluorescein staining (yes/no)
- Duration/frequency
- Current topical therapy
- Contact lens wearer (hard/soft)
- Ocular pain

Management:

- Appropriate broad-spectrum topical antibiotic (e.g. Chloramphenicol)
 - If unresponsive after four days, re-evaluate and refer if appropriate.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Acute dacryocystitis

Direct to the Emergency Department for this condition.

Management:

- One full course of broad spectrum systemic antibiotic (e.g. Augmentin, Flucloxacillin) and refer.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Drug allergy

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment:

- If unresponsive and covers

Management:

- Cessation of drug, conservative treatment, e.g. lubricants, topical decongestants, mast cell stabilisers and removal of allergies.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Vernal Catarrh

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment:

- If corneal ulceration is present.

Evaluation

Key Points:

- Vernal catarrh is severe conjunctivitis, often in younger age group, characterised by severe itch, stringy mucoid discharge and typical thickened swollen “leathery” inferior fornix +/- cobblestone papillae, upper lid
 - NOTE: the discharge is quite characteristic for this condition.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Corneal conditions

DHHS [Statewide Referral Criteria](#) apply for this condition.

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for:

- Sudden loss of vision
- Corneal graft rejection
- Contact lens keratitis or corneal ulcers
- Embedded foreign body in the eye
- Traumatic eye injuries.

Criteria for referral to public hospital specialist clinic services:

- Corneal and ocular surface conditions including:
 - Progressive corneal conditions causing vision loss
 - Corneal melting disorders
 - Graft versus host disease
 - New pigmented corneal or conjunctival lesions
 - Ocular surface squamous neoplasia
 - Patient requires corneal transplant
 - Progressive cicatrising conjunctivitis
 - Progressive keratoconus
 - Symptomatic pterygium
 - Symptomatic, recurrent corneal erosion syndrome.

Information to be included in the referral.

Information that **must** be provided:

- Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction
- Onset, severity and duration symptoms.

Corneal conditions (continued)

Provide if available:

- Any history of:
 - Herpetic eye disease
 - Corneal transplant
 - Contact lens use
 - Traumatic eye injury
 - Eye surgery
- If the person identifies as an Aboriginal and/or Torres Strait Islander.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive services through the [Victorian Eyecare Service](#).

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Dry eyes
- Blepharitis
- Asymptomatic pterygium.

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Eyelid disorders/malposition

Direct to the Emergency Department for:

- Preseptal or orbital cellulitis.

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for:

- Entropion, according to clinical indication.

Evaluation

Key Points:

- Discharge (purulent or watery)
- Photophobia (with or without pain)
- Itch/irritation
- Unilateral/bilateral
- Duration/frequency
- Current topical therapy
- Contact lens wearer (hard/soft)
- Acutely inflamed eyelid
- Lid swelling and chemosis

Management:

- For blepharitis without co-morbidity: lid scrub regime with/without AB
- For trichiasis: epilation – manual or otherwise
 - Routine referral appropriate if unresponsive/recurrent
- For ectropion: routine referral appropriate if symptoms severe
- For entropion: check for corneal damage with fluorescein; routine referral may be appropriate according to clinical indication
- For acute chalazion/stye: systemic AB (e.g. Augmentin) +/- cyst drainage.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Blepharitis.
- Upper lid dermatochalasis that is a purely cosmetic issue
- Acute chalazion/stye

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Glaucoma

DHHS [Statewide Referral Criteria](#) apply for this condition.

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for:

- Sudden loss of vision associated with raised intraocular pressure (e.g. acute angle-closure glaucoma).

Criteria for referral to public hospital specialist clinic services:

- The management of:
 - Advanced glaucoma where the patients are not being appropriately managed in the community
 - Unstable, progressive glaucoma where the patients are not being appropriately managed in the community.
 - Glaucoma requiring surgery

Information to be included in the referral.

Information that **must** be provided:

- Comprehensive eye and vision assessment performed by an optometrist or ophthalmologist, with refraction, that includes **intraocular pressure** and visual field test for both eyes performed in the last 3 months
- Presence of any of the following:
 - Secondary glaucoma
 - If the patient has only one seeing eye
 - Multiple ocular surgeries
 - Ocular trauma.

Provide if available:

- Central corneal thickness measurement for both eyes performed in the last 3 months
- Optical coherence tomography (OCT) including retinal nerve fibre layer results
- Optic disc photos
- Gonioscopy test results.
- If the person identifies as an Aboriginal and/or Torres Strait Islander.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive through the [Victorian Eyecare Service](#).

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Requests for the diagnosis or ongoing management of glaucoma suspect, ocular hypertension or stable early and moderate glaucoma where patients are being appropriately managed in the community

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Headache

Tension headache

Evaluation

Key Points:

- No neurological signs/symptoms
- Normal visual acuity (VA)

Management:

- No need for ophthalmic assessment.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Vascular headache

Evaluation

Key Points:

- Migrainous cluster with visual symptoms.

Management:

- No need for referral unless suspect associated ocular pathology.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Raised intracranial pressure

Direct to the Emergency Department for this condition.

Evaluation

Key Points:

- +/- neurological signs/symptoms

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Giant cell arteritis and other vascular disease

Direct to the Emergency Department:

- If patient is experiencing associated loss of vision.

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment:

- If pathology is suspected with confirmatory signs/symptoms and raised ESR.

Evaluation

Key Points:

- Immediate ESR.

Management:

- Immediate discussion with Ophthalmologist for acute sight threatening giant cell arteritis is mandatory.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Headache with ocular pathology

Direct to the Emergency Department:

- If patient experiences associated loss of vision or progressive loss of function (diplopia).

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for:

- Patient with no loss of vision or no progressive loss of function.

Evaluation

Key Points:

- Headaches associated with ocular signs and symptoms (red eye, epiphora, proptosis, etc.)

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Accommodative/asthenopic headache

Evaluation

Key Points:

- Confirm absence of neurological vascular, tension headaches, etc.

Management:

- Not routinely seen at the Alfred
 - For asthenopic symptoms, suggest referral to optometrist for assessment.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Ocular foreign bodies

Direct to the Emergency Department for:

- Suspicious nature of injury
- Difficult to remove foreign body
- Visual loss
- Suspected penetration.

Evaluation

Key Points:

- Site of entry
- X-ray
- History
- Visual acuity
- Attendant ocular signs

Management:

- Remove foreign body if superficial and easy to remove
- Cover eye (systemic AB only after consultation).

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Loss of vision (non-cataract)

Direct to the Emergency Department for:

- Arterial occlusions
- Retinal detachments
- Optic neuritis
- Optic nerve swelling or pathology – unilateral and bilateral

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for:

- Floaters/flashers.

Evaluation

Key Points:

- Severe loss of vision:
 - Speed of onset
 - Pain
 - Systemic disease
- Afferent pupil defect
- Unilateral or bilateral
- Fundus examination (often normal)
 - NOTE: dilate pupils to allow fundal examination only after exclusion of afferent pupil defect
- Transient loss of vision:
 - TIAs – fundus exam, bruit
 - NOTE: dilate pupils only after exclusion of afferent pupil defect.

Management:

- For arterial occlusions: suspected giant cell arteritis

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Orbital pain

Proptosis

Direct to the Emergency Department for:

- Acute proptosis.

Immediately contact the ophthalmology registrar to arrange urgent ophthalmology assessment for:

- Not acute, depending on time frame and severity.

Evaluation

Key Points:

- Acute, chronic, endocrine
- Painful
- Masses
- Ocular movement.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Trauma

Adnexal lids

Direct to the Emergency Department:

- All full thickness lacerations of the upper lid
- Suspected canalicular disruption
- Levator disruption.

Evaluation

Key Points:

- Functional anatomical integrity.

Management:

- Antibiotic ointment, pad.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Orbital trauma

Direct to the Emergency Department for this condition.

Evaluation

Key Points:

- Diplopia +/- x-ray

Management:

- Antibiotics as appropriate.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Penetrating non-magnetic metal/non-metal trauma

Direct to the Emergency Department for this condition.

Management:

- No nose blowing.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Chemical trauma

Direct to the Emergency Department for this condition.

Evaluation

Key Points:

- History (acid, alkali, other)
- Phototoxic burns/UV burns

Management:

- Prolonged washout immediately with tap water and with local anaesthetic if readily available
- Must be excluded in all ocular traumas
- Contact poisons centre.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Blunt trauma

Direct to the Emergency Department for this condition.

Evaluation

Key Points:

- Hyphema
- Traumatic mydriasis
- Loss of vision.

Management:

- Topical anaesthesia
- Copious irrigation, maintain for 15 minutes.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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External foreign bodies

Direct to the Emergency Department for:

- Suspicious nature of injury
- Difficult to remove foreign body
- Visual loss
- Suspected penetration.

Evaluation

Key Points:

- Foreign bodies on ocular surface.

Management:

- Remove foreign body if superficial and easy to remove
- Cover eye and topical AB.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Subtarsal occult trauma

Direct to the Emergency Department:

- If difficult/incomplete.

Management:

- Remove under LA
- Adjunctive fluorescein staining may help localisation.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Watery eye

Direct to the Emergency Department for:

- Only if there is severe pain or visual loss.

Evaluation

Key Points:

- Acquired adult.

Management:

- Photophobia/redness
- Hazy and enlarged cornea
- Frank suppurative
- Excessive lacrimation
- Inadequate drainage – lid/punctal position, history of trauma, nasal pathology
- If non-acute, routine referral is appropriate.

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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