Service Evaluation of an Orthoptist-Led Clinic for Suspicious Optic Discs

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Purpose

Papilloedema, defined by optic disc swelling due to raised intracranial pressure, has seen a rising trend of referrals to the hospital eye departments following a well-publicised legal case [1].

A significant number of optic discs raising suspicion of papilloedema are referred through the GP e-Referral pathway non-urgently based on optometrists' recommendations.

We devised and implemented an orthoptist-led suspicious optic disc clinic to assess these patients in a specialised clinical environment.

Method

A retrospective cohort study at a UK tertiary centre (period from January 2022 and June 2023)

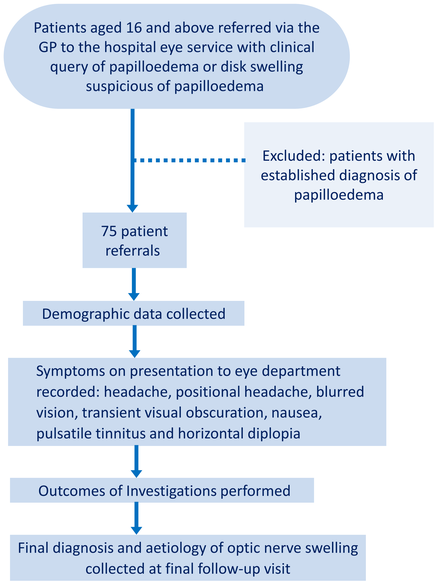


Figure 1: Methodology

Results

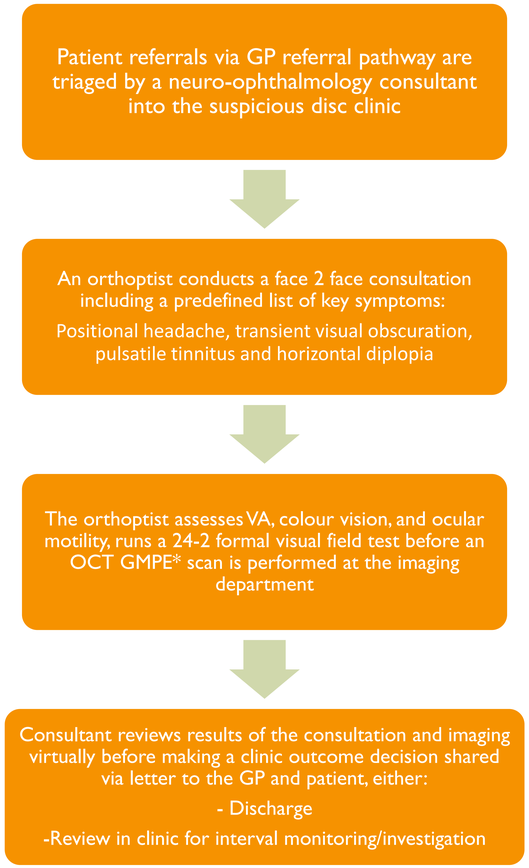


Figure 2: Patient clinic flow
*OCT GMPE – OCT Glaucoma Module Premium Edition

Age	Average 32 (range 16-62 years)
Female: Male	62 (84%) : 12 (16%)
Referral to appointment time (weeks)	Average 6 (range 1-13)

Table 1: Patient demographic

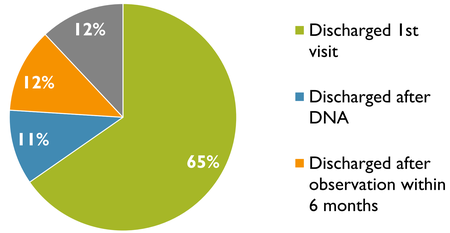


Figure 3: Patient outcomes.

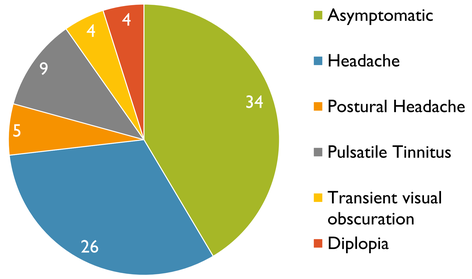


Figure 4: Patient symptoms on presentation.

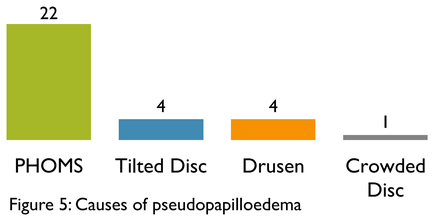


Figure 5: Causes of pseudopapilloedema

Discussion

Our study shows that patients with suspected disc swelling, in our region, who were referred by the optometrists to the hospital eye service (HES) via the GP referral pathway, is unlikely to yield a diagnosis of papilloedema. True papilloedema patients are directed to the appropriate services by community opticians.

Remarkably, 34 patients (45%) referred had no symptoms. One patient was referred to the medical team for assessment, no cases of raised intracranial pressure were diagnosed at the final follow-up.

Majority of patients (65%) were discharged after the initial visit, and most patients (85%) were discharged within six months of their initial assessment. Clinical assessment revealed that 43 patients had no disc swelling, and the remaining 31 patients were diagnosed with pseudopapilloedema. Pseudopapilloedema was common (41%) mirroring a study in a paediatric cohort[2].

We suggest from the finding that optometrists are risk stratifying patients when referring patients for disc assessment non-urgently. The outcomes of our orthoptist-led suspicious disc clinic indicate its potential for managing low-risk patients through comprehensive assessments in a dedicated clinical setting.

Conclusions

- In our catchment area, cases referred by optometrists via the GP referral pathway are unlikely to yield a diagnosis of raised intracranial pressure.
- A high flow/low complexity one stop clinic would be an ideal setting to manage these patients.
- The outcomes of our orthoptist-led suspicious disc clinic highlight its potential for managing low-risk patients through assessment in a dedicated setting.

References

1. Poostchi, A., Awad, M., Wilde, C., Dineen, R.A. and Gruener, A.M. (2017). Spike in neuroimaging requests following the conviction of the optometrist Honey Rose. *Eye*, 32(3), pp.489–490. doi:https://doi.org/10.1038/eye.2017.274.
2. Blanch, R.J., Horsburgh, J., Creavin, A., Burdon, M.A. and Williams, C. (2019). Detection of Papilloedema Study (DOPS): rates of false positive papilloedema in the community. *Eye*, 33(7), pp.1073–1080. doi:https://doi.org/10.1038/s41433-019-0355-9.