Optometrist Referrals to Hospital Eye Services for Children with Suspected Optic Disc Swelling: a District General Hospital Experience.

Usman Hayat[1], Imad Wafaie[2], Anna Maino[1]
[1] *Manchester University NHS Foundation Trust, UK.* [2] *Stepping Hill Hospital, Stockport, UK*

Manchester University NHS Foundation Trust

Background

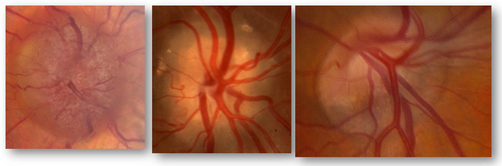
Following a high profile medicolegal case of negligence, in which a UK optometrist failed to refer for papilloedema[1], there has been a surge in referrals for suspected optic disc swelling. This has placed unprecedented stress upon the Paediatric Ophthalmology service. This study evaluates the appropriateness and quality of referrals from optometrists and describes management outcomes.

Method

A single centre retrospective review was conducted of all consecutive referrals for suspected optic disc swelling to a district general hospital. Exclusion criteria included patients age 18 or over, and those with incomplete data on the EPR. A total of 131 cases were included (April 2021 to November 2023).

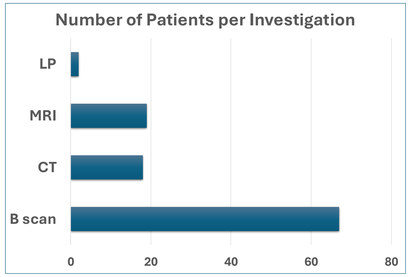
Results

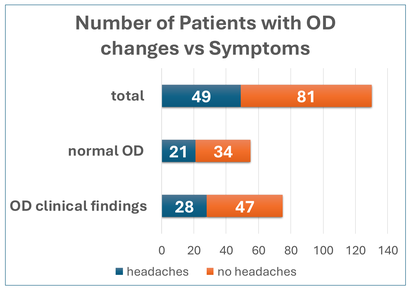
- ❑ The mean age at referral was 11 years (range of 3 to 17 years). 37% of patients were reported to have headache by the referrer
- ❑ The majority of referrals (63%) reported 'raised disc margins' with the remainder reporting 'blurring' of OD. Average time between referral and review in clinic 4.6 months
- ❑ 34% of patients were sent for brain imaging (CT or MR) by the Eye Emergency doctors, based on the clinical findings. Of this group, 3 patients then underwent lumbar puncture, and 4 patients had the scan requested by the paediatricians prior to ophthalmology review.
- ❑ The commonest diagnosis for all patients referred was optic disc drusen (51%) followed by tilted or crowded disc**. Only two** patients in this study received a positive neurological diagnosis which was idiopathic intracranial hypertension in both cases.
- ❑ One case had a dual pathology of drusen + OD swelling.



Objectives

1. Appropriateness of Referrals:
Were pertinent clinical findings and symptoms documented in the referral notes?
2. Timeliness of Referrals:
What was the duration between the initial presentation to the optician and review in the eye department?
3. Subsequent Management and Outcomes:
What investigations were conducted upon referral to the eye department?
What was the final diagnosis for each case?





Discussion

Most neuro-imaging was performed prior to review by the Pediatric Ophthalmology consultant and could potentially therefore have been avoided. Dual pathology is unlikely but should be considered. The sheer volume of referrals delayed review by at least 4 months.

Conclusion

Inappropriate referrals to secondary care prolong waiting lists and cause undue anxiety to patients and their families. Creating a standardised referral proforma documenting symptoms, OCT images if available and exact disc findings such as haemorrhages or vessel obscuration, may facilitate more streamlined triaging and assessment of these patients.

References
1. McNicholl, C., Gill, A., Harrison, R. and Atan, D., 2023. Impact of the COVID-19 pandemic and Honey Rose case on hospital attendances of patients suspected to have papilloedema. Eye, 37(10), pp.2157-2159.

For further correspondence, please contact Mr Usman Hayat on usman.hayat@mft.nhs.uk