

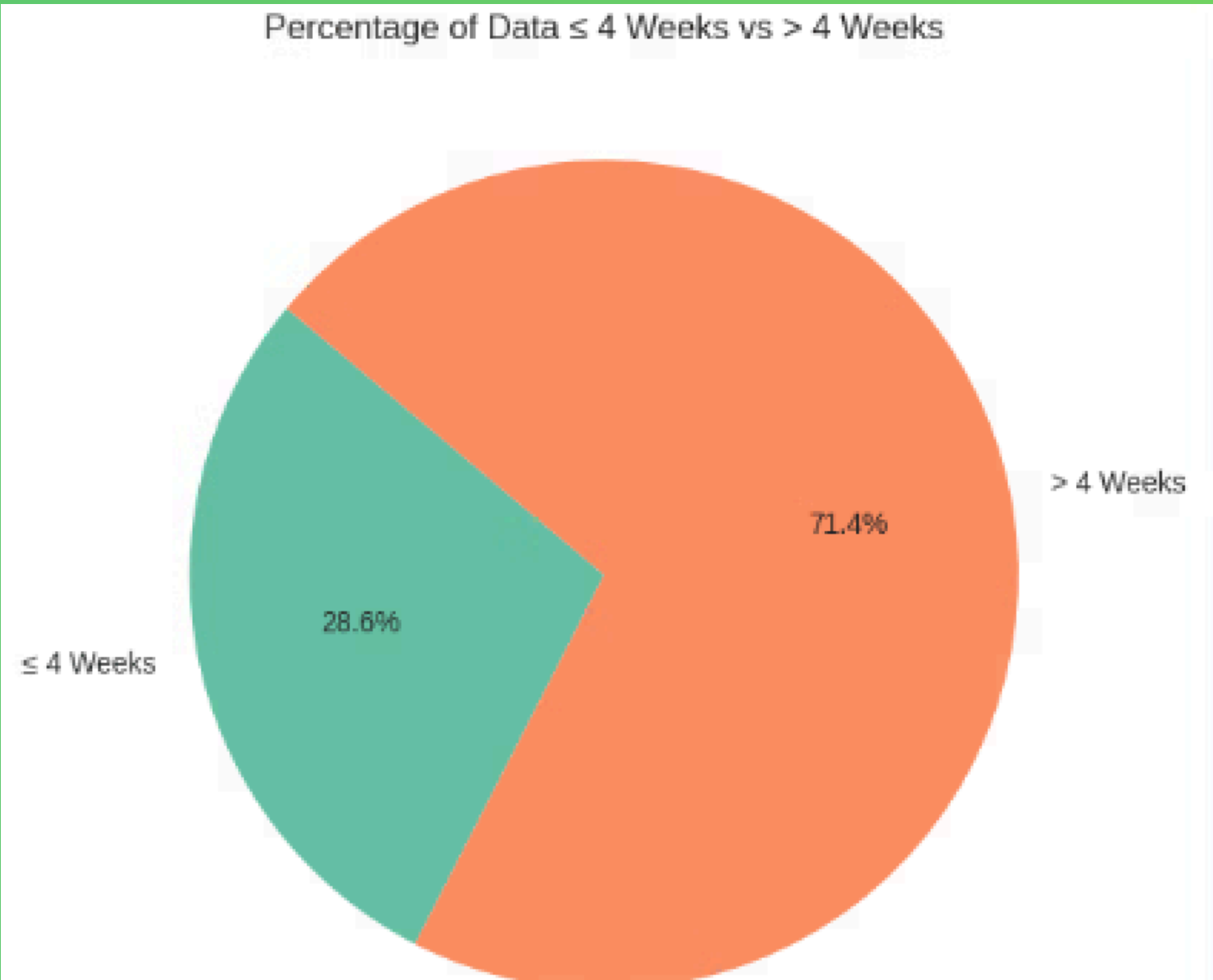
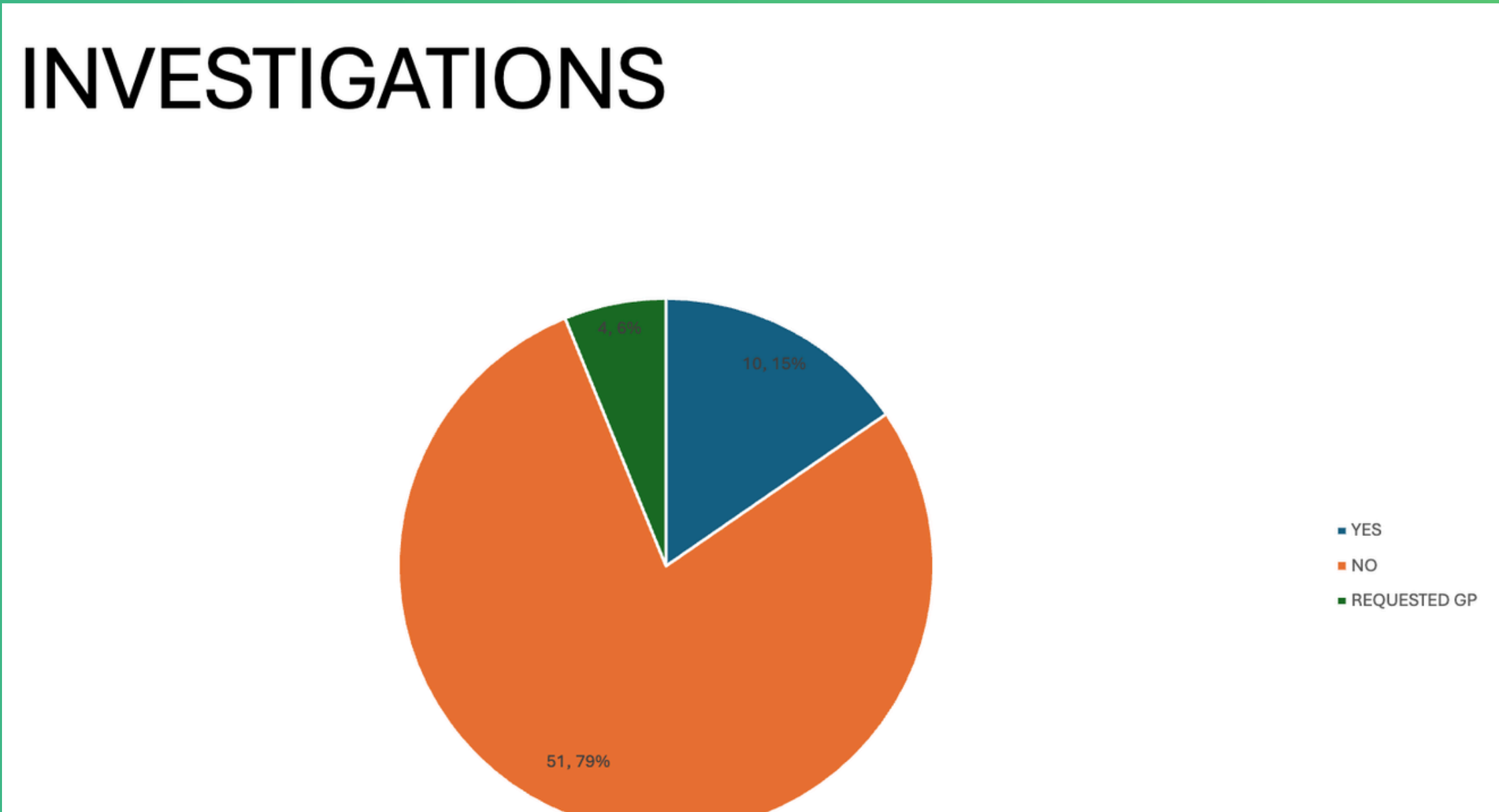
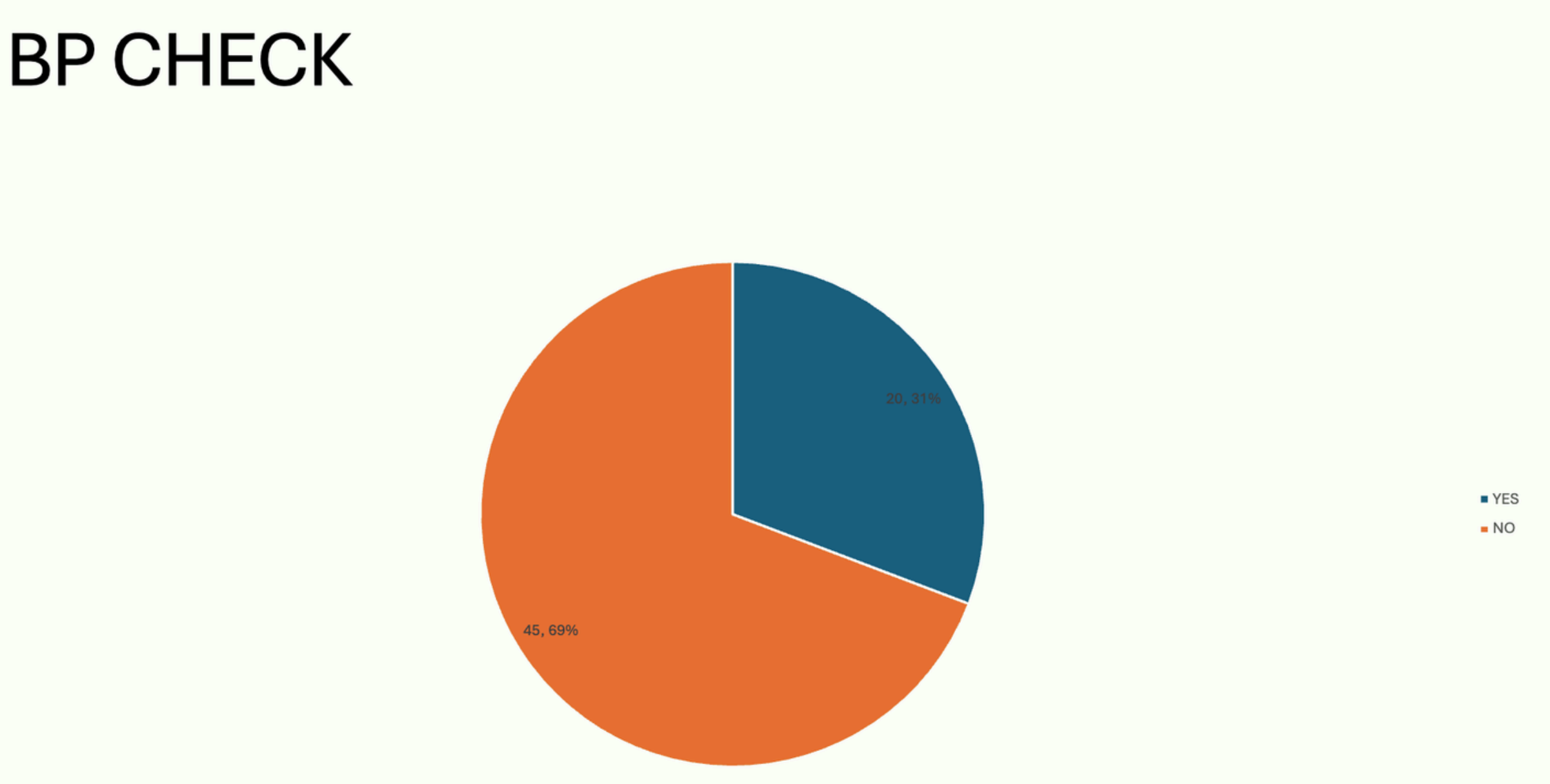
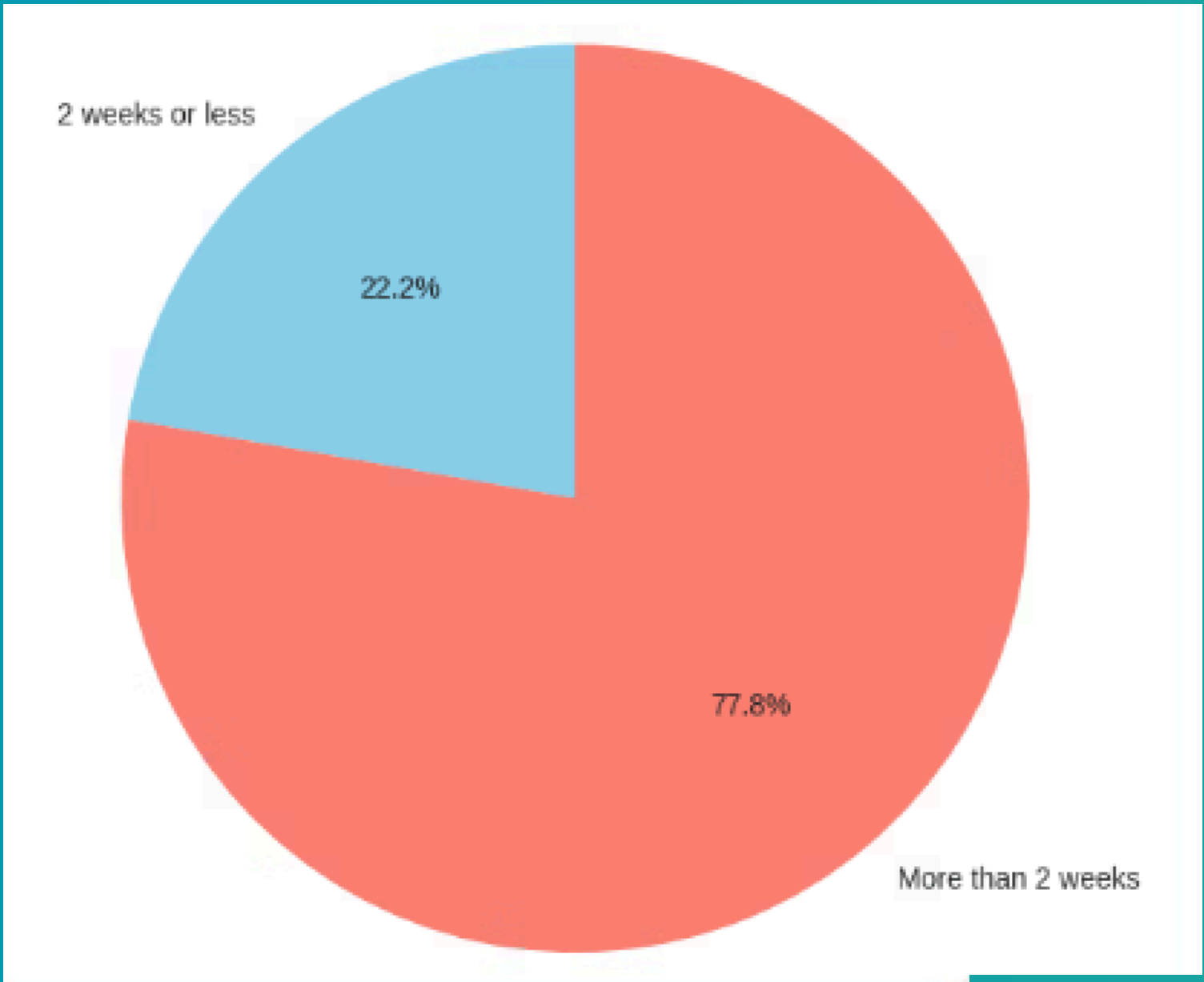
Are We Following RCOPHTH Guidelines For Management Of Retinal Vein Occlusion Cases? Omara Arshad,Venkat Kotamarthi,Summaya Zaffar Mid Cheshire NHS Foundation Trust,Leighton Hospital Crewe,Cheshire UK

INTRODUCTION

Retinal vein occlusion is an obstruction of the retinal veinous system by thrombus formation and may involve central,branch or hemicentral retinal vein.The most common etiological factors are compression by adjacent athersclerotic retinal arteries.Other causes may include vasculitis.

MATERIALS AND METHODS

Retrospective case analysis of 65 patients with RVO done(non-consecutive) from 2018 till 2024. Casenotes and EMR were used.Outcome variables were first referral to treatment timeline/first hospital visit to treatment time line.BP check and initial investigations were recorded as well



RESULTS

- Age range was 43 to 91 years with average of 71.39. The youngest patient was 30 years old and oldest 91 years old
- There were 31 males and 34 females in our data (48%males and 52% females).
- Diagnosis were BRVO, CRVO and HRVO. Laterality and location of involvement (superior/inferior) was mentioned in BRVO and HRVO. However ischemic or non-ischemic CRVO wasn’t mentioned in any of case of CRVO.
- There were 38 cases of BRVO,20 cases of CRVO,4 cases of HRVO and 3 cases of RVO.
- 20(31%) patients had BP checked while 45(69%) didn’t have BP checked at their eye clinic appointment.
- Referral to treatment timeframe was less than 4 weeks in 28.6% cases &and more than 4 weeks in 71.4% cases.
- First visit to treatment timeframe was less than 2 weeks in 22.2% cases and more than 2 weeks in 77.8% cases.
- Visual acuity was checked mainly by Snellen in 60 cases(90%) and LOGMAR in 5 cases(8%).Vision wasn’t checked by ETDRS in any case.
- Initial investigations were run in 10 cases(15%),asked GP to run in 4 cases(6%) while no investigations were run/asked GP to do in 51 cases (79%).

CONCLUSION

We are meeting most of requirements for RVO service delivery but not complying with RCOPHTH guidelines fully. BP check was done only in 31% cases in our sample. Referral to treatment timeline was more than 4 weeks in 71.4% cases. (5 cases were observed due to no /insignificant macular edema with good vision and treatment started later when CRF increased.One patient declined treatment initially when offered on initial visit.One patient was sent to A n E for high BP management) Initial investigations were run/GP was asked to do in only 21% cases. Vision check was done mainly by Snellen in 92% cases and LOGMAR 8% cases. CRVO cases didn’t mention ischemic or non-ischemic in diagnosis.

DISCUSSION

We need to make sure detailed history including history of smoking/hormonal therapy/thrombophilia is asked .BP is checked in clinic.Initial investigations sent/asked GP to run and updated on medisight.For CRVO mention ischemic/non ischemic.Making sure referral to treatment time frame is less than or equal to 4 weeks.Re-audit to check we are have improved these criterias.

REFERENCES

- 1. Green WR, Chan CC, Hutchins GM, Terry JM.Central retinal vein occlusion: a prospectivehistopathologic study of 29 eyes in 28 cases. Retina.1981;1(1):27-55.
- 2. Green WR. Retina. In Spencer WH (Ed):Ophthalmic pathology. An Atlas and Textbook. 3rdEd. Philadephia. WB Saunders. 1985; p589.
- 3. Hockley DJ, Tripathi RC, Ashton N. Experimentalretinal branch vein occlusion in the monkey.Histopathological and ultrastructural studies. TransOphthalmol Soc U K. 1976;96(2):202-209.
- 4. Orth DH, Patz A. Retinal branch vein occlusion.Surv Ophthalmol. 1978;22(6):357-376