

# *Common eye presentations and acronyms for general practice*

Tuesday 24 August 2023

*The content in this session is valid at date of presentation*

# GP Liaison RVEEH

Dr Lina Nido, MBBS, B.Med.Sci., FRACGP

GP Liaison Officer,  
Royal Victorian Eye and Ear Hospital  
Usual working day is Thursday  
Email







In Acknowledging Country we recognise and respect the culture, history and diversity of Australia's First Nation People



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eye and ear  
hospital

Celebrating     
160 years

# Acknowledgements

## Collier Charitable Fund

the speaker:

***Dr Lukas Sahhar, Ophthalmologist***





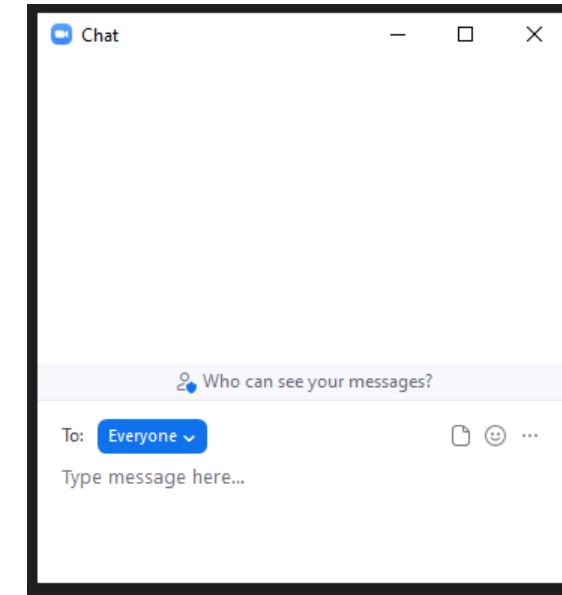
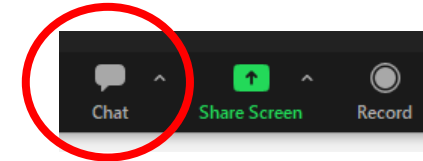
# Housekeeping – Zoom Meeting

All attendees are muted

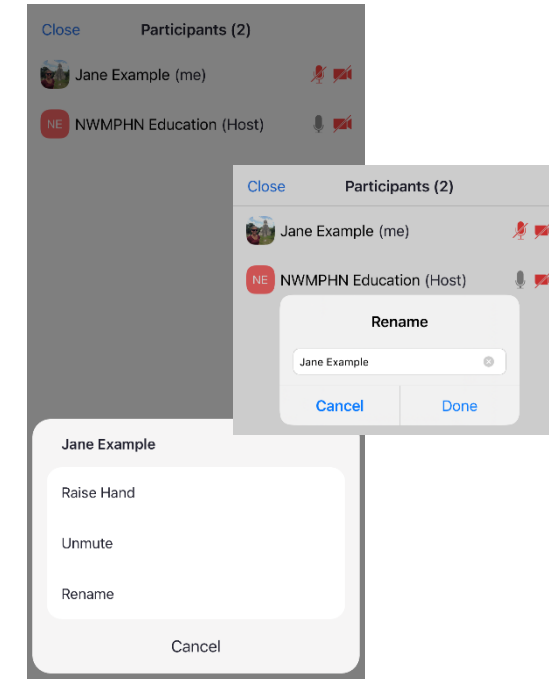
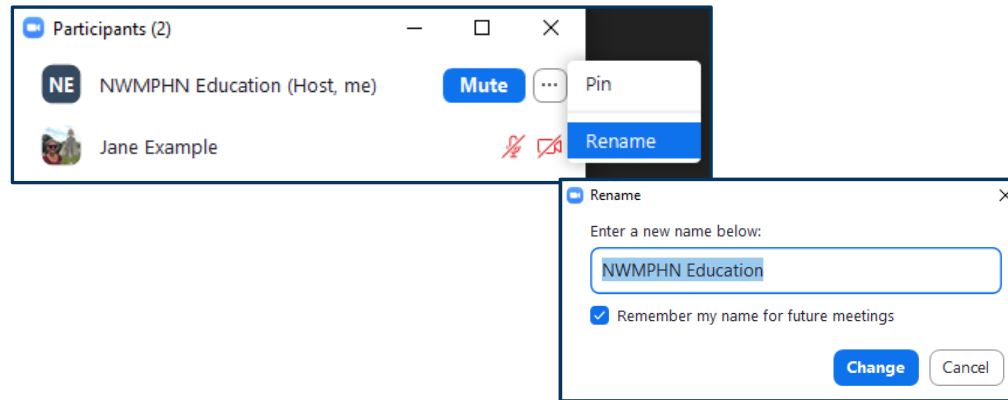
Please ask questions via the Chat box

This session is being recorded

Please ensure you join the session using the name you registered with so we can mark your attendance



# How to change your name in Zoom Meeting



**Feel free to ask questions as we go**








# https://www.eyearandear.org.au/

https://www.eyearandear.org.au/health-professionals/for-gps/

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[Health Professionals](#) > For GPs

## For GPs

The Eye and Ear works closely with GP's to ensure that patients are appropriately assessed and receive timely access to care as determined by their condition. We have a GP Liaison Officer to assist with GP queries and training requirements.

Dr Lina Nido has been our GP Liaison Officer since January 2008. She is a practising GP in the inner west suburbs of Melbourne. Dr Lina Nido is also an examiner for the Royal Australian College of General Practitioners and has been a tutor for the Department of Medicine at the University of Melbourne.

Dr Nido's role as the GP Liaison Officer is to provide an advisory role within the hospital to facilitate system change that improves, builds and enhances pathways, linkages, capacity, communication and access to services between general practice, community health care and the hospital. She is also responsible for the development and facilitation of continuing professional development events for GPs. Her usual working day is Thursday.

### Resources and training opportunities for GPs

[Referral guidelines and forms](#) → [GP education, training and events](#) →

**In this section**

- [Primary Care Management Guidelines](#)
- [Referrals](#)
- [GP Education](#)
- [Contact information for GPs and GP Newsletter](#)
- [Useful links for referrers](#)

**Health Professionals**

- [Emergency advice for Health Professionals](#)
- [For GPs](#)
- [Specialist Clinics](#)
- [Clinical Practice Guidelines](#)

# Referral Guidelines

[https://eyeandear.org.au/health-professionals/for-gps/referrals/](#)

hospital

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Health Professionals > For GPs > Referrals

Referrals

We have a range of resources to make things easier for GPs and other referrers. Support includes: information sessions run by our specialists; referral guidelines and forms; and information about our services.

Referral guidelines

Our referral guidelines provide information to assist GPs identify which patients to refer and when. They also outline key information required on the referral. The more clinical information that you include, the better we are able to triage your patient.

- [Ophthalmology Primary Care Referral Guidelines](#)
- [ENT Primary Care Referral Guidelines](#)
- [Cochlear Implant Clinic Primary Care Referral Guidelines](#)

In some cases diagnostic support will be required from a local optometrist or audiologist to provide a report that will assist with both your referral and our triage.

[We also have other useful information available for referrers here.](#)

Referral Forms ▾

What type of Referral to do you have? ▾

Other Important Information ▾

In this section

Balance disorder referral

Cochlear implant referral

Victorian Cochlear Implant Program

For GPs

Primary Care Management Guidelines

Referrals

GP Education

Contact information for GPs and GP Newsletter

Useful links for referrers

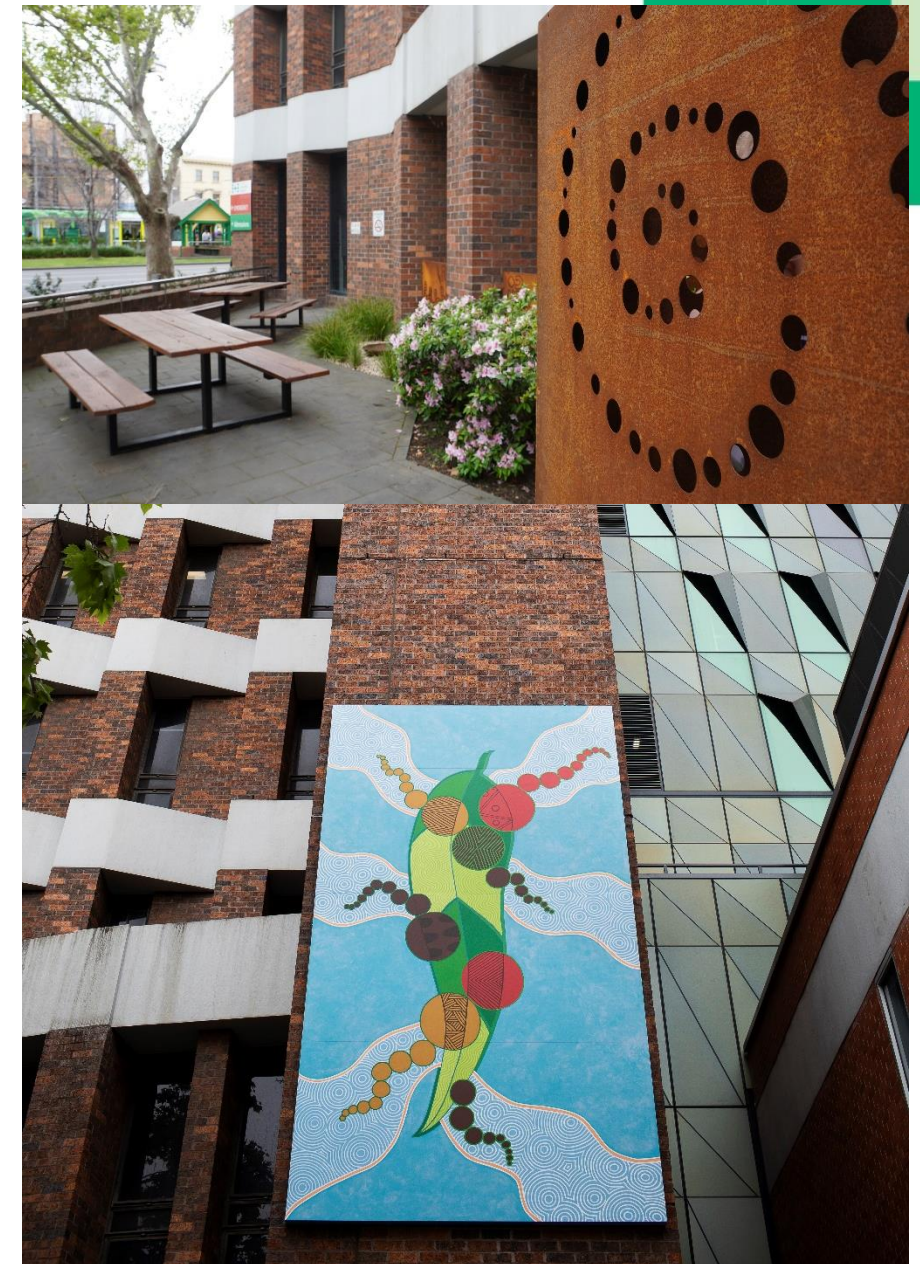
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160 years

# Welcome Space

- A culturally significant and safe space where Aboriginal and Torres Strait Islander patients, carers and family can feel secure and connect to country whilst waiting for their appointments at the hospital
- The Welcome Space is located on the corner of Victoria Parade and Gisborne Street, with Mandy Nicholson's mannagum leaf mural signaling the space



# E-Referrals

- The hospital will launch our eReferral project before the end of the year
- GP's using Medical Director, Best Practice, Genie or ZedMed will be able to send referrals from within the patient record directly to Eye and Ear without printing and faxing



# ED Short Stay Unit (ED SSU)

- The ED SSU comprises of four 24-hour beds, allowing us to offer designated care for patients who require short-term treatment and monitoring.
- This unit offers increased comfort, improved monitoring and care



# AOS Relocation

- Includes 10 rooms for consultation, nurse assessment, orthoptic review, laser treatment and diagnostics.
- Co-located next to ED to continue to facilitate collaboration and coordination of patient management and care between the two departments.




# Redevelopment updates

- AOS Patient Queue and Flow check-in kiosks are available in 6 languages; English, Arabic, Mandarin, Cantonese, Vietnamese and Greek. More kiosks will open when specialist clinics move
- Café is currently under construction on Ground Floor, Main campus. A temporary café has been set up for patients
- Gisborne Street entrance will re-open when specialist clinics moves back to main campus

# What is HealthPathways?

 **Melbourne**

 **HealthPathways**

Melbourne

Older Adult's Health

Carer Stress and Wellbeing

Delirium

Cognitive Impairment and Dementia

5 Minute Neurological Exam for Patients with Possible Dementia

Behavioural and Psychological Symptoms of Dementia (BPSD)

Medications for Dementia

Depression in Older Adults

Antidepressants for Older Adults

Elder Abuse and Neglect

Falls Prevention, Assessment, and Management

Balance and Strength Tests

Frailty in Older Adults

Health Assessment for Older Adults (≥ 75 Years)

Medication Management and Polypharmacy in Older Adults

Older Adult's Weight and Nutrition

Older Adults with Behavioural Disorders

RACF Related Care

Unexpected Deterioration in an Older Adult

Older Adult's Referrals





Melbourne  
**HEALTHPATHWAYS**

 **Health Alert**

Victoria DHHS – Coronavirus COVID-19 Daily Update [View](#)

**Latest News**

12 July

 **health.vic**

Health alerts and advisories [View](#)

10 July

**Ayurvedic medicines possibly containing Scheduled Poisons and heavy metals**

The Department of Health advises that some Ayurvedic medicines for sale in Victoria contain dangerous ingredients, including lead. Screen anyone taking unapproved medicines with potential symptoms of lead poisoning for lead toxicity. [Read more...](#)

23 June

**Current disruption to medication supply**

**Pathway Updates**

Updated – 13 July

Pain Medications in Palliative Care

Updated – 13 July

Medications in COVID-19

Updated – 12 July

Navigating Services for Older Adults


Updated – 12 July

Mycoplasma Genitalium


Updated – 7 July

Candidiasis (Genital)


[VIEW MORE UPDATES...](#)

 **ABOUT HEALTHPATHWAYS**

 **BETTER HEALTH CHAT**


 **RACGP RED BOOK**

 **USEFUL WEBSITES &**


 **MBS ONLINE**

 **NPS MEDICINEWISE**

 **PBS**

 **NHSD**





**About HealthPathways**



Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- clear and concise, evidence-based medical
- on in
- refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

# Accessing HealthPathways:

## Go to [melbourne.healthpathways.org.au](https://melbourne.healthpathways.org.au)



HealthPathways

Melbourne

### Welcome

Sign in to HealthPathways

Username

Password

[Forgot password?](#)

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Sign In

### New to HealthPathways?

If you are a health professional and would like to have access to this HealthPathways website, please request access from the local HealthPathways team.

[Register now.](#)

Get localised health information, at the point of care

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An Australian Government Initiative



Register via QR code



# How can I get access HealthPathways?

- You will need a login to access HealthPathways.
- If you are not part of NWM & EM PHNs...
- Contact your local PHN to request a login to your local HealthPathways

# Relevant pathways

- [Ophthalmology](#)
  - [Cataracts](#)
  - [Children's Eye Problems](#)
  - [Corneal Problems](#)
  - [Diabetic Retinopathy](#)
  - [Irritated and Dry Eyes](#)
  - [Trauma in Eyes](#)
  - [Vision Loss](#)
  - [Referral to Ophthalmology Department](#)





# Ophthalmology

## Cataracts

## Children's Eye Problems

## Corneal Problems

## Diabetic Retinopathy

## Eye Assessment in Adults

## Eyelid Problems

### Irritated and Dry Eyes

### Low Vision Assistance


## Red Eye

## Trauma in Eyes


### Vision Loss

Referral to Ophthalmology Department

# Irritated and Dry Eyes



Search HealthPathways



Melbourne

Corneal Problems

Corneal Ulcers and Abrasions

Herpes

Keratitis

Pterygium

Diabetic Retinopathy

Eye Assessment in Adults

Eyelid Problems

Irritated and Dry Eyes

Blepharitis

Keratoconjunctivitis Sicca

Low Vision Assistance

Red Eye

Trauma in Eyes

Vision Loss

Floaters, Flashes, Retinal Detachment

Glaucoma

Acute Angle-closure Glaucoma (AACG)

Open-Angle Glaucoma (OAG)

Macular Degeneration

Sudden or Recent Vision Loss

Transient Monocular Vision Loss

Referral to Ophthalmology

Irritated and Dry Eyes

## Background

About irritated and dry eyes

## Assessment

1. Ask about:

• [symptoms](#)

Symptoms

May be described as:

• gritty, sharp, momentary pain.

• scratching or burning.

• feeling like a foreign body is present under the lid or behind the eye.

• excessive tearing especially when exposed to wind or air conditioning.

• brief intense symptoms or symptoms for months.

• contact lens use.

2. Ask if drops have already been tried, how often they were used, and if they were helpful.

3. Perform examination:

• Check [visual acuity](#)

• Examine the [cornea](#)

• Examine eyelids for VII nerve palsy (lagophthalmos, incomplete closure of eyelids causing exposure of inferior sclera or cornea), or marked [ectropion](#).

4. Consider common causes:

• Idiopathic – most common

• [Blepharitis](#)

• [Ectropion](#)

• Poor tear production – see [Keratoconjunctivitis Sicca](#)

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# Sudden or Recent Vision Loss – Background and Assessment



HealthPathways

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Corneal Problems

Corneal Ulcers and Abrasions

Herpes

Keratitis

Pterygium

Diabetic Retinopathy

Eye Assessment in Adults

Eyelid Problems

Irritated and Dry Eyes

Blepharitis

Keratoconjunctivitis Sicca

Low Vision Assistance

Red Eye

Trauma in Eyes

Vision Loss

Floaters, Flashes, Retinal Detachment

Glaucoma

Macular Degeneration

Sudden or Recent Vision Loss

Transient Monocular Vision Loss

Referral to Ophthalmology Department

Oral and Maxillofacial Surgery

Orthopaedics / Musculoskeletal

Emergency Child

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Home / ... / Vision Loss / Sudden or Recent Vision Loss

## Sudden or Recent Vision Loss

This pathway is about non-traumatic vision loss. For traumatic vision loss, see [Trauma in Eyes](#).

Red flags

Recent profound vision loss with an afferent pupillary defect

History of sudden and profound vision loss within the last 12 hours

Visual field defects affecting both eyes

Giant cell arteritis

### Background

[About sudden or recent vision loss](#)

### Assessment

1. Take a history:

If symptoms of long duration or uncertain onset, or intermittent, consider a non-acute cause (e.g., cataract, which may be discovered by chance when one eye is covered).

Consider [associated symptoms](#)

Exclude history of trauma.

Consider previous [medical conditions](#)

If vision recovers after a few minutes, or even a second or two, assess according to [Transient Monocular Vision Loss](#).

2. Examine the patient:

Perform [eye examination](#)

Establish the [pattern of any visual field](#) loss.

Apply fluorescein and examine with blue light to exclude inflammatory and/or infective processes of the cornea leading to

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# Sudden or Recent Vision Loss – Management

## Sudden or Recent Vision Loss

### Management

#### Practice point

##### Consider sudden persistent loss of vision

All presentations of sudden persistent loss of vision require prompt ophthalmology advice.

1. If profound persistent loss of vision (e.g., of hand movements, light perception, worse) within the last 12 hours, seek [ophthalmology advice](#), as it indicates serious damage to the retina or optic nerve.
  - The most frequent cause is central retinal vessel occlusion, which may be treatable.
  - The patient must not drive themselves – arrange transportation by car or ambulance.
2. If diagnosis is clear, manage as per appropriate pathway e.g., [giant cell arteritis \(GCA\)](#), [macular disease](#), [retinal detachment](#), [acute glaucoma](#), [cataract](#), [iritis](#), [keratitis](#).
3. If visual field defect:
  - Bilateral (i.e., likely neurological cause) – arrange [acute neurology referral](#) or [admission](#) for urgent neuro-imaging.
  - Bitemporal – arrange an MRI scan, not CT brain scan.
  - Homonymous hemianopia or quadrantanopia in:
    - an older patient, or a patient with vascular risk factors – treat as [stroke](#) and arrange [acute neurology referral](#) or [admission](#).
    - a younger patient, or a patient with minimal risk factors for a stroke – consider arranging a [CT brain scan](#), as there may be a cerebral lesion.
  - If uncertain about which visual field defect is present, arrange [non-acute ophthalmology referral](#) or [optometry referral](#), and consider also requesting an automated visual field test.
4. If mild, non-acute reduction in vision without any relevant past ocular history, consider [optometry referral](#).
5. If vision improves to 6/9 or better with pinhole, advise the patient to see an [optometrist](#) for glasses.
6. For further advice, seek [ophthalmology advice](#).
7. If suspected non-organic cause, refer for formal vision testing from [optometrist](#) and consider [non-acute ophthalmology referral](#) to rule out other causes of vision loss.

### Referral

- If sudden persistent loss of vision (e.g., of hand movements, light perception, worse) within the last 12 hours, seek [ophthalmology advice](#).

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# Sudden or Recent Vision Loss – Referral

## Sudden or Recent Vision Loss

rule out other causes of vision loss.

### Referral

- If sudden persistent loss of vision (e.g., of hand movements, light perception, worse) within the last 12 hours, seek [ophthalmology advice](#).
- Arrange [acute neurology referral or admission](#) if:
  - bilateral visual field defect.
  - homonymous hemianopia or quadrantanopia in an older patient, or a patient with vascular risk factors.
- If homonymous hemianopia or quadrantanopia in a younger patient, or a patient with minimal risk factors for a stroke, consider arranging a [CT brain scan](#), as there may be a cerebral lesion.
- If bitemporal field defect, arrange an MRI scan.
- If uncertain about which visual field defect is present, arrange [non-acute ophthalmology referral](#) or [optometry referral](#).
- Consider [optometry referral](#):
  - mild, non-acute reduction in vision without any relevant past ocular history.
  - vision improves to 6/9 or better with pin hole.
- For further advice, seek [ophthalmology advice](#).
- If suspected non-organic cause, refer for formal vision testing from [optometrist](#) and consider [non-acute ophthalmology referral](#) to rule out other causes of vision loss.

### Information

For health professionals

#### Further information

- BMJ Learning – [Acute Painless Loss of Vision: Diagnostic Picture Tests](#) [requires paid login]
- GP Eyes – [Monocular Vision Loss](#) [requires subscription]
- NSW Department of Health – [Eye Emergency Manual: An Illustrated Guide, 2nd Edition](#)
- Patient – [Visual Field Defects](#)
- RACGP – [Sudden Loss of Vision: History and Examination](#)

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# **Dr Lukas Sahhar**

## **Cataract Surgeon, General Ophthalmologist**

- Dr Lukas Sahhar is a comprehensive specialist ophthalmologist with additional training in complex cataract and refractive surgery.
- He completed his medical degree at Monash University where he received several dux awards, as well as the Robert Power Prize in Surgery, the Neil Carson Prize in Medicine, the Monash Health Board of Management Prize, the Belinda Farrell Medicine Prize and the Hector Maclean Prize in Ophthalmology.
- Dr Lukas received a scholarship to complete his Honours research degree with the Oxford Uehiro Centre for Practical Ethics at Oxford University, and has also completed a Master of Public Health. He undertook his specialist training in Melbourne at the Royal Victorian Eye and Ear Hospital, the Alfred Hospital, Austin Hospital and the Royal Children's Hospital. As a registrar he was awarded the Australian and New Zealand Glaucoma Society Kath Holmes Prize.
- He undertook further subspecialist training as the Cataract Surgery Fellow at the Royal Victorian Eye and Ear Hospital where he gained expertise in managing complex cataract surgery cases and in using modern premium lens technologies. He is a fellow of the Royal Australian and New Zealand College of Ophthalmologists and a member of the Australasian Society of Cataract and Refractive Surgeons.

# Evaluation survey

*You will receive a post session email within a week which will include slides and resources discussed during this session.*

*Attendance certificate will be received within 4-6 weeks.*

*RACGP CPD hours will be uploaded within 30 days.*

***Next event: Thursday, October 19th at 7pm***

***Ms Elizabeth Rose –***

***Sleep Disordered breathing in Children***

*To attend this & further education sessions, visit,*

*<https://nwmpnhn.org.au/resources-events/events/>*

*Or sign up to [gpliaison@eyeandear.org.au](mailto:gpliaison@eyeandear.org.au) for GPL news*

*and flyers re upcoming GP education events*

*This session was recorded, and you will be able to view the recording at this link within the next week.*

*<https://nwmpnhn.org.au/resources-events/resources/>*

*<https://eyeandear.org.au/health-professionals/for-gps/for-gps/>*

We value your feedback, let us know your thoughts.

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