Advanced AMD

Refer if fulfils guidelines on form

Drusen

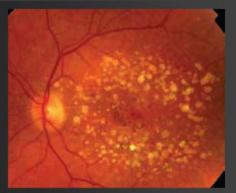
Refer only if fulfils guidelines on form

Wet AMD

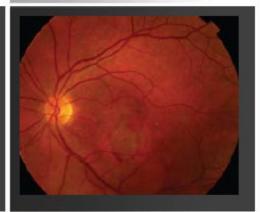
Refer if fulfils guidelines on form



Disciform Scar: Extensive subretinal fibrosis and pigment change at the macula. This shows advanced disease.

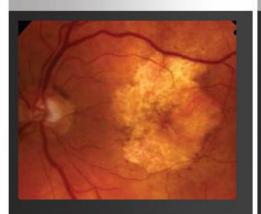


Multiple drusen and pigment change.

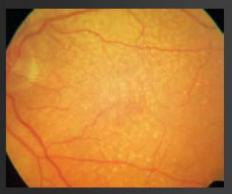


Subretinal haemorrhage and subretinal fluid suggest choroidal neovascularisation.

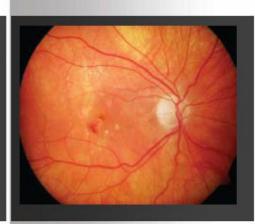
This patient requires urgent referral and assessment.



Geographic atrophy: Another form of advanced AMD (Dry) showing extensive retinal atrophy / thinning at the macula.



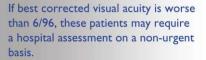
Multiple fine hard drusen.



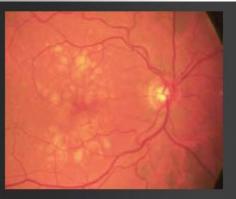
Intraretinal haemorrhage centrally and exudates deposition superiorly. There may be associated subtle subretinal fluid or thickening. The presence of exudates is an important sign of leakage from choroidal neovascularisation. Referurgently.



Advanced wet AMD - central macular elevation with/without subretinal fluid, hard exudate and some fibrosis.



They may benefit from LVA assessment, visual impairment counselling and/or registration.



Large soft drusen.

These appearances are consistent with Age Related Maculopathy (ARM). Patients with drusen commonly notice distortion when shown an Amsler grid. This is less significant than spontaneously reported visual distortion.

Only refer if patient has noticed sudden onset of distortion or blurring of central vision. If the patient smokes they should be encouraged to give up as smoking has been shown to be a risk factor in the development of AMD. These patients may benefit from ocular nutritional supplements.

Small areas of intra / sub retinal haemorrhage amongst the drusen suggest choroidal neovascularisation. This patient requires urgent referral and assessment.

Blood, retinal swelling and exudates deposition at the macula suggest wet AMD requiring urgent referral.

Please refer according to local protocols or use the attached form and fax to the appropriate consultant.





		WET AMD RAPID AC	CESS REFERRAL FORM		
Name of Hospital:		Norfolk & Norwich University Hospitals NHS Foundation Trust			
Hospital Contact Details: Email from		Email from an NHS.net accou	m an NHS.net account only to: OPServicesPostTeam@nnuh.nhs.uk		
PAT	TIENT DETAILS				
NAME: DOB:		HOSPITAL NO: (If known)			
	RESS:				
	TACT TEL NOS:				
GP NAME:			GP SURGERY:		
OPI	OMETRIST DETAILS:				
NAM	NAME:		PRACTICE:		
GOC	GOC NO:		ADDRESS:		
TEL:			FAX:		
AFFE	ECTED EYE:		RIGHT:	LEFT:	
PAST HISTORY IN EITHER EYE					
PREVIOUS AMD			RIGHT:	LEFT:	
MYOPIA			RIGHT:	LEFT:	
ОТН	ER		RIGHT:	LEFT:	
REFERRAL GUIDELINES					
PRESENTING SYMPTOMS IN AFFECTED EYE (one answer must be yes, please mark the correct box with an 'X') Duration of visual loss:					
1.	Visual Loss		YES	NO 🗌	
2.	Spontaneously reported disto	rtion	YES	NO 🗌	
3.	Onset of scotoma (or blurred	spot) in central vision	YES	NO 🗌	
FINDINGS Best corrected VA (must be 6/96 or better in affected eye)					
1.	Distance VA		RIGHT: /	LEFT: /	
2.	Near VA		RIGHT:	LEFT:	
3.	Macular drusen (either eye)		RIGHT:	LEFT:	
In the affected eye ONLY, presence of:					
4.	. Macular haemorrhage (preretinal, retinal, subretinal)		RIGHT:	LEFT:	

ADDITIONAL COMMENTS:

Subretinal fluid

Exudate









LEFT:

LEFT:

This form is intended for use by optometrists and general practitioners. It is based on the work of the Thames Valley Macular Group, namely: Susan Downes, Consuela Moorman, Lyn Jenkins and Sarah Lucie Watson. This group has audited the results of rapid access referral using this form and The Royal College of Ophthalmologists is keen to highlight and promote examples of good practice

RIGHT:

RIGHT:

Comments