

## Norfolk and Norwich University NHS Foundation trust

### Vitreo-retinal surgery SOP, 17/3/20

VR service will continue operating throughout the next stage. Below are the main principles but we will be assessing the individual situation and weigh these needs against those of the overall resources.

#### **Outpatients:**

Patients over 70 will be advised not to attend unless in severe pain, have rapidly progressing loss of sight in the only/better seeing eye or had trauma with suspected globe rupture.

We will continue to review urgent and semi-urgent cases for patients <70.

Routine patients (see group 3) will be deferred for 3 months.

#### **Surgical procedures should be triaged into the following three categories:**

(1) **Urgent:** New sight-threatening conditions that may cause blindness if not treated:

##### **Will be treated**

- a. Intraocular foreign body
- b. Endophthalmitis
- c. Rupture globe
- d. Retinal detachment
  - i. Macular-on retinal detachment
  - ii. Macular off retinal detachment presenting within 4 weeks of vision loss
  - iii. Vision-threatening tractional retinal detachment in monocular patient
  - iv. Vitreous haemorrhage with inability to rule out retinal breaks clinically
- e. Monocular patient with submacular haemorrhage or vitreous haemorrhage with best corrected visual acuity of 20/400 or worse
- f. Sub foveal haemorrhage presenting within 2 weeks of vision loss
- g. Situations with elevated intraocular pressure over 40mmHg not responsive to medical treatment, such as
  - i. Neovascular glaucoma
  - ii. Silicone oil tamponade
  - iii. Gas overfill
  - iv. Aqueous misdirection glaucoma
  - v. Retained lens fragments after cataract surgery
- h. Appositional choroidal effusion or haemorrhage

(2) **Semi-urgent time-sensitive cases:** These cases will lead to worsening visual outcomes with delay but are not immediately sight-threatening. **Decision on surgery is made on individual basis.**

- a. Retinal detachments – macular detached for at least 4 weeks
- b. Macular hole
- c. Submacular haemorrhage over 2 weeks old
- d. Dislocated intraocular lenses, freely mobile or with vitreous traction, as these may lead to a retinal detachment
- e. Retained lens fragments after cataract surgery if normal intraocular pressure
- f. Vitreous or pre-retinal haemorrhage involving visual axis in a child less than 6 years of age

- g. Diagnostic vitrectomy for uveitis or suspected intraocular lymphoma
- h. Exam under anaesthesia for vision threatening issue that cannot be determined clinically due to patient cooperation
- i. Choroidal tumours requiring surgical treatment
- j. Rapidly progressive epiretinal membranes (e.g. proliferative vitreoretinopathy without retinal detachment)
- k. Optic pit maculopathy
- l. Scleral buckle extrusion

(3) **Routine/elective cases:** These are unlikely to cause permanent visual loss if delayed **Deferred for 3 months.**

- a. Chronic non-progressive epiretinal membrane
- b. Macular hole of greater than 1 year duration
- c. Dislocated intraocular lens anterior to vitreous base and without vitreous traction
- d. Secondary intraocular lens placement
- e. Silicone oil removal with normal intraocular pressure
- f. Vitreous haemorrhage with retinal breaks and retinal detachment confidently ruled out clinically
- g. Symptomatic vitreous floaters
- h. Vitreomacular traction syndrome