

Surrey NHS Diabetic Eye Screening Programme (SDESP)

Non DR Referrals

including

Branch Retinal Vein Occlusions

Nicholas Barclay-
Senior Retinal Screener and Grader

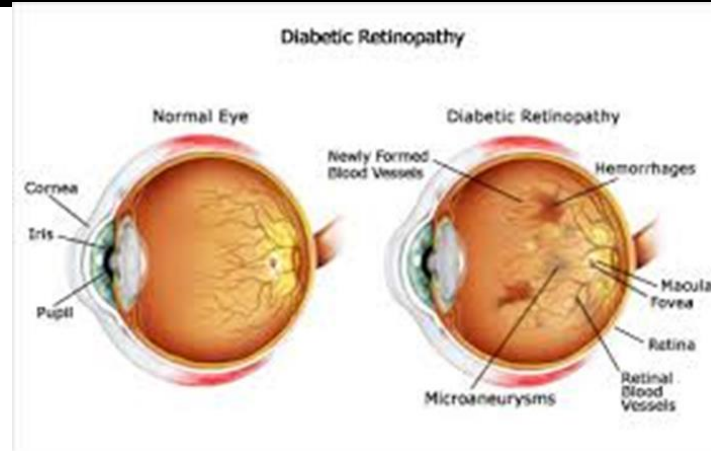
NHS


emis care

My Background

- I have been Screening and Grading for the past **9.5** years.
- I screen up to **33** patients each screening day.
- I grade at first, secondary and arbitration levels around **100** image sets each grading day.

What **motivates** me in my work as a Senior Screener Grader?



Lets look at Non DR Referrals

Another way of calling these are

Opportunistic referrals



Why is an opportunistic referral important



Because...

... it picks up serious sight-threatening conditions like:

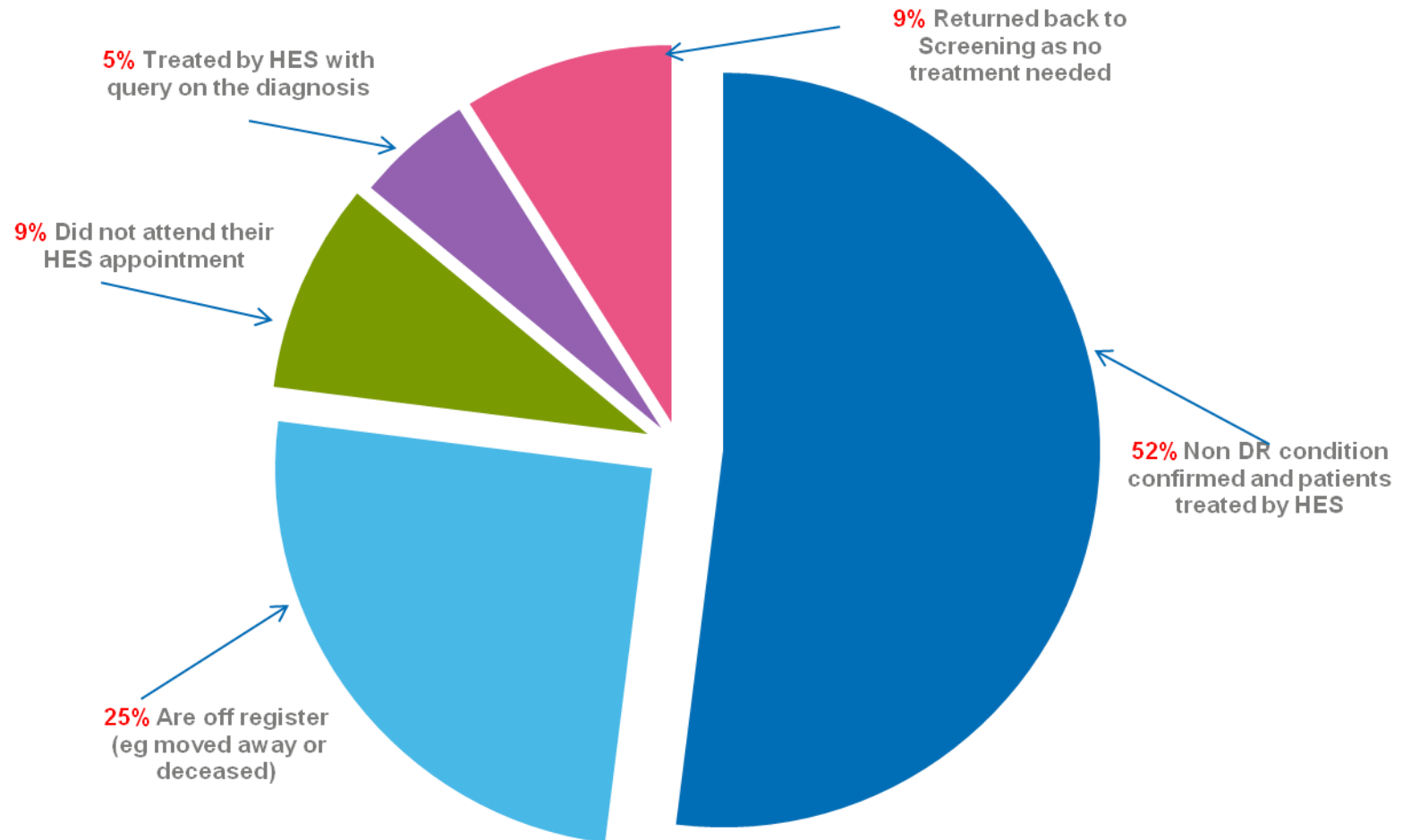
- Age Related Macular Degeneration.
- Glaucoma.
- Retinal Vein Occlusions.
- Macular Hole.

Also...

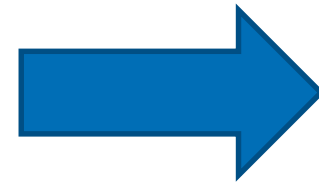
... it spots potentially life-threatening conditions like:

- Melanomas.
- Arterial occlusions.
- Emboli.

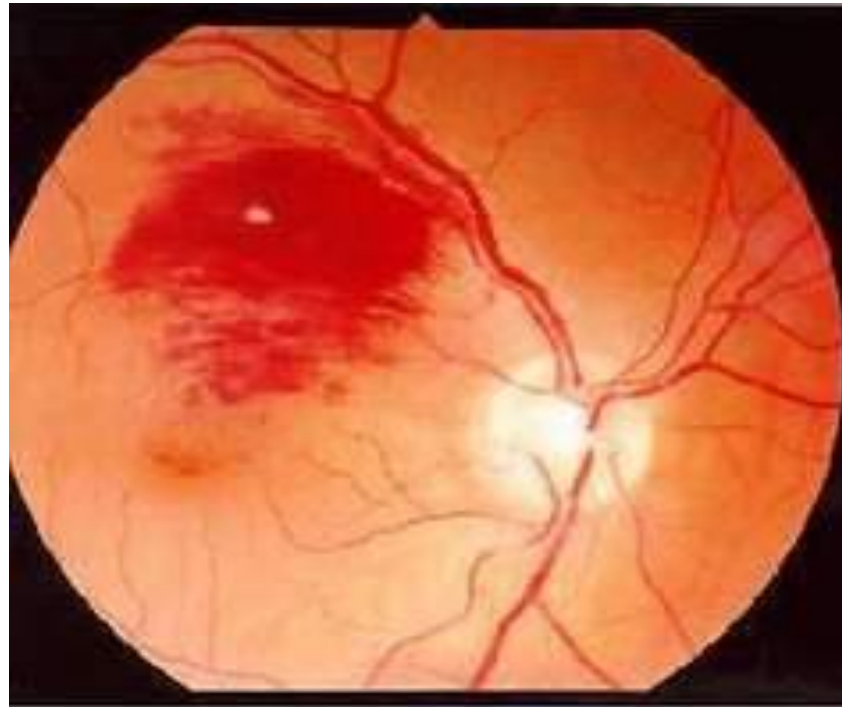
Outcomes based on a sample of patients we referred to HES for Non- DR in 2015



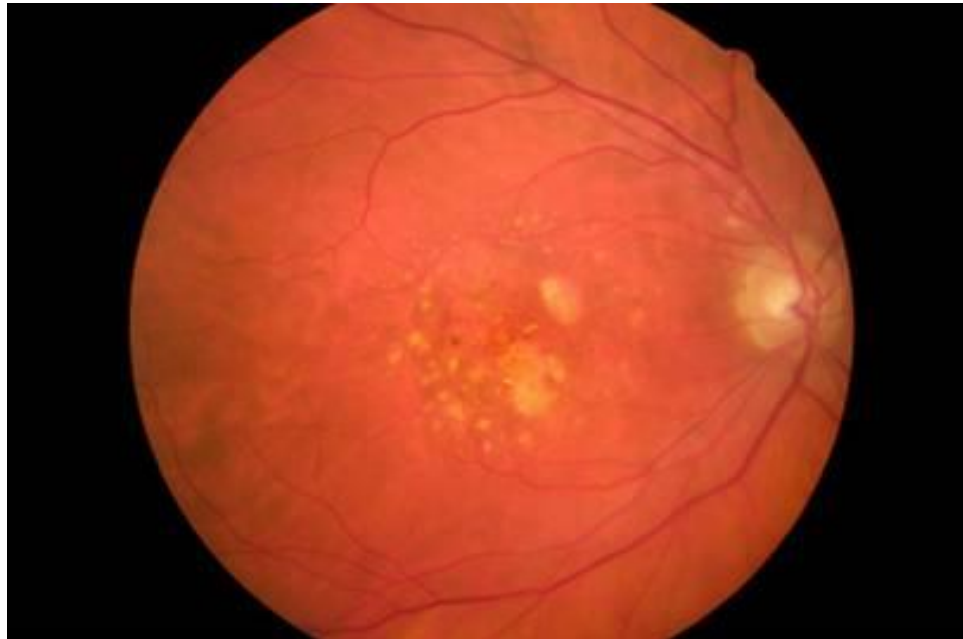
Lets look at the main
Non DR conditions we
referred to the HES



45%
of these were for
Branch Retinal Vein Occlusions



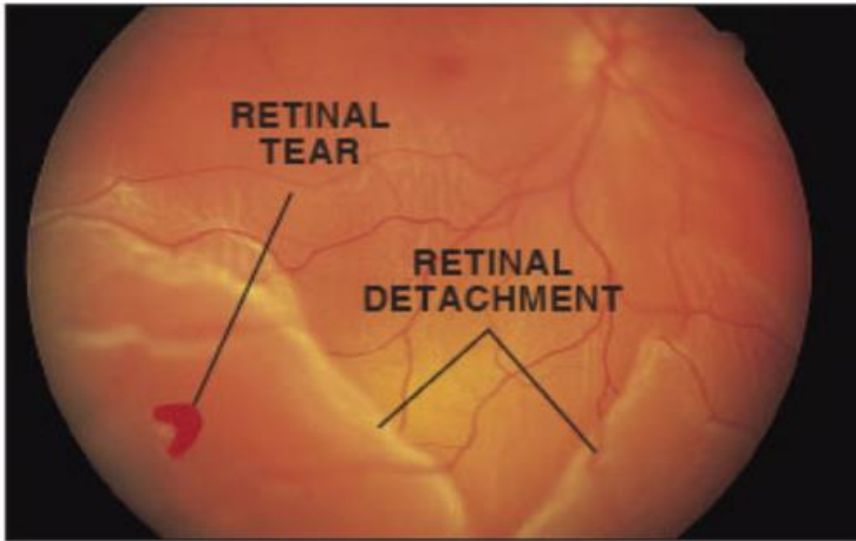
45%
of these were for
Age Related **M**acular **D**egeneration



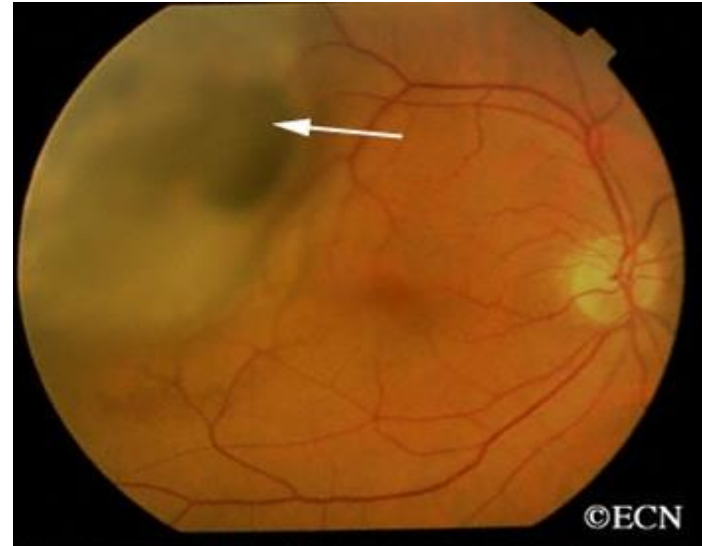
5%
of these were for
Central Retinal Vein Occlusions



5%
were for other
rarer Non DR Conditions

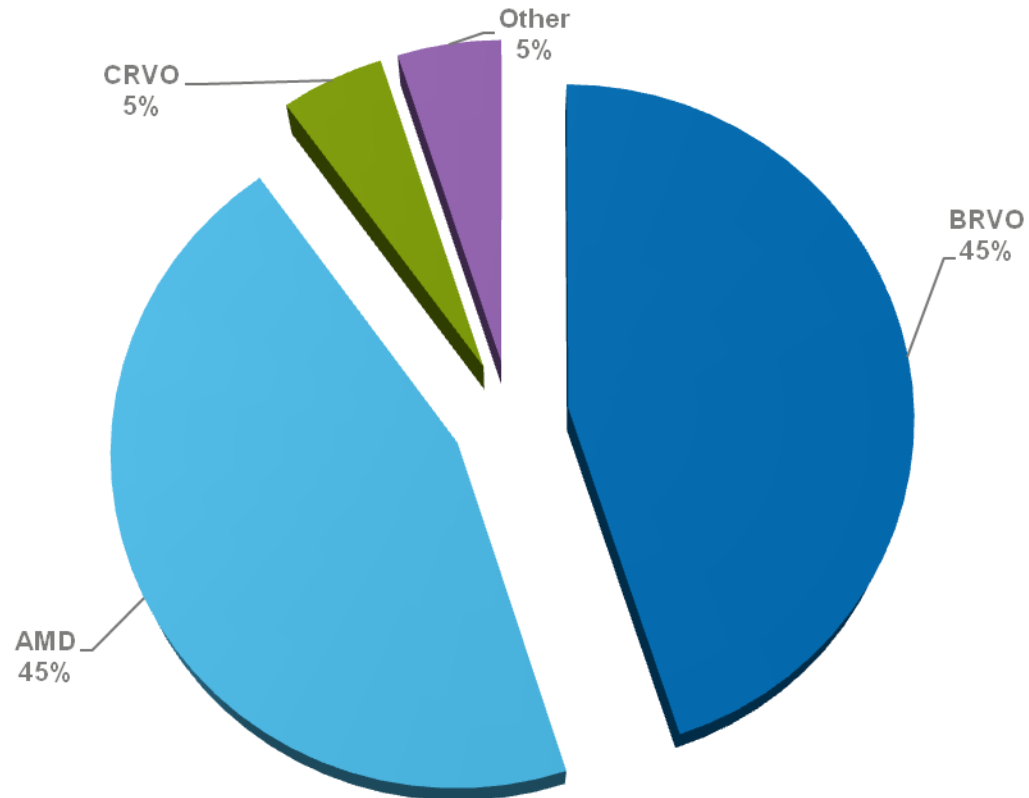


Detached retina



Melanoma

Reasons for Non DR referrals



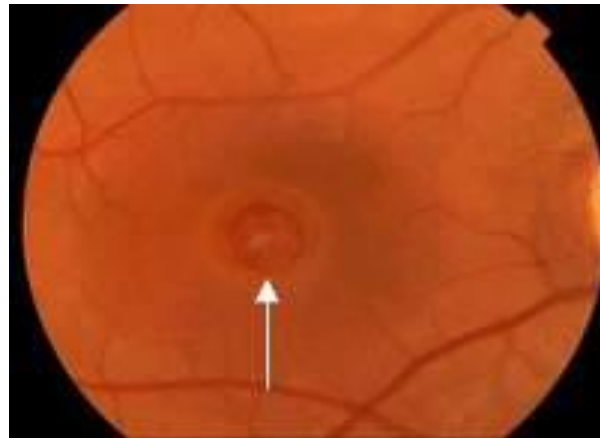
In addition – letter goes to GP for:



Cholesterol Embolus



Glaucoma



Macular Hole

Case study of a patient referred with a BRVO to the HES

Ted



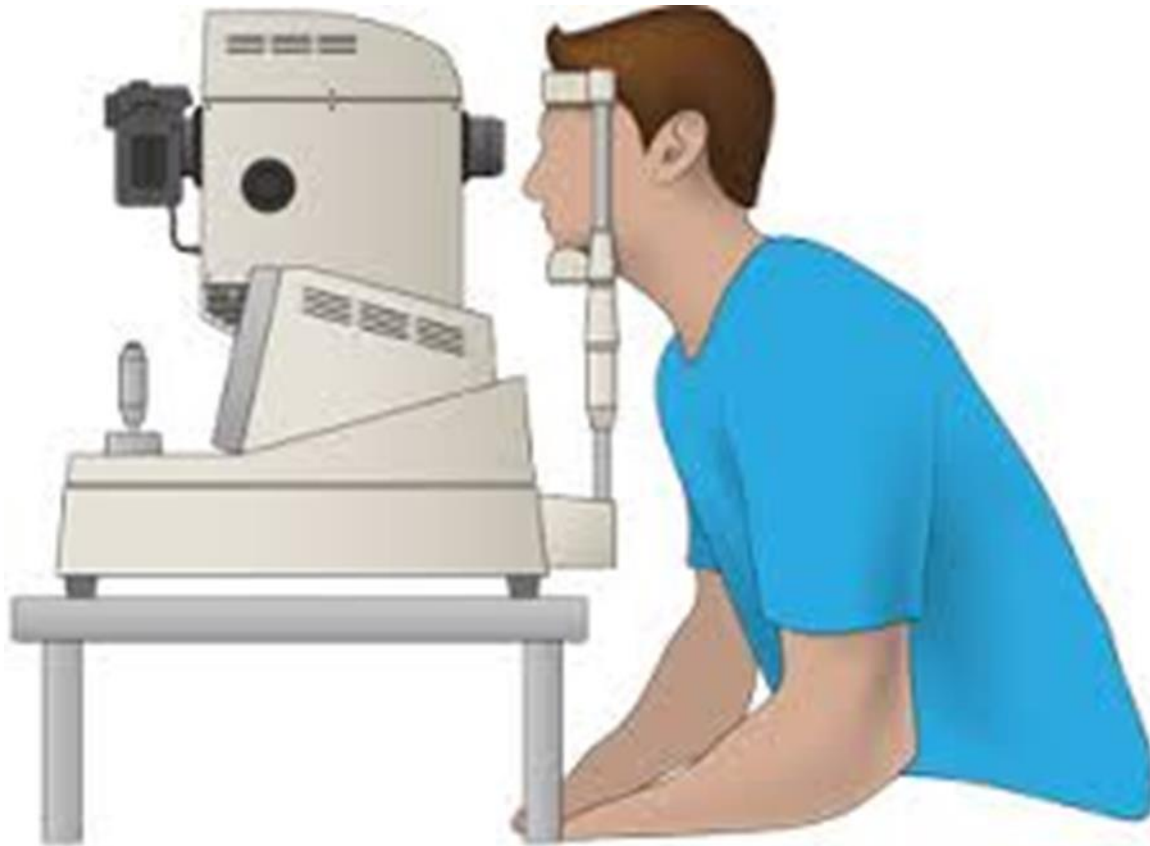
- Age 41 – Young family– Shift airport worker.
- Ted has Type II Diabetes with background DR.
- He has been suffering recently from severe headaches, tiredness, blurry vision and black spots in his vision in just one eye.

Stage 1

- Ted **attends screening** at our Epsom Clinic.
- Is seen by Mary, a retinal screener, who has been screening on her own for 2 months.

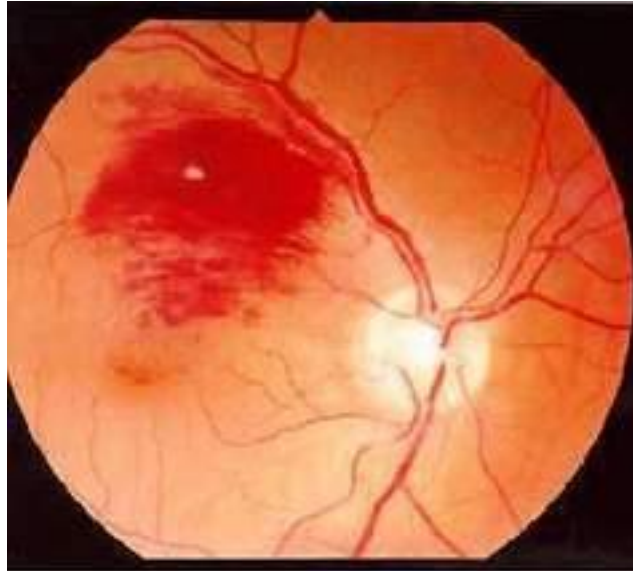


Stage 2



Mary takes Ted's retinal images.

Stage 3



Mary has taken this image and triages it **red** due to seeing a concentrated group of haemorrhages in his right eye.

Stage 4

- Bill a Senior Grader checks Ted's images.
- Due to the new haemorrhages, makes a **routine referral** to the HES for a BRVO.



Stage 5

- Ted attends the HES.
- After various tests including fluorescein angiography, a **BRVO confirmed**.
- Feedback goes back to us confirming diagnoses and patient will be monitored by HES over the next 6 months until BRVO settles.
- If BRVO doesn't settle - laser treatment to seal leakage or anti-VEGF injections would be considered.

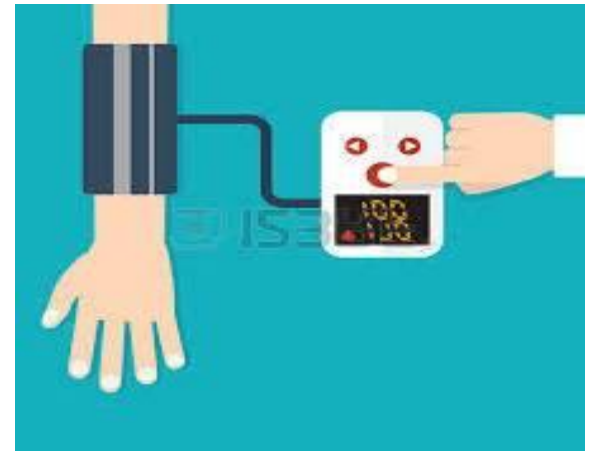
However...

... Stage 6

- Ophthalmologist **suspects** high blood pressure and fears the associated risks: **heart attack, stroke and further eye problems.**
- She writes to patient's GP with her **concerns.**

Stage 7

- GP receives letter and calls Ted in.
- Ted visits and they **confirm his high blood pressure.**
- GP prescribes medication and offers advice on how to control his blood pressure better.



Step 8

- **Ted takes GP's advice** does more exercise, manages stress, modifies his diet including less salt caffeine and alcohol plus quits smoking.
- Checks his blood pressure daily.



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Finally- Ted's blood pressure now normal
BRVO settles and discharged back to
screening.

- Without the **important** non DR referral, Ted may not have known he had high blood pressure and could have suffered the **serious consequences**

instead.....

... Ted's enjoying himself with his family and looking forward to his next routine eye screening appointment.



Thank you for listening