

Glaucoma Enhanced Case-Finding Pathway Guideline

For patients referred, usually following sight test, for further investigation with signs suspicious of glaucoma but who haven't already been seen within a Glaucoma Repeat Measures service (sometimes called repeat readings) or had further investigations as indicated within NICE NG 81.

A further clinical work-up is indicated in primary care (unless clinical circumstances indicate an urgent or emergency referral is needed).

Eligibility:

- Raised Intra Ocular Pressure (IOP) of 24mmHg or more
- Visual field defect which may be due to glaucoma
- Suspicious signs / damage to optic nerve head
- Redirection of referral following referral management e.g. insufficient referral detail (no IOP or visual field recorded and /or no assessment of anterior chamber and / or insufficient description of optic nerve head)
- Redirection of referral to the hospital glaucoma clinic following Diabetic Retinopathy Screening

Clinical work up – all assessments are performed

- History and Symptoms – to validate information provided in the referral and include family history, ethnicity and ocular history
- **Visual Field Assessment** – central visual field assessment using standard automated perimetry (full threshold or supra-threshold)
- **Assessment of the optic nerve head** – optic nerve assessment and fundus examination using stereoscopic slit lamp biomicroscopy (with dilation if needed to ensure a stereoscopic view)
- **Intraocular pressure (IOP) measurement** – using slit-lamp mounted Goldmann applanation tonometry.
- **Slit-lamp examination of the anterior chamber** – to include assessment for signs of secondary glaucoma, peripheral anterior chamber configuration and depth assessments using the van Herick test or OCT.
- **Posterior segment OCT** – where the referral is due to suspicious signs or damage to the optic nerve head, an OCT is recommended. (or imaging if OCT is not part of the locally commissioned service and/or not available)

Outcomes:

- **Refer for diagnosis and management**, if:
 - IOP 24mmHg or more (consider urgency if IOP 35mmHg or more)

- Glaucomatous type visual field defect confirmed
- Damage / suspicious Optic Nerve Head
- Narrow anterior chamber angle – primary angle closure suspected and PACS Plus criteria met

Referrals for OHT and suspect glaucoma can be sent to an Optometry Referral Refinement and differential Diagnosis service, if commissioned.

- **Discharge.** If the suspicious findings are not repeatable, discharge and advise to continue regular visits to their primary eye care professional.

Practitioners are expected to consider NICE guidance (NG 81) and College Clinical Management Guidance

www.nice.org.uk/guidance/ng81

[Clinical Management Guidelines - College of Optometrists](#)