

Glaucoma Repeat Measures Pathway Guideline



Entrance criteria: A raised IOP or suspicious visual field is identified during GOS or private sight test. Usually, the locally commissioned repeat readings service will be offered as an extension to the sight test, avoiding the need for a further appointment.

Practitioners are expected to consider NICE guidance (NG 81), College Clinical Management Guidance and guidance on referral urgency.

www.nice.org.uk/guidance/ng81

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

[Urgency of Referral table](#)

1. Raised IOP only (*i.e. normal fields and disc appearance*)

IOP is 24 mmHg or more measured at a sight test following College guidance on technique where NCT is used (4 readings), and no other signs of glaucoma are present.

Step 1: IOP measured by Goldmann-type applanation tonometry

Outcomes:

- IOP over 35mmHg – urgent referral to HES for diagnosis and management
- IOP 24 - 35mmHg – Consider repeating Goldmann-type applanation tonometry on a separate occasion (*Step 2*)
- IOP below 24mmHg – patient should be discharged

Step 2: Second repeat of Goldmann-type applanation tonometry (on a separate day)

Outcomes:

- IOP over 35mmHg – urgent referral to HES for diagnosis and management
- IOP 24 - 35mmHg - refer for OHT diagnosis and management
- IOP below 24mmHg - patient should be discharged

2. Suspicious visual field only (*i.e. normal IOP and optic disc appearance*)

Visual field defect which may be due to glaucoma is identified at a sight test. The visual field test should be repeated on a separate occasion.

Outcomes:

- Field defect consistent on two occasions - patient should be referred as per local protocol.
- Field defect inconsistent or not repeatable - patient should be discharged

3. Intra-Ocular Pressure and visual field defect (*normal optic disc appearance*)

IOP is 24 mmHg or more and visual field defect which may be due to glaucoma are found at sight test.

Step 1: IOP measured by Goldmann-type applanation tonometry (offered on the same day as the sight test, where possible, for patient convenience)

Outcomes:

- IOP over 35mmHg – urgent referral to HES for diagnosis and management
- IOP 24 - 35mmHg – Consider repeating Goldmann-type applanation tonometry on a separate occasion (*Step 2*)
- IOP below 24mmHg – repeat visual field test (*Step 3*)

Step 2: Second repeat of Goldmann-type applanation tonometry (on a separate day)

Outcomes:

- IOP result 24 mmHg or more - refer for diagnosis and management (consider urgency)
- IOP below 24mmHg – repeat visual field test (*Step 3*)

Step 3: Repeat visual field test

Outcomes:

- Field defect consistent on two occasions - patient should be referred as per local protocol
- Field defect inconsistent or not repeatable - patient should be discharged

Notes:

Where patients need to be referred for diagnosis and management, this may be to an Optometry Glaucoma Referral Refinement and Differential Diagnosis Service, where commissioned.

To avoid delays in referral, practitioners may consider referral without a second GAT. For example, for people with IOP on applanation of 30mmHg.

Urgency of referral should be considered with urgent and emergency referrals directed to the hospital eye service.

College guidance states:

- IOP over 35mmHg requires an urgent referral
- IOP of 40mmHg or more requires an emergency referral.

Urgency of referral table [Annex 4 Urgency of referrals table - College of Optometrists](#)