Glaucoma Monitoring Pathway

**Entrance criteria:** Diagnosis of Ocular Hypertension, Suspect Glaucoma or Glaucoma and considered suitable for community monitoring.

Consultant-led Glaucoma Clinic / Community Glaucoma Referral Refinement & Differential Diagnosis service
(Diagnosis and Treatment)

### Risk Stratification

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
</table>

Management Plan
[Including Re-referral criteria and frequency of review]

### Community monitoring service

- Autonomous Management
- Consultant-led Virtual Review

### Monitoring assessment

- H&S to include medical history / compliance
- Visual Acuity
- Assessment of IOP by Goldmann appplanation tonometry
- Slit lamp BIO Anterior segment examination
- Van Herick peripheral anterior chamber depth assessment (or OCT, if available)
- Slit lamp BIO of posterior segment
- Dilation for adequate view (if required)
- Standard automated perimetry - central thresholding
- (Supra-threshold for OHT/suspect Glaucoma if field normal)
- Imaging

### Data gathering

- Visual Acuity
- Threshold Automated Visual Fields
- IOP – Goldmann
- Disc imaging
- Van Herick (or OCT)
- Recording Compliance with Tx
- Slit Lamp Bio Ant & Post Segments
- (RNFL/OCT analysis optional)

Tentative outcome indicated

### Virtual review

Ophthalmologist / delegated glaucoma reviewer

- No change in Clinical Status
- Change in Clinical Status

Outcome reported to Community service, GP and Px

### Ophthalmologist Advice & Guidance

- Review in community monitoring service
- Review to HES glaucoma clinic

LOCSU Glaucoma Monitoring Pathway diagram – February 2019 (V1) 1 of 2 pages
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According to *Standards for Virtual Clinics in Glaucoma Care in the NHS Hospital Eye Service* (Royal College of Ophthalmologists, November 2016), the patients suitable for virtual clinic monitoring will be those deemed suitable for the service at the discretion of their referring consultant and may include those with:

I. Ocular hypertension (OHT)
II. Suspected open angle glaucoma
III. Early or moderate* primary open angle glaucoma in the worse eye
IV. Bilateral pseudophakia and a primary diagnosis of early or moderate* primary angle closure glaucoma in the worse eye

*where ‘early’ and ‘moderate’ disease stage are based on the criteria developed by Damji et al.

Patients not suitable for this service would include those in whom it is anticipated that the quality of data collected will be of insufficient reliability for the delegated glaucoma reviewer to make a safe clinical decision (e.g. unable to perform visual fields, poor disc imaging) and patients with co-existing ocular comorbidities (e.g. uveitis, age-related macular degeneration) who require monitoring of their condition.

<table>
<thead>
<tr>
<th>Risk Stratification</th>
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</thead>
<tbody>
<tr>
<td>Low Risk</td>
</tr>
<tr>
<td>OHT/Glaucoma Suspect (No Treatment)</td>
</tr>
<tr>
<td>Treated Primary Angle Closure Glaucoma (ONH/VF Undamaged)</td>
</tr>
<tr>
<td>IOP controlled</td>
</tr>
<tr>
<td>Medium Risk</td>
</tr>
<tr>
<td>OHT/Glaucoma Suspect (On Treatment)</td>
</tr>
<tr>
<td>Early / Moderate Primary Open Angle Glaucoma (ONH/VF Undamaged)</td>
</tr>
<tr>
<td>Apparently ‘Stable’ for 12mths</td>
</tr>
<tr>
<td>High Risk</td>
</tr>
<tr>
<td>Complex Glaucomas:</td>
</tr>
<tr>
<td>Primary Angle Closure Glaucoma</td>
</tr>
<tr>
<td>Secondary Glaucoma</td>
</tr>
<tr>
<td>Rare Glaucoma</td>
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