

Clinical Management Guideline

Glaucoma Repeat Readings Pathway

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 31mmHg – refer for diagnosis and management
- IOP 24 - 31mmHg – repeat 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 31mmHg – refer for diagnosis and management
- IOP 24 - 31mmHg - 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

Outcomes:

- IOP over 31mmHg – refer for diagnosis and management
- IOP 24 - 31mmHg –repeat 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
- 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

4. Suspicious optic disc

Suspicious optic nerve head appearance detected at sight test.

Patient should be referred to a consultant ophthalmologist or specialist optometrist as per local protocol.

5. Narrow Angle

Suspicious anterior chamber angle detected at sight test.

Patient should be referred to consultant ophthalmologist or specialist optometrist as per local protocol.