PRESENTATION WITH FLASHES FLOATERS

Optometric Assessment

History and Symptoms - A full and thorough history and symptoms is essential. In addition to the normal history and symptoms, careful attention must also be given to the following:

Check the following in patient's history

- Age
- Myopia - beware ex myopes after cataract surgery
- Family history of retinal break or detachment
- Previous ocular history of break or detachment
- Systemic disease
- History of recent ocular trauma, surgery or inflammation

Symptoms

For symptoms of floaters these additional questions should be asked:

- Are floaters of recent onset?
- What do they look like?
- How many are there?
- Which eye do you see them in?
- Any flashes present?

For symptoms of flashes these additional questions should be asked:

- Describe the flashes?
- How long do they last?
- When do you notice them?

For symptoms of a cloud, curtain or veil over the vision these additional questions should be asked:

- Where in the visual field is the disturbance?
- Is it static or mobile?
- Which eye?
- Does it appear to be getting worse?

Symptoms of less concern

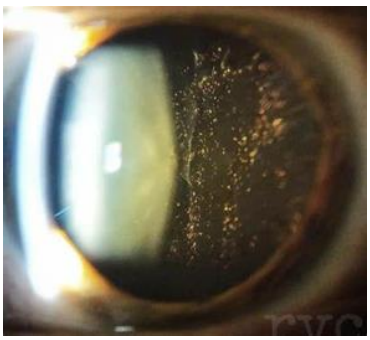
- Long term stable flashes and floaters
- Symptoms >2 months
- Normal vision

Clinical Examination

All patients presenting for an examination with symptoms indicative of a potential retinal detachment should have the following investigations (in addition to such other examinations that the optometrist feels are necessary):

- Tests of pupillary light reaction including swinging light test for Relative Afferent Pupil Defect (RAPD),prior to pupil dilation
- Visual acuity recorded and compared to previous measures
- Tonometry, noting IOP discrepancy between eyes
- Visual Field examination at discretion of optometrist
- Instillation of Mydriatic such as Tropicamide 0/5% or 1.0%
- Slit lamp bio microscopy of the anterior and posterior segments, noting:

    - Pigment cells in anterior vitreous, 'tobacco dust' (Shafer's sign)
    - Vitreous haemorrhage
    - Cells in anterior chamber
- Dilated pupil fundus examination with slit lamp binocular indirect ophthalmoscopy using a Volk or similar fundus lens. Note:
    - Status of peripheral retina, including presence of retinal tears, holes, detachments or lattice degeneration
    - Presence of vitreous syneresis or Posterior Vitreous Detachment (PVD)



Management

Follow local protocols for the referral of retinal detachments. Details for Essex Hospitals can be found on the LOC website. Seek advice of the eye department for when the next available appointment should be used for a patient.

Symptoms requiring referral within 24 hours by way of phone call to the on-call ophthalmology service:

1. Sudden increase in number of floaters, Suggests blood cells, pigment cells, or pigment granules (from the retinal pigment epithelium) are present in the vitreous. Could be signs of retinal break or detachment present.
2. Cloud, curtain or veil over the vision. Suggests retinal detachment or vitreous haemorrhage – signs of retinal break or detachment should be present

Signs requiring referral within 24 hours by way of phone call to the on-call ophthalmology service::

1. Retinal detachment with good vision unless there is imminent danger that the fovea is about to detach i.e. detachment within 1 disc diameter of the fovea especially a superior bullous detachment, when urgent surgery is required.
2. Vitreous or pre-retinal haemorrhage
3. Pigment 'tobacco dust' in anterior vitreous
4. Retinal tear/hole with symptoms

Signs requiring discussion of urgency with the on call Ophthalmologist:

- Retinal detachment with poor vision (macula off) unless this is long standing Retinal hole/tear without symptoms
- Lattice degeneration with symptoms of recent flashes and/or floaters

Require discharge with advice (verbal advice and a leaflet)

1. Uncomplicated PVD without signs and symptoms listed above
2. Signs of lattice degeneration without symptoms listed above

Explain the diagnosis and educate the patient on the early warning signals of further retinal traction and possible future retinal tear or detachment:

- Give the patient a Retinal Detachment warning leaflet
- Instruct the patient to return immediately or go to A&E if flashes or floaters worsen