

Austin Health Ophthalmology Unit holds sub-specialty sessions to discuss and plan the treatment of patients with specific ocular conditions.

General including cataract clinic/ glaucoma clinic / medical retina clinic / oculoplastic clinic

All referrals to include optometry report and current health summary and medication.

Department of Health clinical urgency categories for specialist clinics

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt. For emergency cases, please send the patient to the Emergency department.

Semi Urgent: Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.

Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Exclusions: -Austin Ophthalmology does not generally accept:

- Paediatrics & ocular motility/squint
- Blepharitis/dry eye
- Refractive error, glasses prescription or provision, refractive LASER or lens procedures
- Non-vascular/ 'dry' macular degeneration
- Screening for diabetic retinopathy & glaucoma: Refer to local optometrist, private ophthalmologist or Australian College of Optometry
- VicRoads driving assessment forms

Intra-vitreous injections may be commenced at Austin Health but due to the significant demand for these services and limited resources, ongoing injection services are not available. A projected maximum of three injections will be provided before attempting to find the patient a local service provider. We will not accept referral for intravitreal injection for the following:

- Unilateral retinal vein occlusion
- Vision worse than 6/60 in the affected eye
- Age related macular degeneration if has had treatment elsewhere
- Diabetic macular oedema if vision is 6/12 or better in either eye
- If the patient has commenced intravitreal therapy elsewhere

Department of Health clinical urgency categories for specialist clinics

Condition / Symptom	GP/Optometry Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Cataract	When To Refer: Significant visual symptoms or disability VA < 6/12 unable to be improved by glasses Patient wishes to consider surgery	To be included in referral: Recent optometry report Current health and medication summary Symptoms: Duration, severity & progression	Semi-Urgent: Significant falls risk or inability to work within 3/12 Routine All others	Consented for cataract surgery	Single eye cataract-4 appointments Both eye cataract-6 appointments
Lid conditions Ptosis Dermatochalasis Ectropion Entropion Hemi-facial spasm	When To Refer: Ptosis Dermatochalasis Ectropion Entropion Hemi-facial spasm	To be included in referral: Symptoms: Duration, severity & progression Current health and medication summary Previous treatment Anticoagulants use if any	Routine	Assessment of causes of lid condition i.e. involuntal, cicatricial, mechanical, neurological causes Surgical correction of lid malposition Botox injection	2-3 most commonly
Lid tumours	When To Refer: Suspected malignancy	To be included in referral: Symptoms: Duration, severity & progression Current health and medication summary Anticoagulation use if any	Urgent: If suspected malignancy	Surgical biopsy and excision skin cancer reconstruction	As Required

Condition / Symptom	GP/Optomety Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>Lacrimal disorder</p> <p><i>Send Acute Dacryocystitis directly to Emergency Department</i></p>	<p>When To Refer: Watering related to tear duct obstruction or stenosis</p> <p>Lacrimal gland cyst</p> <p>Canaliculitis</p>	<p>To be included in referral: Symptoms: Duration, severity & progression</p> <p>Previous treatment</p> <p>Current health and medication summary</p> <p>Anticoagulants use if any</p>	<p>Routine:</p>	<p>Assessment for tear duct obstruction</p> <p>Surgical correction of tear duct obstruction Including endoscopic DCR</p> <p>Intubation of tear duct system in some cases of functional naso-cacrimal obstruction</p> <p>Surgical excision of lacrimal ductile cyst</p>	<p>2-3 most commonly</p>
<p>Orbital disorder</p> <p><i>Send to Emergency Department if vision compromised</i></p>	<p>When To Refer: Suspicion of an orbital disease e.g. proptosis, double vision, persistent lid swelling, painful eye movement</p> <p>Thyroid eye disease</p>	<p>To be included in referral: Visual acuity Symptoms: Duration, severity & progression Previous investigations or treatment Current health and medication summary</p>	<p>Semi-urgent: Others</p>	<p>Evaluation of underlying orbital disorders</p> <p>Biopsy of orbital lesions if indicated</p> <p>Drainage of orbital abscess if required</p>	<p>2-4 most commonly</p>
<p>Macular degeneration</p>	<p>When To Refer: Suspicion of neo-vascular macular degeneration Macular degeneration</p> <p>Has not had previous treatment at another service provider</p>	<p>To be included in referral: Visual acuities in both eyes must be provided</p> <p>Any fundus photography, OCT or other relevant imaging</p> <p>Current health and medication summary</p>	<p>Urgent</p>	<p>Referral for angiography at a private specialist</p> <p>Commencement of anti-VEGF therapy or laser</p>	<p>A projected maximum of three injections before referral to a local health care service</p> <p>We are unable to provide an injection service for patients who have commenced treatment elsewhere.</p>

Condition / Symptom	GP/Optomety Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>Diabetic retinopathy</p> <p><i>Screening service will not be provided for external referrals</i></p> <p><i>Injection service not provided for patients who have commenced treatment elsewhere</i></p>	<p>When To Refer: Moderate or worse non-proliferative diabetic retinopathy</p> <p>Proliferative diabetic retinopathy</p>	<p>To be included in referral: Visual acuities</p> <p>Symptoms: Duration, severity and progression</p> <p>Previous investigations or treatments</p> <p>Current health and medication summary</p>	<p>Urgent: Proliferative diabetic retinopathy</p> <p>Semi-urgent: Diabetic macular oedema 2-3 months</p>	<p>Referral for angiography at a private specialist</p> <p>Commencement of anti-VEGF therapy or LASER</p>	<p>Three intravitreal injections before referral to a local health care service.</p> <p>Ongoing appointments for moderate or worse diabetic retinopathy</p>
<p>Retinal vein occlusion</p> <p><i>Injection service not provided for patients who have commenced treatment elsewhere</i></p>	<p>When To Refer: Recent (within 6 months) onset of retinal vein occlusion</p> <p>Has not had previous treatment elsewhere</p> <p>Suspicion of retinal or iris neo-vascularisation</p>	<p>To be included in referral: Visual acuities in both eye</p> <p>Any fundus photography, OCT or other relevant imaging</p> <p>Current health and medication summary</p>	<p>Semi-Urgent: Within 2 -3 months</p>	<p>Referral for angiography at a private specialist</p> <p>Intra-vitreous injections will not commence if the other eye is well sighted</p>	<p>3-9 Appointments</p> <p>Three intravitreal injections before referral to a local health care service.</p>
<p>Retinal artery occlusion</p>	<p>When To Refer: Sudden onset of central or sectoral vision loss Patients with cardiovascular or vasculitic risk factors or conditions Any inflammatory conditions such as Temporal arteritis</p>	<p>To be included in referral: Visual acuities Symptoms: Duration, severity and progression</p> <p>Previous investigations or treatments</p> <p>Current health and medication summary</p>	<p>Send to Emergency Department if recent onset</p> <p>If onset > 4 weeks ago, appointment is likely to be routine</p>	<p>Investigations for underlying cause</p> <p>Referrals to other units as appropriate</p>	<p>2-4 Appointments</p>

Condition / Symptom	GP/Optomety Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Glaucoma-Narrow angle <i>Acute angle closure glaucoma-Send to Emergency Department</i>	When To Refer: Concern about risk of angle closure glaucoma or history of angle closure prodromal symptoms	To be included in referral: Recent optometry report Current health and medication summary	Semi Urgent: Within 2 months	Laser/surgical iridotomy as indicated	2 Appointments
Chronic glaucoma	When To Refer: IOP> 21 with disc cupping or glaucoma visual field loss	To be included in referral: Recent optometry report including visual fields assessment & optic disc tomography Current health & medication summary	Semi Urgent: IOP>30 or advanced glaucoma disc cupping & visual field loss within 2/12 Routine: All Others	Medical, laser or surgical treatment as indicated	2-3 appointments then 6-9 monthly
Uveitis	When To Refer: Acute red eye Previous episodes of uveitis	To be included in referral: Visual acuities in both eyes Details of previous episodes, investigations, treatments Current health and medication summary	Urgent:	Investigations for any underlying cause Commencement of anti-microbial or anti-inflammatory as required	2-3 most common A minority of patients will require long term follow-up

Condition / Symptom	GP/Optomety Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Cornea Pterygium Keratoconus Malignancy	When To Refer: Significant discomfort or poor cosmesis or close to visual axis Drop in vision	To be included in referral: Visual acuity both eyes Details of previous treatment Current health summary and medication	Semi-urgent: Suspected malignancy Routine: Pterygium	Assess suitability for surgery Book as indicated	3 to 4 appointments