

## Ophthalmology Referral Guidelines

**Austin Health Ophthalmology Unit operates General Clinics as well as Sub-Specialty (including Cataract, Medical Retina and Oculoplastic) Clinics to discuss and plan the treatment of patients with specific ocular conditions. 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 referrals for:

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

**Intravitreal 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 the patient's care is transferred to a local service provider. We will not accept referral for intravitreal injections for the following:

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

## GENERAL CONDITIONS

These guidelines have been set by DHHS: [src.health.vic.gov.au](http://src.health.vic.gov.au)

Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
<p><b><u>Assessment for cataract surgery</u></b></p>	<p>Patient requests surgery for documented cataract with either:</p> <ul style="list-style-type: none"> <li>Significant disabling symptoms that affect the person’s activities of daily living (e.g. light or glare sensitivity, ability to drive, recognise faces, work or self-care, increased risk of falls)</li> <li>Visual acuity 6/12 or worse in the affected eye.</li> </ul> <p>Referral not appropriate for:</p> <ul style="list-style-type: none"> <li>If the patient is not willing to have surgical treatment</li> <li>Lens opacities that do not have a significant impact on the person’s activities of daily living</li> <li>Prior to the person’s vision being corrected with spectacles, contact lenses, or the use of visual aids.</li> </ul> <p>Additional comments:</p> <ul style="list-style-type: none"> <li>The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.</li> <li>If the person’s vision deteriorates please provide an updated eye and vision assessment, with refraction, that includes best corrected</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Statement that the patient has indicated interest in having surgical treatment</li> <li>Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination that includes best corrected visual acuity (i.e. measured with spectacles or contact lenses) for both eyes and performed in the last 3 months</li> <li>Onset, severity and duration symptoms</li> <li>Functional impact of symptoms on daily activities including impact on work, study or carer role.</li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>If unable to visualise the retina during the eye and vision assessment</li> <li>If the person is a commercial driver</li> <li>If the person is a carer</li> <li>If the person identifies as an Aboriginal and Torres Strait Islander.</li> </ul>	<p><b>Semi-Urgent</b></p> <ul style="list-style-type: none"> <li>Significant falls risk in the immediate future or inability to work.</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>All others.</li> </ul>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Consent for cataract surgery</li> <li>Transfer back to community ophthalmologist or optometrist for other ongoing eye conditions.</li> </ul>

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	<p>visual acuity (i.e. measured with spectacles or contact lenses) for both eyes.</p> <ul style="list-style-type: none"> <li>Note as detailed in the Elective Surgery Access Policy, patients can only be referred for elective surgery at a public hospital if they meet the clinical threshold for that surgery at the time of referral for surgery.</li> </ul>			
<p><b>Corneal conditions</b></p> <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p> <ul style="list-style-type: none"> <li><b>Sudden loss of vision</b></li> <li><b>Corneal graft rejection</b></li> <li><b>Contact lens keratitis or corneal ulcers</b></li> <li><b>Embedded foreign body in the eye</b></li> <li><b>Traumatic eye injuries.</b></li> </ul>	<p>Corneal and ocular surface conditions including:</p> <ul style="list-style-type: none"> <li>Progressive corneal conditions causing vision loss.</li> <li>Corneal melting disorders.</li> <li>Filamentary keratopathy.</li> <li>Graft versus host disease.</li> <li>New pigmented corneal or conjunctival lesions.</li> <li>Ocular surface squamous neoplasia.</li> <li>Patient requires corneal transplant.</li> <li>Progressive cicatrising conjunctivitis.</li> <li>Progressive keratoconus.</li> <li>Symptomatic pterygium.</li> <li>Symptomatic, recurrent corneal erosion syndrome.</li> </ul> <p>Referral not appropriate for:</p> <ul style="list-style-type: none"> <li>Dry eyes</li> <li>Blepharitis</li> <li>Asymptomatic pterygium.</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction.</li> <li>Onset, severity and duration symptoms.</li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>Any history of: <ul style="list-style-type: none"> <li>herpetic eye disease</li> <li>corneal transplant</li> <li>contact lens use</li> <li>traumatic eye injury</li> <li>eye surgery</li> </ul> </li> <li>If the person identifies as an Aboriginal and Torres Strait Islander.</li> </ul>	<p><b>Semi-Urgent</b></p> <ul style="list-style-type: none"> <li>Suspected malignancy</li> <li>Conditions leading to significant loss of vision if untreated within 3 months.</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>All others.</li> </ul>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Medical, laser or surgical treatment as indicated</li> <li>Transfer to community ophthalmologist or optometrist for ongoing management or monitoring when stable.</li> </ul>

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<p><b><u>Glaucoma</u></b></p> <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p> <ul style="list-style-type: none"> <li><b>Sudden loss of vision associated with raised intraocular pressure (e.g. acute angle-closure glaucoma).</b></li> </ul>	<p>The management of:</p> <ul style="list-style-type: none"> <li>Advanced glaucoma</li> <li>Unstable, progressive glaucoma.</li> </ul> <p>Referral not appropriate for:</p> <ul style="list-style-type: none"> <li>Requests for the diagnosis or ongoing management of glaucoma suspect, ocular hypertension or stable early and moderate glaucoma.</li> </ul> <p>Additional comments:</p> <ul style="list-style-type: none"> <li>The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Comprehensive eye and vision assessment performed by an optometrist or ophthalmologist, with refraction, that includes intraocular pressure, central corneal thickness and visual field test for both eyes performed in the last 3 months.</li> <li>Presence of any of the following:               <ul style="list-style-type: none"> <li>secondary glaucoma</li> <li>if the patient has only one seeing eye</li> <li>multiple ocular surgeries</li> <li>ocular trauma.</li> </ul> </li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>Optical coherence tomography (OCT) including retinal nerve fibre layer results</li> <li>Optic disc photos</li> <li>Gonioscopy test results</li> <li>If the person identifies as an Aboriginal and Torres Strait Islander.</li> </ul>	<p><b>Semi-Urgent</b></p> <ul style="list-style-type: none"> <li>Narrow angle glaucoma</li> <li>IOP&gt;30</li> <li>Advanced glaucoma with progressive disc cupping &amp; visual field loss despite maximal medical therapy.</li> </ul>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Medical, laser or surgical treatment as indicated</li> <li>Transfer to community ophthalmologist or optometrist for ongoing management or monitoring when stable.</li> </ul>

**GENERAL CONDITIONS**

Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
<p><b><u>Uveitis</u></b></p>	<ul style="list-style-type: none"> <li>• Acute red eye</li> <li>• Pain, photophobia and blurred vision.</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>• Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination, for both eyes</li> <li>• Onset, severity and duration symptoms.</li> <li>• History of previous episodes of uveitis if applicable</li> <li>• Previous investigations or treatments</li> <li>• Current health and medication summary.</li> </ul>	<p><b>Urgent</b></p>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>• Investigations for underlying cause</li> <li>• Medical or laser treatment as indicated</li> <li>• A minority of patients will require long term follow-up.</li> </ul>

<b>RETINAL CONDITIONS</b>				
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<b>Condition / Symptom</b>	<b>Criteria for Referral</b>	<b>Information to be included</b>	<b>Expected Triage Outcome</b>	<b>Austin Specific Guidance Notes</b>
<p><b><u>Age-related macular degeneration</u></b></p>	<p>New onset of reduced central vision and / or distortion due to neovascular (wet) age-related macular degeneration (AMD).</p> <p>Referral not appropriate for:</p> <ul style="list-style-type: none"> <li>Review or treatment of neovascular (wet) age-related macular degeneration (AMD)</li> <li>Early, intermediate or geographic atrophy (dry) age-related macular degeneration (AMD).</li> </ul> <p>Additional comments:</p> <p>Intravitreal injections will not be provided to patients who have commenced treatment elsewhere.</p>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination, for both eyes</li> <li>Onset, severity and duration symptoms.</li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>Optical coherence tomography (OCT) results</li> <li>If the person identifies as an Aboriginal and Torres Strait Islander.</li> </ul>	<p><b>Urgent</b></p>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Investigations with OCT and/or fluorescein angiogram</li> <li>Commencement of anti-VEGF therapy or laser</li> <li>Transfer to community ophthalmologist for ongoing management.</li> </ul> <p>Additional comments:</p> <ul style="list-style-type: none"> <li>Intravitreal injections will not be provided to patients who have commenced treatment elsewhere.</li> </ul>

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Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
<p><b><u>Diabetic eye disease</u></b></p> <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p> <ul style="list-style-type: none"> <li><b>Sudden loss of vision.</b></li> </ul>	<ul style="list-style-type: none"> <li>Proliferative diabetic retinopathy (PDR)</li> <li>Assessment of severe non-proliferative diabetic retinopathy threatening vision</li> <li>Vitreous haemorrhage in a person with diabetes.</li> </ul> <p>Referral not appropriate for:</p> <ul style="list-style-type: none"> <li>Eye screening in patients with diabetes</li> <li>Review of diabetic retinopathy (including during pregnancy).</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Comprehensive eye and vision assessment usually performed by an optometrist or ophthalmologist, with refraction and dilated retinal examination, for both eyes performed in the last 3 months.</li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>Onset, severity and duration symptoms</li> <li>Type of diabetes and duration of disease</li> <li>Any previous eye treatments e.g. retinal laser, surgery, intravitreal injections</li> <li>Optical coherence tomography (OCT) results</li> <li>Recent HbA1c results</li> <li>Fasting lipid results</li> <li>Blood pressure readings</li> <li>If the patient is pregnant</li> <li>If the person identifies as an Aboriginal and Torres Strait Islander.</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>Proliferative diabetic retinopathy.</li> </ul> <p><b>Semi-Urgent</b></p> <ul style="list-style-type: none"> <li>Progressive diabetic macular oedema resulting in vision 6/12 or worse AND patient wants treatment.</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>All others.</li> </ul>	<p><b>Criteria for referral for diabetic macular oedema:</b></p> <ul style="list-style-type: none"> <li>Progressive diabetic macular oedema with vision 6/12 or worse in better eye AND patient wants treatment.</li> </ul> <p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Investigation with OCT and/or fluorescein angiogram.</li> <li>Commencement of anti-VEGF therapy or laser as indicated</li> <li>Transfer to community ophthalmologist for ongoing management or monitoring.</li> </ul> <p>Additional comments:</p> <ul style="list-style-type: none"> <li>Intravitreal injections will not be provided to patients who have commenced treatment elsewhere.</li> </ul>

**RETINAL CONDITIONS**

Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
<p><b><u>Retinal vein occlusion</u></b></p>	<ul style="list-style-type: none"> <li>Recent (within 6 months) onset of retinal vein occlusion</li> <li>Has not had previous treatment elsewhere</li> <li>Suspicion of retinal or iris neo-vascularisation</li> <li>Macular oedema secondary to retinal vein occlusion in only seeing eye.</li> </ul> <p>Referral not appropriate for:</p> <ul style="list-style-type: none"> <li>Unilateral retinal vein occlusion.</li> </ul> <p>Additional comments:</p> <ul style="list-style-type: none"> <li>The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination, for both eyes</li> <li>Onset, severity and duration symptoms.</li> <li>Previous investigations or treatments</li> <li>Current health and medication summary.</li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>Fundus photos</li> <li>Optical coherence tomography (OCT) results.</li> </ul>	<p><b>Semi-Urgent</b></p>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Investigation with OCT and/or fluorescein angiogram.</li> <li>Commencement of anti-VEGF therapy or laser as indicated</li> <li>Intravitreal injections will not be commenced if the other eye is well sighted</li> <li>Transfer to community ophthalmologist for ongoing management.</li> </ul> <p>Additional comments:</p> <ul style="list-style-type: none"> <li>Intravitreal injections will not be provided to patients who have commenced treatment elsewhere.</li> </ul>



Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
<p><b><u>Retinal Artery occlusion</u></b></p> <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p> <ul style="list-style-type: none"> <li>• <b>Sudden painless loss of vision or amaurosis fugax.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Sudden onset of central or sectoral vision loss</li> <li>• Patients with cardiovascular risk factors or vasculitic conditions</li> <li>• Any inflammatory conditions such as temporal arteritis.</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>• Visual acuities in both eyes</li> <li>• Onset, severity and duration symptoms.</li> <li>• Previous investigations or treatments</li> <li>• Current health and medication summary.</li> </ul> <p>Provide if available:</p> <ul style="list-style-type: none"> <li>• Fundus photos</li> <li>• Optical coherence tomography (OCT) results.</li> </ul>	<p><b>Emergency</b></p> <ul style="list-style-type: none"> <li>• Onset &lt; 48 hours.</li> </ul> <p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>• Onset 48 hours to 4 weeks.</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>• Onset &gt; 4 weeks ago. (Recommend GP complete stroke work-up if presentation delayed)</li> </ul>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>• Investigations for underlying cause</li> <li>• Referrals to other units as appropriate.</li> </ul>

**ORBITAL, LID and LACRIMAL DISORDERS**

Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
<p><b><u>Orbital disorders</u></b></p> <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p> <ul style="list-style-type: none"> <li><b>Orbital Cellulitis</b></li> </ul>	<ul style="list-style-type: none"> <li>New onset of proptosis, double vision, painful eye movements and persistent lid swelling due to orbital disease</li> <li>Thyroid eye disease causing exposure or visual dysfunction</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Visual acuities in both eyes</li> <li>Onset, severity and duration symptoms.</li> <li>Previous investigations or treatment</li> <li>Current health and medication summary</li> <li>Anticoagulant medications if any</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>Suspected malignancy</li> <li>Visual loss.</li> </ul> <p><b>Semi-Urgent</b></p> <ul style="list-style-type: none"> <li>All others.</li> </ul>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Investigation with radiological imaging</li> <li>Surgical or medical treatment as indicated</li> <li>Referrals to other units as appropriate.</li> </ul>
<p><b><u>Lid conditions</u></b></p>	<ul style="list-style-type: none"> <li>Lid tumours</li> <li>Pre-septal cellulitis</li> <li>Ptosis</li> <li>Dermatochalasis</li> <li>Ectropion</li> <li>Entropion</li> <li>Hemi-facial spasm</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Onset, severity and duration symptoms.</li> <li>Current health and medication summary</li> <li>Previous treatment</li> <li>Anticoagulant medications if any</li> </ul>	<p><b>Urgent</b></p> <ul style="list-style-type: none"> <li>Suspected malignancy</li> <li>Pre-septal cellulitis.</li> </ul> <p><b>Routine</b></p> <ul style="list-style-type: none"> <li>All others.</li> </ul>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Surgical or medical (including Botox) treatment as indicated.</li> </ul>
<p><b><u>Lacrimal disorders</u></b></p> <p>Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:</p> <ul style="list-style-type: none"> <li><b>Acute Dacryocystitis</b></li> </ul>	<ul style="list-style-type: none"> <li>Watering related to nasolacrimal duct obstruction</li> <li>Lacrimal gland cyst</li> <li>Canaliculitis</li> </ul>	<p>Must be provided:</p> <ul style="list-style-type: none"> <li>Onset, severity and duration symptoms.</li> <li>Current health and medication summary</li> <li>Previous investigations or treatment</li> <li>Anticoagulant medications if any</li> </ul>	<p><b>Routine</b></p>	<p>Expected intervention:</p> <ul style="list-style-type: none"> <li>Surgical or medical treatment as indicated.</li> </ul>