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Referral Guidelines for Retinal Conditions

The list below aims to help you prioritise referrals.

This information is offered as a guide only, as clinical situations vary. If in doubt, please contact Professor Jackson for advice (020 7060 1968)

Immediate referral

- Central retinal artery occlusion (or branch retinal artery occlusion with macular involvement) of < 24 hours duration
- Retinal detachment (keep nil by mouth)

Within 24 hours

- Branch retinal artery occlusion not involving the macula
- Retinal tears
- Central retinal artery occlusion >24 hours duration
- Posterior vitreous detachment with flashes and floaters
- Vitreous haemorrhage

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Urgent (within one week)

- Proliferative diabetic retinopathy
- Toxic maculopathy
- Branch retinal vein occlusion
- Central retinal vein occlusion
- Wet age-related macular degeneration

Soon (within 2-4 weeks)

- Severe non-proliferative diabetic retinopathy
- Diabetic maculopathy
- Pseudophakic macular oedema
- Central serous retinopathy
- Retinal macroaneurysm
- Macular hole

Routine

- Mild to moderate non-proliferative diabetic retinopathy or background diabetic retinopathy
- Hypertensive retinopathy (treat hypertension urgently)
- Retinitis pigmentosa or other pigmentary retinopathy
- Best disease
- Stargardt disease
- Choroidal naevus
- Macular telangiectasia
- Dry age-related macular degeneration
- Lattice degeneration with atrophic round holes but no tears
- Epiretinal membrane