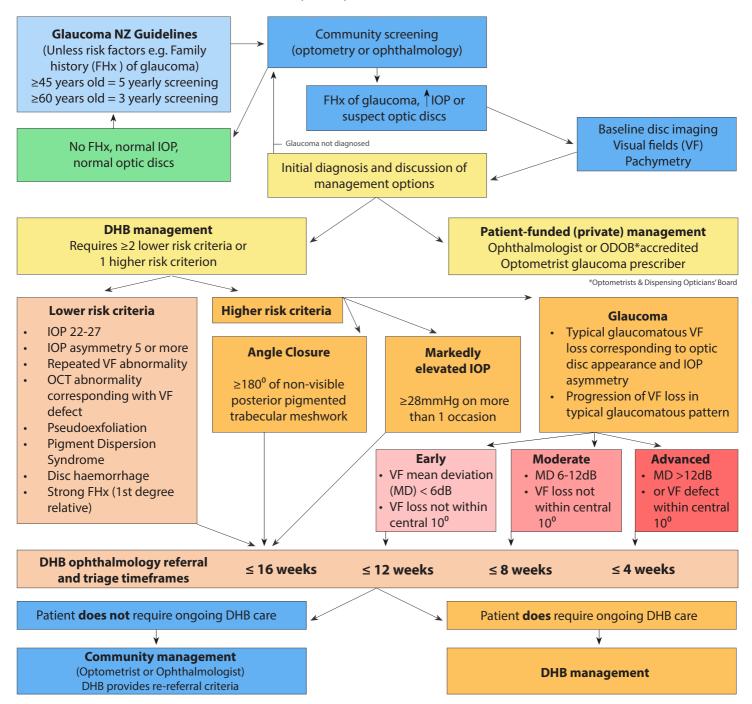
## District Health Board (DHB) Glaucoma Referral Guidelines



- This pathway is intended to standardise entry and exit into DHB glaucoma services nationally. Funding and logistical constraints compel DHBs to target their resources to those with the highest risk of visual disability. Those referred who are at higher risk should be seen more promptly for initial assessment and require strict adherence to follow-up timeframes.
- It is acknowledged that community care (by optometry or ophthalmology) is not necessarily inferior to DHB care if patients can continue to access their preferred eye health professional.
- It is also acknowledged that some patients will not be able to access the appropriate screening in a context where they must pay for themselves.
- Higher risk groups need to be seen more promptly for initial assessment and require strict adherence to follow up timeframes due to risk of vision loss.
- DHB management options may include:
  - 1. Collaborative community optometry monitoring by accredited glaucoma trained specialists e.g. inclusion criteria: early/moderate glaucoma, stable disease, reliable visual fields
  - 2. Technician-based monitoring
    - e.g. Questionnaire, intraocular pressure, visual fields, Ocular Coherence Tomography (OCT) performed by technician, but analysed and reported with ophthalmologist input
  - 3. Criteria should be established by each DHB for those not suitable for collaborative/ technician-based monitoring based on the experience of personnel e.g. unstable glaucoma, advanced glaucoma, secondary glaucoma, previous trabeculectomy/glaucoma drainage device surgery, phakic angle closure
  - 4. Consider discharge to community for:
- Ocular hypertensives with IOPs 25 or less
- Glaucoma suspects stable for 3 years
- Pseudophakic "primary angle closure suspects"
- Post-peripheral iridotomy "primary angle closure suspects" with "safely open" anterior chamber angles
- Pigment Dispersion Syndrome with no secondary ocular hypertension or glaucomatous optic neuropathy
- Pseudoexfoliation Syndrome with no secondary ocular hypertension or glaucomatous optic neuropathy