INTRODUCTION

Retinal detachment (RD) is the separation of neuro-sensory retina from the retinal pigment epithelium. It is a major ocular emergency that needs urgent treatment in order to save and prevent further loss of vision (Kanski 1997). FF of light are common symptoms reported by patients prior to RD. Floaters are vitreous opacities or blood from RD and flashes (photopsia) could be the result of stimulation of neural sensors from retinal tear or vitreous movements. The relationship between FF and RD is well documented in the ophthalmic literature (Kanski 1997). High myopia (> -6 diopter) and certain medical problems also increase the risk of RD. The symptoms of FF are also related to complicated posterior vitreous detachment (PVD). In order to assess the level of risk of RD, the symptoms of FF are used as a guide to categorise patients as high, medium or low risk of retinal detachment (RD). One hundred consecutive patients with FF attending an accident and emergency (A&E) department were recruited for the study. A pro forma was created to collect information from referral letters and from examination notes from nurse practitioners, eye casualty doctors and outpatient doctors at urgent assessment and general clinics. Patients’ notes were examined four weeks after their visit to the A&E department to find out whether any patients who were discharged developed RD. Thirty-nine per cent were categorised as high risk, 10% medium, 42% low and 9% were borderline between medium and low. There were 57% females and 43% males ranging in age from 25-90 (mean 60.3). Ninety-five per cent of patients were referred to the casualty eye doctors on the same day as visiting the A&E department, 4% of low-risk patients were referred to urgent assessment and 1% to general clinic. A total of 55% of patients were discharged from the A&E department, urgent assessment and general clinic; none of them developed RD four weeks later. It appears that the nurse practitioners did not apply the protocol for the management of most patients. As a result, casualty doctors’ workload and patients’ waiting time increased. For effective management of patients with FF, nurse practitioners need to be clear about the protocol and further training in vitreous pigment examination is required.

Box 1: Floaters & Flashes Protocol

High-risk group – Patients have been observed to have pigment or blood in the vitreous (dilated) or shadow in vision, decreased central vision, only good vision eye or have previous retinal tears or detachment in the other eye. These patients need to be examined by a doctor that day including indentation.

Mid-risk group – Patients have been observed to have no pigment or blood in vitreous but have previous ophthalmic history of uveitis, surgery, trauma and high myopia. They may also have a medical history of diabetes, sickle cell, Marfan’s or collagen disorder, premature birth or family history of RD. This group needs to be referred to urgent assessment clinic (UAC) within two weeks and given retinal detachment warning (RDW).

Low-risk group – This group of patients have no pigment or blood in vitreous and have none of the symptoms and medical history of the high- or mid-risk patients. These patients need to be referred to general clinic and given RDW.

ABSTRACT

The purpose was to evaluate whether patients with floaters and flashes (FF) were managed according to a protocol. The protocol for FF was used as a guide to categorise patients as high, medium or low risk of retinal detachment (RD). One hundred consecutive patients with FF attending an accident and emergency (A&E) department were recruited for the study. A pro forma was created to collect information from referral letters and from examination notes from nurse practitioners, eye casualty doctors and outpatient doctors at urgent assessment and general clinics. Patients’ notes were examined four weeks after their visit to the A&E department to find out whether any patients who were discharged developed RD. Thirty-nine per cent were categorised as high risk, 10% medium, 42% low and 9% were borderline between medium and low. There were 57% females and 43% males ranging in age from 25-90 (mean 60.3). Ninety-five per cent of patients were referred to the casualty eye doctors on the same day as visiting the A&E department, 4% of low-risk patients were referred to urgent assessment and 1% to general clinic. A total of 55% of patients were discharged from the A&E department, urgent assessment and general clinic; none of them developed RD four weeks later. It appears that the nurse practitioners did not apply the protocol for the management of most patients. As a result, casualty doctors’ workload and patients’ waiting time increased. For effective management of patients with FF, nurse practitioners need to be clear about the protocol and further training in vitreous pigment examination is required.

Key words: Floaters and flashes protocol, retinal detachment, ophthalmology, accident and emergency.


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