

Refer or Relax: Retina

2 hours

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Description:

This course discusses retinal cases encountered in the primary care ODs office, and asks if this is something that we can monitor ourselves (relax) or require referral to a retinal specialist for further treatment. Cases include lattice, retinal holes, choroidal nevi and more. Clinical pearls regarding follow up and appropriate referral criteria is presented.

Learning Objectives:

- Understand those retinal conditions that can be followed by the primary care OD vs. those that should be referred to a retinal specialist
- Recognize additional testing to help differentiate and manage common retinal disorders
- Review best practice referrals and timelines for retinal conditions
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- Increase communications between primary care optometrists and retinal specialists

Outline

1. Introduction
2. Lattice degeneration
 - a. Case
 - b. Risk factors/Questions to ask
 - c. Description/characteristics
 - d. Risk Of RD
 - i. <1%
 - ii. 0.07% per Byer
 - e. Appropriate follow-up

- f. When to refer
- 3. Horseshoe tears
 - a. Case
 - b. Description/characteristics
 - c. Risk Of RD
 - i. 30-50% symptomatic HST progress to detachment
 - ii. 5% of asymptomatic
 - iii. Risk factors
 - d. Appropriate follow-up
 - e. When to refer
 - f. Treatment
 - i. Laser
 - ii. Complications
 - iii. Success rates
- 4. Others holes and when to refer
 - a. Operculated holes
 - b. Atrophic holes
- 5. Retinal detachment
 - a. Case
 - b. Prevalence
 - i. 1/10,000
 - ii. 3% lifetime risk by age 85
 - c. Appearance/types
 - i. Rhegmatogenous
 - ii. Tractional
 - iii. Exudative/serous
 - d. Risk factors
 - i. High myopia
 - ii. Previous ocular surgery

- iii. Previous Rd
- iv. Fam hx Rd
- v. Trauma
- vi. Age
- vii. Others

e. Symptoms

- i. Flashes/floaters
- ii. Decreased central vision
- iii. Decreased peripheral vision
- iv. Curtain in vision

f. Treatments

- i. Scleral buckle
- ii. Pneumatic retinopexy
- iii. Pars planar vitrectomy

6. Retinoschisis

a. Case Definition

- i. Splitting of neurosensory retinal layers
- ii. Risk factors

b. Incidence/Prevalence

c. Schisis vs RD

- i. Schisis more translucent
- ii. Less flexible
- iii. Well demarcated borders
- iv. Overall smoother appearance
- v. OCT is key if can be done!

d. When to refer

e. Treatment

7. PVD

a. Case

b. Description/characteristics

i. Risk factors

1. 7-15% have retinal breaks
2. 90% of hemorrhagic PVDs have retinal break

c. Appropriate follow-up

- i. Repeat DFE in 6 weeks
- ii. Consider scleral depression

d. When to refer

8. CHRPE/NEVI

a. Case

b. Prevalence

c. Appropriate follow-up

d. CHRPE vs Nevi

e. When to refer

i. TFSOM

1. Thickness > 2mm
2. Fluid
3. Symptoms
4. Orange pigment (lipofuscin)
5. Margin touching optic nerve

9. Choroidal metastasis

a. Description

b. Symptoms

- i. 90% present with visual symptoms
 1. Blurred vision 70%
 2. Flashes/floaters 12%
 3. Pain 7%

c. Sources

- i. Breast cancer most common (40-53%)

ii. Lung cancer #2 (20-29%)

d. Prognosis: men survival of 17-21 mos

e. Need work up with oncologist

f. Refer to RS specialized in ocular oncology

10. Conclusion/take home