

Red Eye:

Refer? Examine? Discuss...

C-102389



Red eye conditions are commonplace in practice. From regular patients to people who may just pop in with a problem, the ability to be able to diagnose and respond accordingly is an important skill for DO's, CLO's and Optoms alike.

The following discussion will focus on four different scenarios where a patient has presented with a red eye.



Discussion 1:

A regular patient of yours has come in to practice with generalised red eye, marked at the limbus.

The px is an extended wear contact lens wearer and was awoken in the night with severe pain.

They have reported no loss in vision but have noticed they are photophobic and their eyes are watering.

They have come into practice wearing their contact lenses.

The patient is booked in for an examination and upon slit lamp investigation limbal infiltrates are noticed.



Discussion Points:

- What could be the cause of the condition?
- What immediate action would you take and what advice would you give to the patient?
- Is referral necessary?



- **Contact Lens Associated Red Eye** - possible overwear of contact lenses.
- **Immediate action** - remove CL and examine. **Advice** - reduction in wear time, cessation until symptoms clear, pain relief, ocular lubricants, refit with looser lens. Improve lens hygiene or switch from EW to DW.
- **Monitor for 24 hours** to exclude microbial keratitis.

Discussion 2:

A patient who is on holiday in your town comes into practice with complaining of severe eye pain and reduced vision.

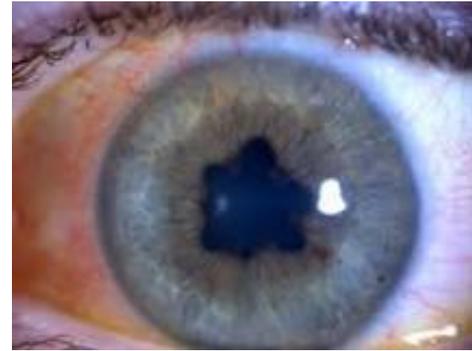
There is excessive lacrimation and the px is photophobic.

Limbal redness is noticeable and the pupil shape appears irregular.



Discussion Points:

- Possible diagnosis?
- What steps do you now take?
- If further examination is undertaken what other signs may be noticed? - Is referral necessary



- Iritis (acute)
- As the px is not registered at your practice you must still take details so you can record any advice given.
- Due to the nature of the condition examination would be advised if possible and referral.
- Slit lamp examination may show aqueous flare, keratic precipitates
- Urgent hospital referral

Discussion 3:

Px phones the practice to book an eye test. Upon arrival the receptionist notices that the px eyes appear red at the inner and outer canthi.

The patient advises that they have been experiencing sore and itchy eyes since yesterday and feel a bit light sensitive. When they woke up this morning their eyes were sticky and they have had to wipe them a couple of times today.

The patient is then taken through to pre test by the receptionist and then goes and starts trying on spectacles whilst waiting for the eye test.



Discussion Points:

- Possible diagnosis?
- What action should the receptionist have taken?
- What advice would you give to the patient?
- Is referral necessary?



- Bacterial Conjunctivitis

- Upon booking the px in the receptionist should have consulted a qualified member of staff prior to pre-test as the condition is contagious and an eye exam wouldn't be advisable at this time. Also, the pre-test equipment will now need to be thoroughly cleaned as normal, but as the patient is handling the spectacles they will also now need to be cleaned to avoid cross contamination.
- Ask if any other family members have had any similar symptoms, avoid sharing towels/pillows etc
- Consult pharmacist/GP if symptoms don't go. Condition should be self limiting but if no improvement GP can prescribe chloramphenicol.

Discussion 4:

A px comes in for an eye exam and a blood red localised area of redness is noticed on the conjunctiva.

There is no pain or discomfort or any other symptoms.

The patient noticed it upon waking this morning after banging her eye in the night.



Discussion Points:

- Possible diagnosis?
- What further investigation should be carried out and what advice would you give to the patient?
- Is referral necessary?



- Subconjunctival haemorrhage
- No real further examination but the patient should be asked if this condition has previously occurred. If it is the first occurrence the px should be reassured that it is of no significance and should fade away over the next few days. If it is a repeated occurrence then it may indicate some kind of vascular disorder, such as high blood pressure, and they should be advised to seek medical advice from a GP.
- No referral required unless repeated occurrence.



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