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OPHTHALMOLOGISTS

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Guidance document

# Prioritisation of ophthalmic procedures

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## 1 Introduction

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The SARS-CoV-2 pandemic has caused dramatic changes to the provision of medical services within the UK and efforts to reduce the spread of infection have caused a reduction in ophthalmic services being provided. This guidance has been developed to aid ophthalmic services in the prioritisation of surgical procedures being carried out within their departments. It is intended to allow services to plan beyond the lockdown period into the phase of reopening of services when more medium urgency and elective care will be provided but where there is likely still to be restricted capacity and a greater need to prioritise. This guidance covers the main ophthalmic procedures but it is not an exhaustive list and does not cover in detail complex, uncommon or specialised procedures. In addition, each decision needs to take into account a patient's specific circumstances, risk, urgency and requirements. Services may wish to adapt this list to create a prioritisation system which best suits their local population healthcare needs and the services they provide.

Surgical procedures have been broken down into the following priority levels related to timing:

- Level 1: Emergency procedures needed within 24 hours
- Level 2: Urgent procedures needed within 72 hours
- Level 3: Procedures needed within 4 weeks
- Level 4: Procedures needed within 3 months
- Level 5: Procedures which can be carried out in more than 3 months

These time intervals are based on usual practice and where delays to the timing of procedures may result in greater risk of an adverse outcome due to progression or worsening of the condition being treated.

## 2 Risk of delaying procedures and loss to follow up

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Ophthalmic services have been put under severe pressure due to the SARS-CoV-2 pandemic. It is crucial that patients are not lost during this period of reduced service and during the subsequent recovery to business as usual. With the extra pressure the pandemic has put on services, it is clear that some patients with lower risk conditions will need to have their treatments deferred to allow for the patient's at higher risk of visual loss to be seen. Clear records must be kept of any decision to defer a patient's or a group of patients' treatment and a coordinated review of deferred patients must be undertaken at regular intervals to ensure patients are not coming to harm due to being deferred. Any decision to defer a patient or group of patients must evaluate the risk that patient(s) will come to harm due to deferral of their treatment.

All procedures in the priority levels below have been colour coded according to the risk of harm to the patient of any decision to defer the procedure:

Level of Risk	Colour Code
High Risk	
Medium Risk	
Low Risk	

Although these procedures have been coded, individual patient circumstance may mean that a patient does not fall under the same risk category as highlighted below and ophthalmologists must have the discretion to assign risk based on clinical judgement.

In the table below, please note some procedures straddle more than one subspecialty and to be concise have **not** been noted in both.

### 3 Level 1: Emergency procedures needed within 24 hours

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<b>Vitreoretinal</b>	<b>Vitreous biopsy and antibiotic injections for suspected infectious endophthalmitis</b>
<b>Adnexal</b>	<b>See trauma</b>
<b>Trauma</b>	<b>Emergency ocular surgery for sight threatening and disfiguring trauma eg penetrating injuries, globe rupture, orbital haemorrhage, lid lacerations</b>
<b>Ocular Oncology</b>	<b>Ruthenium-plaque removal</b>
<b>Paediatrics <i>and as per adults</i></b>	

## 4 Level 2: Urgent procedures needed within 72 hours

<b>Vitreoretinal</b>	<b>Laser to retinal tears</b>	<b>Vitrectomy for dropped lens nucleus after cataract surgery</b>	<b>Vitreoretinal surgery for acute rhegmatogenous retinal detachment, macular on and macula recently off</b>
<b>Medical retina</b>	<b>Periocular or intravitreal steroids for inflammatory eye disease</b>		
<b>Adnexal</b>	<b>Orbital decompression or lesion debulking for sight threatening orbital conditions</b>	<b>Drainage of orbital abscess</b>	<b>Eye removal where serious risk to systemic health eg sepsis</b>
<b>Trauma</b>	<b>Removal of intraocular foreign body or very deep /full thickness corneal foreign body</b>	<b>Paediatric orbital floor fracture with muscle entrapment</b>	
<b>Glaucoma</b>	<b>Drainage surgery or diode laser for some secondary glaucoma with very high pressure and likely imminent visual loss</b>	<b>Drainage surgery for acute glaucoma unresponsive to medical therapy and laser</b>	<b>Laser PI for acute glaucoma</b>
<b>External</b>	<b>Emergency corneal transplant or glueing</b>	<b>Amniotic membrane graft for imminently sight threatening conditions eg severe chemical burn or Stevens Johnson/toxic epidermal necrolysis</b>	
<b>Neuro</b>	<b>Temporal artery biopsy</b>		
<b>Paediatrics and as per adults</b>	<b>Retinopathy of prematurity retinal laser / intravitreal injections</b>	<b>Examination under anaesthesia for potentially sight threatening disease</b>	

## 5 Level 3: Procedures needed within 4 weeks

Vitreoretinal	Repeat vitreoretinal surgery for retinal detachments	Vitrectomy for dislocated lens implant if poor vision other eye	Vitrectomy for acute vitreous haemorrhage with suspected retinal break / unknown	Vitrectomy for retinal detachment macular off more than 2 weeks
Medical Retina	Intravitreal Injections for wet age related macular degeneration <2 weeks	Retinal laser for active/progressive retinal neovascularization	Periocular and intravitreal steroid injection for macular oedema	
Adnexal	Surgery to protect ocular surface	Surgery for eyelid cancers	Surgery for orbital tumours	Surgery for severe ptosis (brow suspension) in children likely or actually developing amblyopia
Glaucoma	Cataract surgery for angle closure glaucoma where imminently sight threatening	Drainage surgery for sight threatening very high IOP	Intravitreal injection and/or retinal laser for iris/angle rubeosis	Drainage surgery for patients with very high risk of vision loss in only eye
Cataract	Intumescent cataract extraction			
External	Superficial keratectomy for atopic plaque in children	Amniotic membrane graft for non-healing surface ulceration	Corneal surgery for congenital corneal opacity	
Ocular Oncology	Surgical, laser or radiation treatment of ocular and ocular surface tumours	Enucleation for advanced melanoma or other malignancies	Intravitreal injections for radiation maculopathy and/or ocular tumours	PDT or external beam radiotherapy for sight threatening ocular metastases
Paediatrics <i>and as per adults</i>	Congenital cataract surgery	Superficial keratectomy for atopic plaque in children	Drainage surgery for glaucoma (within 2 weeks)	Surgery or plaque for retinoblastoma

## 6 Level 4: Procedures needed within 3-4 months

Vitreoretinal	Some macular hole retinal surgery	Vitrectomy for vitreous haemorrhage or tractional retinal detachment	Vitrectomy for silicone oil removal for complications	
Medical retina	Intravitreal injections for diabetic macular oedema or retinal vein occlusion	Macular laser for diabetic macular oedema or branch retinal vein occlusion	Photodynamic laser surgery for central serous chorioretinopathy	
Adnexal	Lacrimal surgery with large mucocele	Entropion/Ectropion correction if ocular surface damage	Toxin injections for visually disabling blepharospasm	Eye removal not for malignancy or urgent threat to systemic health
Glaucoma	Glaucoma drainage surgery	Selective laser trabeculoplasty laser		
Cataract	Cataract surgery or YAG laser capsulotomy binocular vision <6/60, or severely disabled eg cannot work	Cataract surgery or YAG laser capsulotomy limiting management other conditions with risk to sight		
External	Cross-linking for rapidly progressive or very thin cornea keratoconus			
Paediatrics <i>and as per adults</i>	Retinal laser or cryotherapy or intravitreal injections for retinal vascular conditions	Removal of loose corneal sutures in children	YAG laser or surgical capsulotomy for visual axis opacity following congenital cataract surgery	

## 7 Level 5: Procedures which can be carried out in more than 3-4 months

Vitreoretinal	Vitreotomy for macular epiretinal membrane	Silicone oil removal no complications	Other routine surgery
Medical retina	Retinal laser for severe pre-proliferative diabetic retinopathy		
Adnexal	Dacryocystorhinostomy		Other routine surgery
Cataract	YAG laser capsulotomy	Cataract surgery if significant binocular visual reduction	Routine cataract surgery
Glaucoma	PI laser for narrow angles		
External	Cross-linking for progressive keratoconus		Other routine surgery
Ocular oncology	Reconstruction, debulking of benign tumours and other routine oncology surgery		Other routine surgery
Paediatrics and strabismus <i>and as per adults</i>	Strabismus surgery if restoration of visual functional	Other strabismus surgery	Other routine surgery