RANZCO: Patient Screening and Referral Pathway Guidelines for diabetic retinopathy (including diabetic maculopathy)

Patient Presents

- a. All persons with Type 2 diabetes mellitus should undergo screening for diabetic retinopathy at the time of diagnosis and then every two years if retinopathy is present
- b. Screen all diabetics at diagnosis and screen children when they reach puberty

*Clinical Modifiers

Yearly screening for Diabetic Retinopathy should be undertaken routinely for patients in the following groups:

- 1. Duration of diabetes greater than 15 years
- Sub optimal Glycaemic control (HbA1c > 8% or 64mmol/mol)
- 3. Systemic Disease
 - a. Poorly controlled hypertension, blood lipids
 - b. Other diabetic complications (Cardiac disease, cerebrovascular Disease, Renal disease)
 - c. Foot Ulcers (Neuropathy, Peripheral Vascular Disease)
- 4. Aboriginal and Torres Strait Islander, Non-English speaking background

Clinical Assessment

- a. Clinical History
- b. Clinical Modifiers* of risk of progression of Diabetic Retinopathy
- c. Best Corrected Visual Acuity
- d. Digital Fundus Photography (Non-mydriatic acceptable)

Grade Visual Acuity

- a. 6/12 or worse (unexplained by other pathology): refer to Ophthalmologist
 - b. Better than 6/9: continue to Grade Image Quality
 - c. 6/9 to 6/12 ophthalmic opinion may be sought

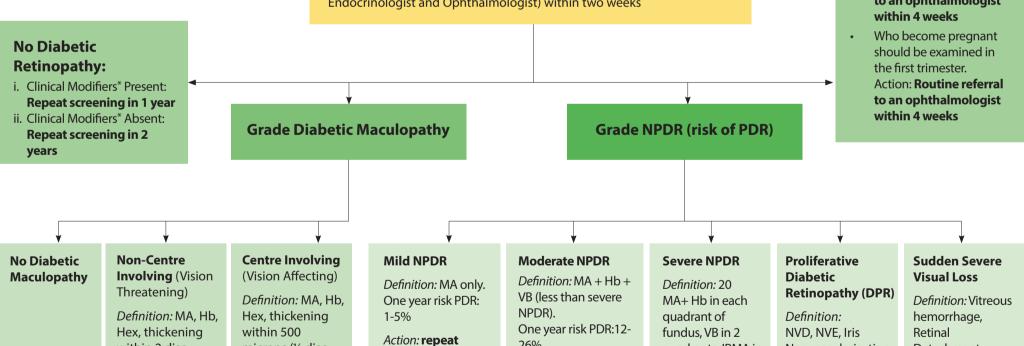
Grade Image Quality

- a. Inadequate for accurate grading of Diabetic Retinopathy:ii. repeat imaging with dilated pupils.
- iii. If still inadequate: referral to **Ophthalmologist**
- d. Adequate for grading of Diabetic Retinopathy

Grade Diabetic Retinopathy

Communication

Communicate the results of Diabetic Retinopathy screening to the patient and physicians involved in their care (General Practitioner, Endocrinologist and Ophthalmologist) within two weeks



DR – Diabetic Retinopathy Hb - Haemorrhanges Hex - Hard exudates IRMA – Intraretinal microvascular

abnormality **MA** – Microaneurysms **NPDR** – Non-proliferative Diabetic

Retinopathy

Abbreviations:

- **NVD** Neovascularisation at disc **NVE** – Neovascularisation elsewhere
- **PDR** Proliferative Diabetic Retinopathy **VB** - Venous beading

Pregnancy

All women with Diabetes

Who are planning for pregnancy should have a comprehensive eye assessment to exclude diabetic retinopathy. If retinopathy is present Action: **Routine referral** to an ophthalmologist within 4 weeks

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This chart should be read in conjunction with the accompanying document: Clinical Notes for Screening and Referral Pathway for Diabetic Retinopathy.

#In New Zealand, a national screening service is in place, free for patients.

RANZCO recommends that patients should be referred on to the local service provider, where one is available. The RANZCO Diabetic Retinopathy Screening and Referral Pathway can be used as default where no screening service is available.

