



Complete Summary

GUIDELINE TITLE

Care of the patient with retinal detachment and related peripheral vitreoretinal disease.

BIBLIOGRAPHIC SOURCE(S)

American Optometric Association. Care of the patient with retinal detachment and related peripheral vitreoretinal disease. St. Louis (MO): American Optometric Association; 1995. 79 p. (Optometric clinical practice guideline; no. 13). [201 references]

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline has been reviewed on a biannual basis and is considered to be current as of 2004. This review process involves updated literature searches of electronic databases and expert panel review of new evidence that has emerged since the original publication date.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Retinal Detachment and Related Peripheral Vitreoretinal Disease

- Retinal Detachment
 - Rhegmatogenous Retinal Detachment
 - Nonrhegmatogenous Retinal Detachment

- Retinal Breaks
 - Atrophic Retinal Holes
 - Operculated Retinal Tears
 - Horseshoe and Linear Retinal Tears
 - Retinal Dialysis

- Related Peripheral Vitreoretinal Disease
 - Retinal Tufts
 - Lattice Retinal Degeneration
 - Snail-Track Degeneration
 - Retinoschisis
 - White-Without-Pressure
 - Meridional Folds and Complexes
 - Peripheral Pigmentary Degeneration and Pigment Clumping
 - Peripheral Retinal Hemorrhage
 - Pars Planitis
 - Chorioretinal Scar
 - Posterior Vitreous Detachment

GUIDELINE CATEGORY

Diagnosis
 Evaluation
 Management
 Prevention

CLINICAL SPECIALTY

Optometry

INTENDED USERS

Health Plans
 Optometrists

GUIDELINE OBJECTIVE(S)

- To diagnose significant or frequently encountered peripheral vitreoretinal diseases and related congenital ocular abnormalities
- To improve the quality of care rendered to patients with retinal diseases and related congenital ocular abnormalities
- To identify patients at risk of developing retinal breaks or detachment
- To minimize the ocular morbidity and severe vision loss related to retinal disease through diligent monitoring and timely consultation or referral
- To monitor the gains obtained through treatment
- To inform and educate patients and other health care practitioners about the complications and prevention of retinal disease and the availability of treatment.

TARGET POPULATION

Patients with suspected or diagnosed retinal detachment or related peripheral vitreoretinal disease.

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Patient History
2. Ocular Examination
3. Supplemental Testing

Management

1. Management Strategy for Retinal Breaks
 - Monitor for progression to detachment
 - Referral to a retina specialist or general ophthalmologist
 - Surgery (retinopexy)
 - Periodic follow-up examinations
2. Management Strategy for Retinal Detachment
 - Urgent or immediate consultation with a retina specialist
 - Retinal detachment surgery
 - Periodic follow-up examinations
3. Patient Education

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches using the National Library of Medicine's Medline database and the VisionNet database.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The Reference Guide for Clinicians was reviewed by the American Optometric Association (AOA) Clinical Guidelines Coordinating Committee and approved by the AOA Board of Trustees.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnosis of Retinal Detachment and Related Peripheral Vitreoretinal Disease

Evaluation of patients with retinal detachment or related peripheral vitreoretinal disease includes the elements of a comprehensive eye and vision examination. It may include, but is not limited to, the following areas:

1. Patient History

The clinician should review the patient's present and past history of ocular and systemic disease and elicit information regarding:

- Loss of vision

- Sudden, recent onset of floaters
 - Flashing lights
 - Loss of peripheral visual field
 - Family members with loss of vision or history of retinal disease
 - History of trauma.
2. Ocular Examination

The examination for retinal detachment and related peripheral vitreoretinal disease may include, but is not limited to:

- Best corrected visual acuity
 - Pupillary responses
 - Biomicroscopy
 - Binocular indirect ophthalmoscopy, with scleral indentation if indicated
 - Tonometry
 - Visual field screening (confrontation)
 - Retinal drawing or photodocumentation, if indicated.
3. Supplemental Testing
- Fundus biomicroscopy with Hruby lens, fundus contact lens, or other precorneal condensing lens
 - Ultrasonography
 - Fluorescein angiography
 - Formal visual field testing

Management of Retinal Breaks and Detachment

1. Management Strategy for Retinal Breaks

The optometric management of the patient with peripheral vitreoretinal disease varies with the type and severity of the retinal break and is discussed in the guideline document.

2. Management Strategy for Retinal Detachment

Initial optometric management of the patient with retinal detachment includes restriction of physical activity and reduction in eye movement. Without surgery nearly every eye with a symptomatic retinal detachment will become blind. Following the diagnosis of significant retinal detachment, the optometrist should make an immediate referral to a retina specialist for surgery. Refer to the guideline document for further discussion.

3. Patient Education

The optometrist should educate the patient about the symptoms of a retinal detachment, retinal tear, or related peripheral vitreoretinal disease and advise him or her to return immediately if the symptoms occur.

4. Prognosis and Follow-Up

The prognosis for the patient with a retinal break and the need for follow-up by the optometrist depend on the type and severity of break. The frequency

and composition of evaluation and management visits and the prognosis for patients with specific conditions are summarized in the table, below:

Frequency and Composition of Evaluation and Management Visits for Retinal Detachment and Related Peripheral Vitreoretinal Disease

Type of Patient	Frequency of Examination	Patient History	Visual Acuity	Binocular Indirect Ophthalm	Formal Visual Field Testing	Photo Document
Posterior vitreous detachment	Every 2 to 3 weeks until photopsia resolves	Yes	Yes	Yes	No	N
Peripheral retinal lesion without break	Every 6 to 12 months	Yes	Yes	Yes	No	If pos
Atrophic hole						
<ul style="list-style-type: none"> Asymptomatic 	Annual	Yes	Yes	Yes	No	If pos
<ul style="list-style-type: none"> Asymptomatic with local detachment or at-risk patient 	Every 6 to 12 months	Yes	Yes	Yes	No	If pos
Operculated tear						
<ul style="list-style-type: none"> Asymptomatic 	Annual	Yes	Yes	Yes	No	If pos
<ul style="list-style-type: none"> Asymptomatic with local detachment or at-risk patient 	Every 6 to 12 months	Yes	Yes	Yes	No	If pos
<ul style="list-style-type: none"> Symptomatic 						
Flap or linear tear						
<ul style="list-style-type: none"> Asymptomatic 	Every 6 months	Yes	Yes	Yes	No	If pos

- Asymptomatic with local detachment or at-risk patient
- Symptomatic

Retinal dialysis

- | | | | | | | |
|---|--------|-----|-----|-----|----|--------|
| • Asymptomatic and scarred over | Annual | Yes | Yes | Yes | No | If pos |
| • Asymptomatic or symptomatic with open break | | | | | | |

Retinal Detachment

- | | | | | | | |
|---|--------|-----|-----|-----|-----|--------|
| • Recent symptomatic | Annual | Yes | Yes | Yes | Yes | If pos |
| • Recent, advancing close to posterior pole | | | | | | |
| • Long standing detachment (>1 yr) | | | | | | |

CLINICAL ALGORITHM(S)

1. An algorithm is provided for Optometric Management of the Patient with Peripheral Vitreoretinal Disease.
2. An algorithm is provided for Optometric Management of the Patient with Retinal Detachment.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The optometrist is in a position to diagnose peripheral retinal conditions that are of great significance to the ocular health of his or her patients. Through early detection and timely treatment, preventive measures can protect and maintain the patient's ocular health and vision. A comprehensive eye examination, including a stereoscopic retinal examination through a dilated pupil, enables the optometrist to diagnose potentially sight-threatening conditions. Management of the patient with peripheral retinal disease involves appropriate documentation, patient follow-up, and, when appropriate, referral for consultation with or treatment by a retina specialist or a general ophthalmologist experienced in retinal disease.

Subgroups Most Likely to Benefit:

The most common risk factors for retinal detachments are myopia (40%-55%), aphakia (30%-40%), and ocular trauma (10%-20%).

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Clinicians should not rely on this Clinical Guideline alone for patient care and management. Please refer to the references and other sources listed in the original guideline for a more detailed analysis and discussion of research and patient care information.

The components of patient care described are not intended to be all inclusive. Professional judgment and individual patient symptoms and findings may have significant impact on the nature, extent, and course of the services provided.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness
Timeliness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1995 (revised 1999; reviewed 2004)

GUIDELINE DEVELOPER(S)

American Optometric Association - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Vision Service Plan (Rancho Cordova, California) and its subsidiary Altair Eyewear (Rancho Cordova, California)

GUIDELINE COMMITTEE

American Optometric Association Consensus Panel on Care of the Patient with Retinal Detachment and Related Peripheral Vitreoretinal Disease

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Optometric Association Web site](#).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

The following is available:

- Answers to your questions about spots and floaters. St. Louis, MO: American Optometric Association. (Patient information pamphlet).

Print copies: Available from the American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881; Web site, www.aoanet.org.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This summary was completed by ECRI on December 1, 1999. The information was verified by the guideline developer on January 31, 2000.

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