

# **Community Eye Service**

The Community Eye Service provides multi professional team clinics, for the assessment, diagnosis, treatment, advice and education for patients with Dry Eyes, Epiphora, Styes, Cysts (Papillomas, Sebaceous and Meibomian), Blepharitis / Blepharo

-conjunctivitis, Age related Entropion, Trichiatric Lashes and Lid lesions.

It also provides advice and education for other professional colleagues in primary care, for these specified conditions.

**Patients must have a registered GP within the Brighton CCG area.**

## **GENERAL INCLUSIONS:**

-Refer to condition specific inclusions

## **GENERAL EXCLUSIONS:**

**-< 16 years**

-Refer to condition specific exclusion

-Red flags - suspected:

- Uveitis
- Intermittent angle closure
- Corneal Ulcer
- Cicatricial causes of Entropion and Ectropion
- Malignancies
- Paralytic disorders
- Significant medial canthal tendon laxity
- Large cysts – cysts and lid lesions which are larger than 1/3<sup>rd</sup> the size of the lid

## **CONDITION SPECIFIC CRITERIA:**

### **1. Dry eyes**

#### ***Inclusions:***

- Patients with chronically gritty, sore, itchy, watery, red eyes for more than 1 month, and have failed to adequately respond to lid hygiene regimens and use of artificial lubricating drops or ointments
- Patients with persistent dry, crusty, matted eyelids and lashes

#### ***Exclusions:***

- Red flags
- Patients with acute sudden onset of pain, redness, watering or photophobia with significantly affected vision as a result

### **2. Epiphora**

#### ***Inclusions:***

-Patients with chronically gritty, sore, itchy, watery, red eyes for more than 1 month, and have failed to adequately respond to lid hygiene regimens and use of artificial lubricating drops or ointments

***Exclusions:***

-Red flags  
-Patients with acute sudden onset of pain, redness, watering or photophobia with significantly affected vision as a result

**3. Styes / Cysts (not requiring excision)**

***Inclusions:***

-Patients with cysts that have not resolved after 4 weeks of warm compresses and antibiotic ointment  
-Patients with warty type lid lesions where surgical intervention is requested or advisable due to other factors such as increasing size or irritation

***Exclusions:***

-Red flags  
-Suspected malignant eyelid lesions e.g. ulcerated lesions or BCC's

**4. Blepharitis / Blepharo-conjunctivitis**

***Inclusions:***

-Patients with chronically gritty, sore, itchy, watery, red eyes for more than 1 month, and have failed to adequately respond to lid hygiene regimens and use of artificial lubricating drops or ointments  
-Patients with persistent dry, crusty, matted eyelids and lashes  
-Patients with cysts that have not resolved after 4 weeks of warm compresses and antibiotic ointment

***Exclusions:***

-Red flags  
-Patients with acute sudden onset of pain, redness, watering or photophobia with significantly affected vision as a result

**5. Age-related Entropion**

***Inclusions:***

-Patients with clinically significant age related (55 years and older) Entropion i.e. lower eyelid turned inwards

***Exclusions:***

-Red flags  
-Patients on Warfarin/ Rivaroxaban  
-Patients on Aspirin/ Clopidogrel / Dipyridamole requiring eyelid surgery should be off Aspirin for one week prior to their appointment (if it is clinically appropriate to do so)  
-Patients who have previously had surgical correction of Entropion who are presenting with the same problem again

-Patients who are unfit for surgery under local anaesthesia

## **6. Lid lesions**

### ***Inclusions:***

-Patients with warty type lid lesions where surgical intervention is requested or advisable due to other factors, i.e. increasing size or irritation

### ***Exclusions:***

- Red flags
- Suspected malignant eyelid lesions e.g. ulcerated lesions or BCC's
- Patients on Warfarin/ Rivaroxaban
- Patients on Aspirin requiring eyelid surgery should be off Aspirin for one week prior to their appointment (if it is clinically appropriate to do so)
- Patients who have previously had surgical correction who are presenting with the same problem again
- Patients who are unfit for surgery under local anaesthesia

## **7. Papillomas / Sebaceous / Meibomian cysts (new on-set only, covering those which are secondary to lid disease)**

### ***Inclusions:***

- Patients with symptomatic cysts that have not resolved after 4 weeks of warm compresses and antibiotic ointment
- Patients with warty type lid lesions where surgical intervention is requested or advisable due to other factors such as increasing size or irritation

### ***Exclusions:***

- Red flags
- Suspected malignant eyelid lesions e.g. ulcerated lesions or BCC's
- Patients on Warfarin/ Rivaroxaban
- Patients on Aspirin requiring eyelid surgery should be off Aspirin for one week prior to their appointment (if it is clinically appropriate to do so)
- Patients who are unfit for surgery under local anaesthesia

## **8. Trichiatric Lashes**

### **HOW TO REFER:**

- **GPs: GP refers to Optum**

- Optum refer to Here

Clinics are held on **Wednesday mornings** at:

Community Eye Service,  
Warmdene Surgery,

County Oak Medical Centre,  
Carden Hill,  
Brighton,  
BN1 8DD

For queries please call the Community Eye Service on: 0300 303 8060