# THAMES VALLEY & WESSEX RETINOPATHY OF PREMATURITY PATHWAY

| Approved by/ on: | Thames Valley & Wessex Neonatal ODN Governance Group  
19 October 2017 |
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| Authors | Dr Eleri Adams TV Clinical Lead  
Dr Victoria Puddy Wessex Clinical Lead |
| Distribution | Thames Valley and Wessex Neonatal Clinical Forums  
Thames Valley and Wessex Neonatal Network website |
| Related documents | Guideline for the screening and treatment of Retinopathy of Prematurity May 2008 Royal College of Ophthalmology, RCPCH, BAPM, BLISS  
RCPCH/RCOpath/BLISS Parent information leaflet – Screening for Retinopathy of Prematurity  
Retinopathy of Prematurity Screening and Treatment Guidelines OUH  
Retinopathy of Prematurity Screening and Treatment Guideline UHS |
| Implications of race, equality & other diversity duties for this document | This guideline must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion. |
1.0 Aim of Pathway

The aim of the Retinopathy of Prematurity Pathway is to describe the care pathway to be followed once a baby has been identified as meeting screening or treatment thresholds within Thames Valley and Wessex Neonatal Network.

2.0 Scope of Pathways

This pathway applies to all neonatal and maternity units covered by Thames Valley Neonatal Network. This includes the following hospitals:

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<tr>
<th>Thames Valley TRUST</th>
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<tr>
<td>Oxford University Hospitals NHS Foundation Trust</td>
<td>John Radcliffe Hospital, Oxford</td>
<td>NICU</td>
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<td>Buckinghamshire Healthcare NHS Trust</td>
<td>Stoke Mandeville Hospital, Aylesbury</td>
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<thead>
<tr>
<th>Wessex TRUST</th>
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<tr>
<td>University Hospital Southampton NHS Foundation Trust</td>
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<td>Portsmouth Hospitals NHS Trust</td>
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3.0 Background

Retinopathy of prematurity ROP is a developmental retinal vascular disorder that occurs in the retina of preterm infants with incomplete retinal vascularization. Treatment for ROP includes laser or intra ocular injection and is a time critical intervention that prevents progressive deterioration in visual function in preterm infants. It is not a frequently performed procedure. National guidelines state that services should be delivered on a network wide basis. In Wessex and Thames Valley there are two distinct pathways which are described in Appendix 1 and 2 respectively.

4.0 Principles

Key principles which have been agreed nationally and are widely accepted include:
• Individual Trusts are responsible for the provision of ROP screening. These should comply with National recommendations for timing. Compliance with screening is audited annually through the NNAP programme.

• Where babies are transferred either before ROP screening is initiated or when it has been started but not completed, it is the responsibility of the referring unit to ensure that the neonatal team in the receiving unit is aware of the need to start or continue ROP screening.

• Infants requiring surgery or laser therapy should be referred to the designated centre, where both surgical, anaesthetic and ITU capacity are available.

• Follow up should be undertaken in accordance with current RCOphth/RCPCH guidance

Appendices

Appendix I: Wessex Retinopathy of Prematurity pathway
Appendix 2: Thames Valley Retinopathy of Prematurity pathway
Appendix 3: UHS Retinopathy of Prematurity pathway

Version Control:

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<td>September 2017</td>
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<td>Dr Victoria Puddy</td>
<td>Dr Eleri Adams</td>
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<td>Admendment for redesignation of IOW and new website http</td>
<td>Dr Victoria Puddy</td>
<td>Dr Eleri Adams</td>
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Review Date: September 2020
Appendix 1: Wessex Retinopathy of Prematurity pathway

**If patient already known to NICU Ophthalmology team referral back to same team**
Appendix 2: Thames Valley Retinopathy of Prematurity pathway

Screening
As per RCPCH guidelines & local trust protocol
All babies < 32 weeks and or < 1501gms
< 27 weeks: 1st ROP screen 30 - 31 weeks PMA
27 - 32 weeks & > 32 weeks with BW < 1501gms :
1st ROP screen between 4 - 5 weeks postnatal age

Diagnosis
Treatment thresholds met , Network LNU/SCU Ophthalmology referral to OUH ROP Ophthalmologist - contact CK Patel - cpatel2@nhs.net or through JRH switchboard 01865 741166

Quaternary referrals from all UK neonatal units for complex treatment or treatment failure - contact CK Patel as above.

Treatment
< 44 weeks PMA - JRH NICU
> 44 weeks PMA - Oxford Children’s hospital (CHOX) OR Great Ormond Street (GOS)

Follow up
As per RCPCH protocols
Decision for local or regionalOphthalmic followup to be decided on clinical need. Followup should be as close to home as

ROP Care Pathway – TV & W Final September 2017 –
Neonatal Generic email: england.tv-w-neonatalnetwork@nhs.net
Neonatal Website: http://southodns.nhs.uk
**Appendix 3: UHS Retinopathy of Prematurity pathway**

**UHS Retinopathy of Prematurity Pathway**

**Screening**
As per UHS ROP Screening Algorithm
Ophthalmology Screening Coordinator

**Diagnosis**
Treatment thresholds met
Referrals from LNU Ophthalmologist to Consultant Ophthalmologist via UHS Switchboard
Notification NNU Coordinator Blp 1623 & NNU Consultant Blp 1082
Transfer to NICU/Ophthalmology when NICU cot / bed confirmed
No available cot / Ophthalmologist liaison with QA/NICU/Ophthalmology team

**Treatment**
UHS NICU < 44 weeks PMA
UHS Ophthalmology > 44 weeks PMA
Follow UHS ROP Screening & Treatment Guideline
Information for Parents: Treatment of

**Follow up**
As per RCPCH protocols

**If patient already known to UHS Ophthalmology team referral back to same team**

UHS Retinopathy of Prematurity Team / Paediatric Ophthalmologist Team
Dr Kristina May Consultant Paediatric Ophthalmologist
Dr Stephanie West Consultant Paediatric Ophthalmologist
Anita Holloway-Moger Neonatal ROP Screening Coordinator
Appendix 4: QAH Retinopathy of Prematurity Pathway

** If patient already known to QAH Ophtalmology team referral back to same team

UHS Retinopathy of Prematurity Team / Paediatric Ophthalmologist Team
Mr Tony Evans Consultant Ophthalmologist tony.evans@porthosp.nhs.uk
Mrs Alison Tappin Consultant Ophthalmologist alison.tappin@porthosp.nhs.uk