

THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK

THAMES VALLEY & WESSEX RETINOPATHY OF PREMATUREITY PATHWAY	
Approved by/ on:	Thames Valley & Wessex Neonatal ODN Governance Group 23rd March 2023
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Distribution	Thames Valley and Wessex Neonatal Clinical Forums Thames Valley and Wessex Neonatal Network website
Related documents	<p>UK Screening of retinopathy of prematurity guideline Royal College of Ophthalmology, RCPCH March 2022</p> <p>Retinopathy of prematurity Examination recording form March 2022 RCPCH</p> <p>Screening for retinopathy of prematurity: Information for parents and carers March 2022 RCPCH</p> <p>UK Treating Retinopathy of Prematurity in the UK Clinical Guidelines Summary RCOphth March 2022</p> <p>Treatment for Retinopathy of Prematurity : Information Leaflet for Parents Guardians March 2022 RCOphth</p>
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:

Thames Valley		
TRUST	Hospital	Designation
Oxford University Hospitals NHS Foundation Trust	- John Radcliffe Hospital, Oxford	NICU Cardiac
Buckinghamshire Healthcare NHS Trust	- Stoke Mandeville Hospital, Aylesbury	LNU
Frimley Health NHS Foundation Trust	- Wexham Park Hospital, Slough	LNU
Milton Keynes University Hospital NHS Foundation Trust	- Milton Keynes General Hospital	LNU
Royal Berkshire NHS Foundation Trust	- Reading	LNU

Wessex		
TRUST	Hospital	Designation
University Hospital Southampton NHS Foundation Trust	- Princess Anne Hospital	NICU Cardiac Surgical
Portsmouth Hospitals University NHS Trust	- Queen Alexandra Hospital	NICU
Dorset County Hospital NHS Foundation Trust	- Dorset County Hospital, Dorchester	SCU
Hampshire Hospitals NHS Foundation Trust	- Basingstoke and North Hampshire Hospital	LNU
Hampshire Hospitals NHS Foundation Trust	- Royal Hampshire County Hospital, Winchester	LNU
Isle of Wight NHS Trust	- St Mary's Hospital	SCU
University Hospitals Dorset NHS Foundation Trust	- Poole Hospital	LNU
Salisbury NHS Foundation Trust	- Salisbury District Hospital	LNU
University Hospitals Sussex NHS Foundation Trust	- St Richard's Hospital, Chichester	SCU

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 RCPCH Screening of Retinopathy of prematurity March 2022 (revised from 2008) 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 laser therapy / intraocular injection (anti VEGF) or surgery 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 March 2022 guidance included in the TV & Wessex Retinopathy of Screening and Treatment Guidance.

5.0 Appendices

Appendix 1: Wessex Retinopathy of Prematurity pathway

Appendix 2: Thames Valley Retinopathy of Prematurity pathway

Appendix 3: UHS Retinopathy of Prematurity pathway

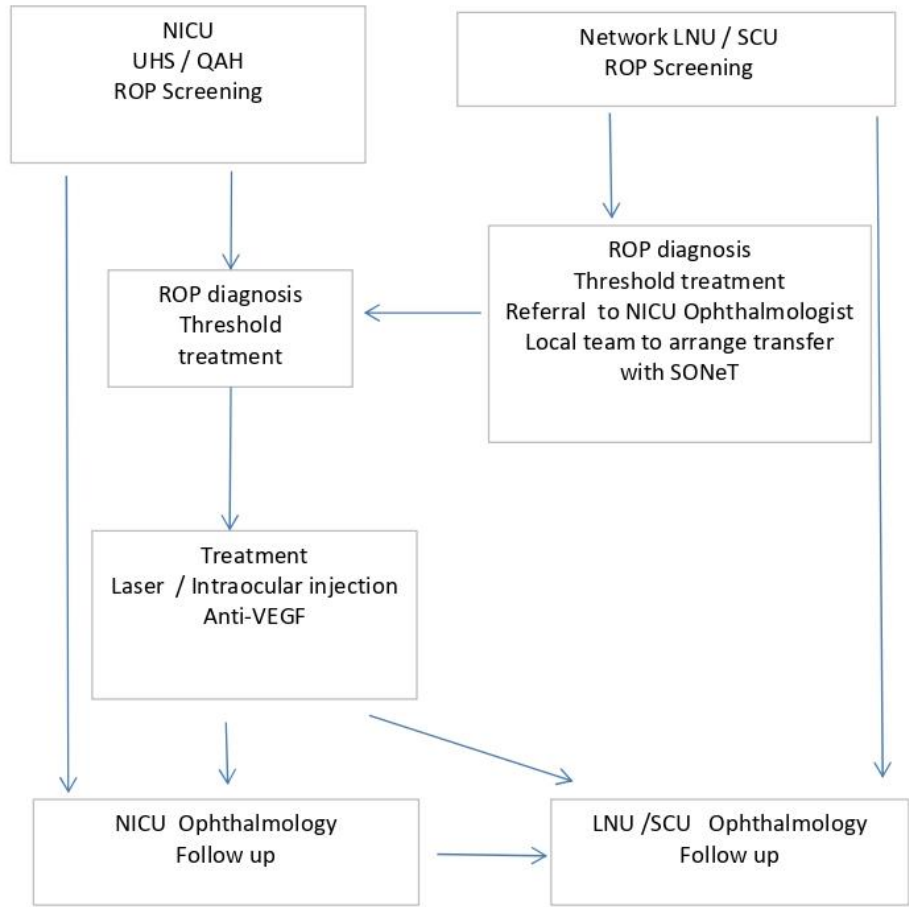
Appendix 4: QAH Retinopathy of Prematurity pathway

Version Control:

Version	Date	Details	Author(s)	Comments
1.0	September 2017		Dr Victoria Puddy Dr Eleri Adams	
1.1	August 2018	Amendment for re designation of IOW and new website http	Dr Victoria Puddy Dr Eleri Adams	Ratified in September 2018
1.2	January 2023	Updated with reference to updated RCPCH RCOphth 2022 guidance. No change to pathways	Dr Victoria Puddy	Sent to Clinical Leads in Dec 22 – no comments received.
1.3	March 2023	Changes made to UHS and QAH pathways	Dr Victoria Puddy	P McEwan, Cons Neonatologist Poole C Groves, Cons Neonatologist UHS
Review Date:	March 2026			

Appendix I: Wessex Retinopathy of Prematurity pathway

Wessex Retinopathy of Prematurity Pathway



** If patient already known to a NICU Ophthalmology team referral back to same team

Screening : As per RCPCH 2022 Guidance
All babies < 31 weeks or < 1501gms

Babies born < 31 weeks
1st ROP screen: 31 - 31+6 weeks PMA or at 4 completed weeks (28-34 days) postnatal age (PNA) whichever is later

Babies born > 31 weeks < 1501gms
1st ROP screen: at 36 weeks PMA or 4 completed weeks PNA whichever is sooner

ROP Diagnosis
Referral for treatment criteria met :
LNU/SCU Ophthalmology referral for 2nd opinion
NICU/ ophthalmology service **

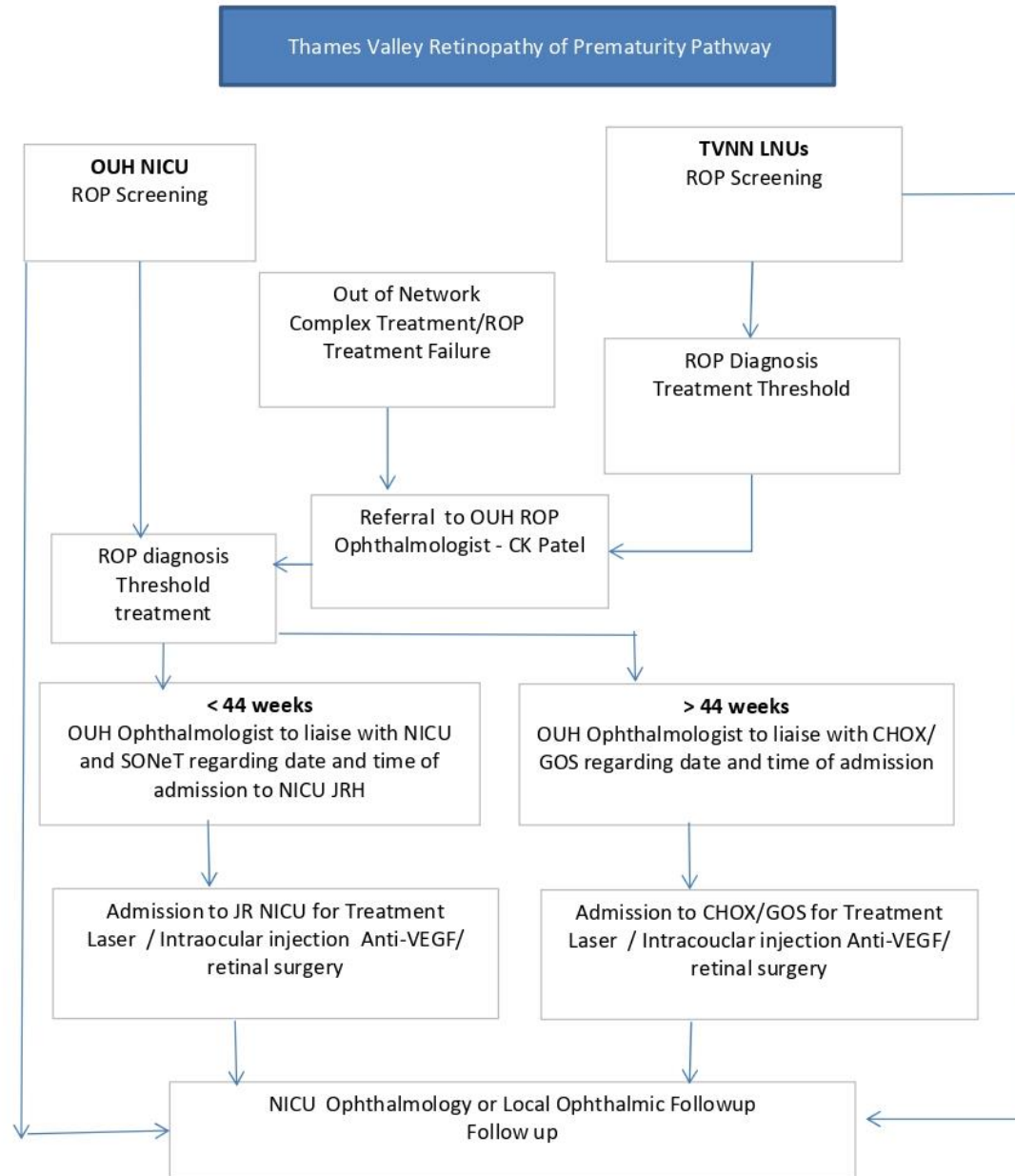
UHS referral pathway (HHFT, Poole, Salisbury, Dorchester)
QAH referral pathway (Chichester , IOW)

Location of Treatment
See RCOphth Treatment Guidance 2022 for timing of treatment

< 44 weeks PMA : UHS NICU
>44 weeks PMA : UHS Children's Hospital
<44 weeks PMA : QAH NICU
> 44 weeks PMA : QAH Ophthalmology

Follow up
As per RCPCH /RCOphth 2022 protocols
Followup should be as close to home as possible

Appendix 2: Thames Valley Retinopathy of Prematurity pathway



Screening : As per RCPCH 2022 Guidance
All babies < 31 weeks or < 1501gms

Babies born < 31 weeks

1st ROP screen: 31 - 31+6 weeks PMA or at 4 completed weeks (28-34 days) postnatal age (PNA) which ever is later

Babies born > 31 weeks < 1501gms

1st ROP screen: at 36 weeks PMA or 4 completed weeks PNA whichever is sooner

ROP Diagnosis

Referral for treatment criteria 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.

Location of Treatment

See RCOphth Treatment Guidance 2022 for timing of treatment

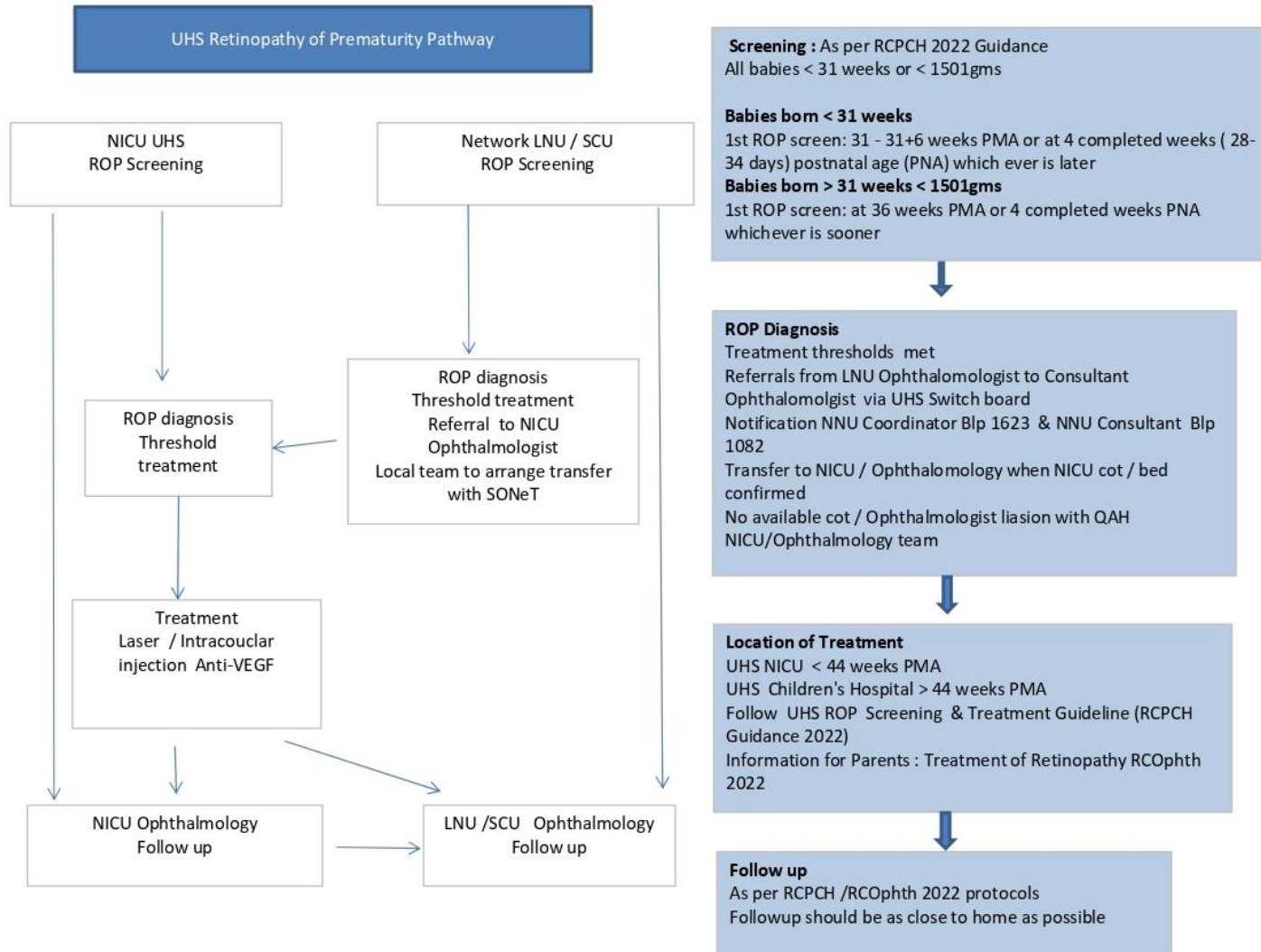
< 44 weeks PMA : JRH NICU

> 44 weeks PMA : Oxford Children's hospital (CHOX) OR Great Ormond Street (GOSH)

Follow up

As per RCPCH /RCOphth 2022 protocols
Followup should be as close to home as possible

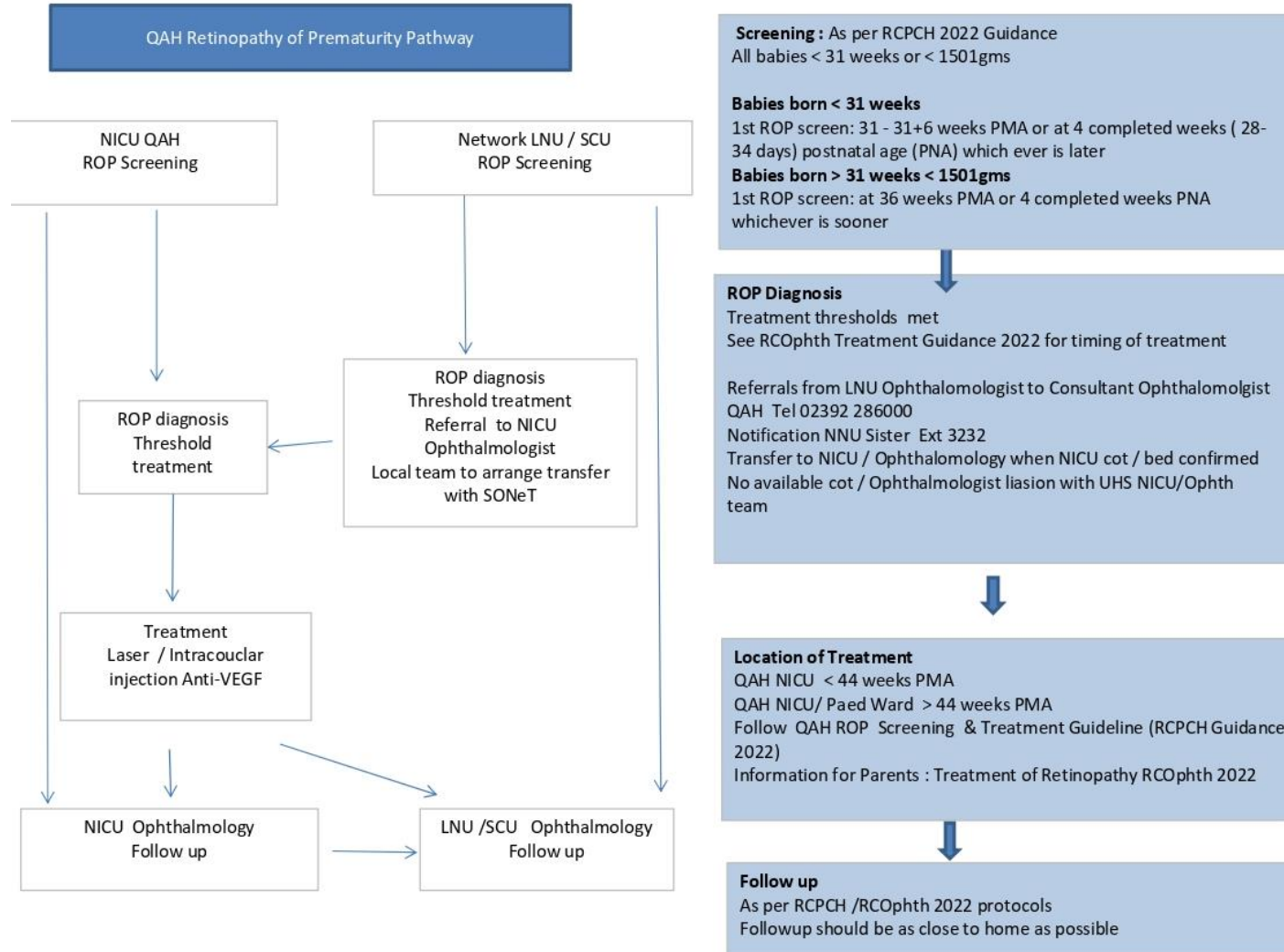
Appendix 3: UHS Retinopathy of Prematurity pathway



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

UHS Retinopathy of Prematurity Team / Paediatric Ophthalmologist Team
 Kristina May Consultant Paediatric Ophthalmologist
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 Hayley Taylor Neonatal ROP Screening Coordinator

Appendix 4: QAH Retinopathy of Prematurity pathway



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

UHS Retinopathy of Prematurity Team / Paediatric Ophthalmologist Team
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