

Suspicious Lesions: November 2024

Dear All

If you find a lesion within an eye exam or MECS appointment and you are suspicious that it may be cancerous/malignancy, then please follow the guidance below.

Referral pathway

For suspicious cancerous/malignant lesions – direct to **Rapid Access Unit**.

DO NOT REFER VIA ERS

Each trust has a slightly different referral route for RAU – please see separate referral guidance table (attached below)

For example, at Queen Mary's this would be emailed to their rapid access unit, it would be picked up and triaged by a consultant and the patient would be contacted for an appointment in the appropriate clinic.

Referral content

On your referral heading/email please state:

*****Suspicious lesion – location on/within the eye*****

Your referral will then be directed to the correct eye clinic.

Example:

- 1) Suspicious eye lid lump would be booked with Oculoplastics
- 2) Retinal lesion with Vitreo -Retinal clinic

Other referral info to include:

- Full patient details, name, DOB, Address and telephone numbers
- General Health, Medications
- Ocular History and Family Ocular History
- Visions/VA (especially if lesion is affecting sight/visual field)
- External eye examination
- Internal eye examination and if dilated
- Detailed description of the lesion, size, location, colour, raised, onset if known, any pain, discharge etc
- Any images/scans/VF plots that aid referral
- Any other useful information to ensure a prompt referral and efficiency for your patient.

If you have any questions, please contact Primary Ophthalmic Solutions

Kind regards

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