East Midlands Neonatal
Operational Delivery Network

NETWORK GUIDELINE

Guideline:	**Babies Requiring Laser Treatment for Retinopathy of Prematurity (ROP)**
Version:	**1**
Date:	**July 2019**
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Approval:	**EMNODN Clinical Governance Group**
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Consultation:	**EMNODN Clinical Governance Group**
Distribution:	**Neonatal Units within EMNODN South Hub**
Risk Managed:	**Timely treatment for ROP to meet national guidance**

This document is a guideline. Its interpretation and application remains the responsibility of the individual clinician, particularly in view of its applicability across the different Trusts in the East Midlands Neonatal Operational Delivery Network (South Hub). Please also consult any local policy/guideline document where appropriate and if in doubt contact a senior colleague.

Caution is advised when using guidelines after a review date.

Background

This document arises following uncertainty around the referral pathways for ROP surgery (laser or Bevacuzumab (avastin) injection). There needs to be communication between ophthalmology services, neonatal services and transport services. This guideline applies to the units in the EMNODN south hub (Leicester General Hospital, Leicester Royal Infirmary, Kettering General Hospital, Northampton General Hospital and Queen's Hospital, Burton). For the EMNODN north units please refer to the respective guideline.

The purpose of this document is to outline the referral processes for babies requiring treatment for ROP. Clinical decisions around the need for treatment rest with the ophthalmology team.

Due to the geography of the units in the EMNODN South Hub there are a number of pathways in operation. The pathway for each unit is summarised below:

Hospital Name	**Centre responsible for screening**	**Centre responsible for ROP surgery**	**Lead Ophthalmologist name and contact details**
Leicester General Hospital	Leicester Neonatal Service (screening done at LGH)	Leicester Neonatal Service (LRI site)	Ms S Anwar Mr S Tyradellis Contact via ophthalmology secretary Dianne Gardner (dianne.gardner@uhl-tr.nhs.uk)
Leicester Royal Infirmary	Leicester Neonatal Service (screening done at LRI)		
Kettering General Hospital	Kettering General Hospital	Leicester Neonatal Service (LRI site)	Tejpal Shergill (Paeds ophthalmology) Tejpal.shergill@kgh.nhs.uk Venkatadri Sampat (Lead Ophthalmologist) Venkatadri.sampat@kgh.nhs.uk
Northampton General Hospital	Northampton General Hospital	John Radcliffe Hospital (Oxford)	Northampton: Mr Ian Fearnley Ian.Fearnley@ngh.nhs.uk Oxford Mr CK Patel Secretary Shirin.kumar@ouh.nhs.uk
Queen's Hospital Burton	Queen's Hospital Burton	Birmingham Childrens Hospital	Burton: Mr Bandyopadhyay chitrabhanu.bandyopadhyay@nhs.net Birmingham: Lead ophthalmologist Miss Sally Painter ROP coordinator: Fiona Flynn Fiona.flynn3@nhs.net 0121 333 9465

Table 1

Limitations in the current system include:

- Availability of staff to support ROP treatment (done on the neonatal unit usually on a Tuesday) but this is driven by the clinical needs of the baby. Avoid screening on a Friday to optimize chances of coordinating a laser slot.
- need for referral to both ophthalmology and neonatal services,
- bed availability and
- transport capacity

The ultimate responsibility for organizing a bed for ROP laser rests with the screening ophthalmologist if there are difficulties cot locating then this will need escalating at trust level.

Referral Process

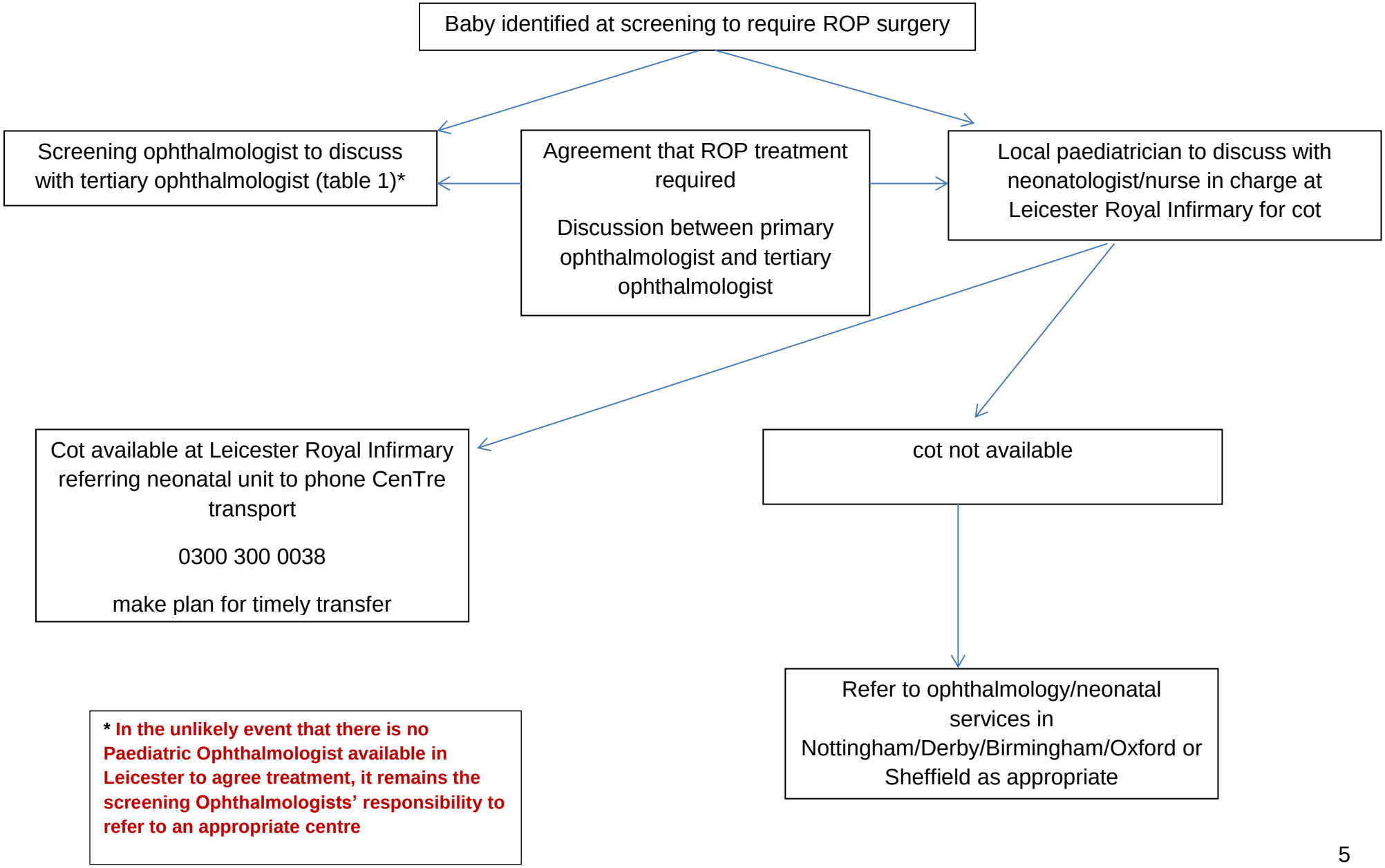
It is important that the screening ophthalmologist and local paediatrician from the referring unit are both involved. The referral process needs to include an ophthalmology consultant-to-consultant referral in the first instance and prior to the agreement for treatment. An urgent letter will not be accepted in place of a phone call. Subsequent to agreement, involvement of local paediatricians will be required to arrange logistics.

Special Circumstances – arranging ROP surgery for an infant that has been discharged from the neonatal unit.

Due to the time critical nature of this procedure as ROP requiring surgery is sight threatening a bed needs to be organized in a timely manner. Ideally babies that have been discharged from NNU should have their pre and post-surgery care on PICU however in the event of a PICU bed being unavailable admission to the neonatal unit is an acceptable alternative providing the baby is barrier nursed. This is a local arrangement and it may be more difficult to accommodate the baby on the neonatal unit if they are >44 weeks corrected gestational age at the time of the procedure.

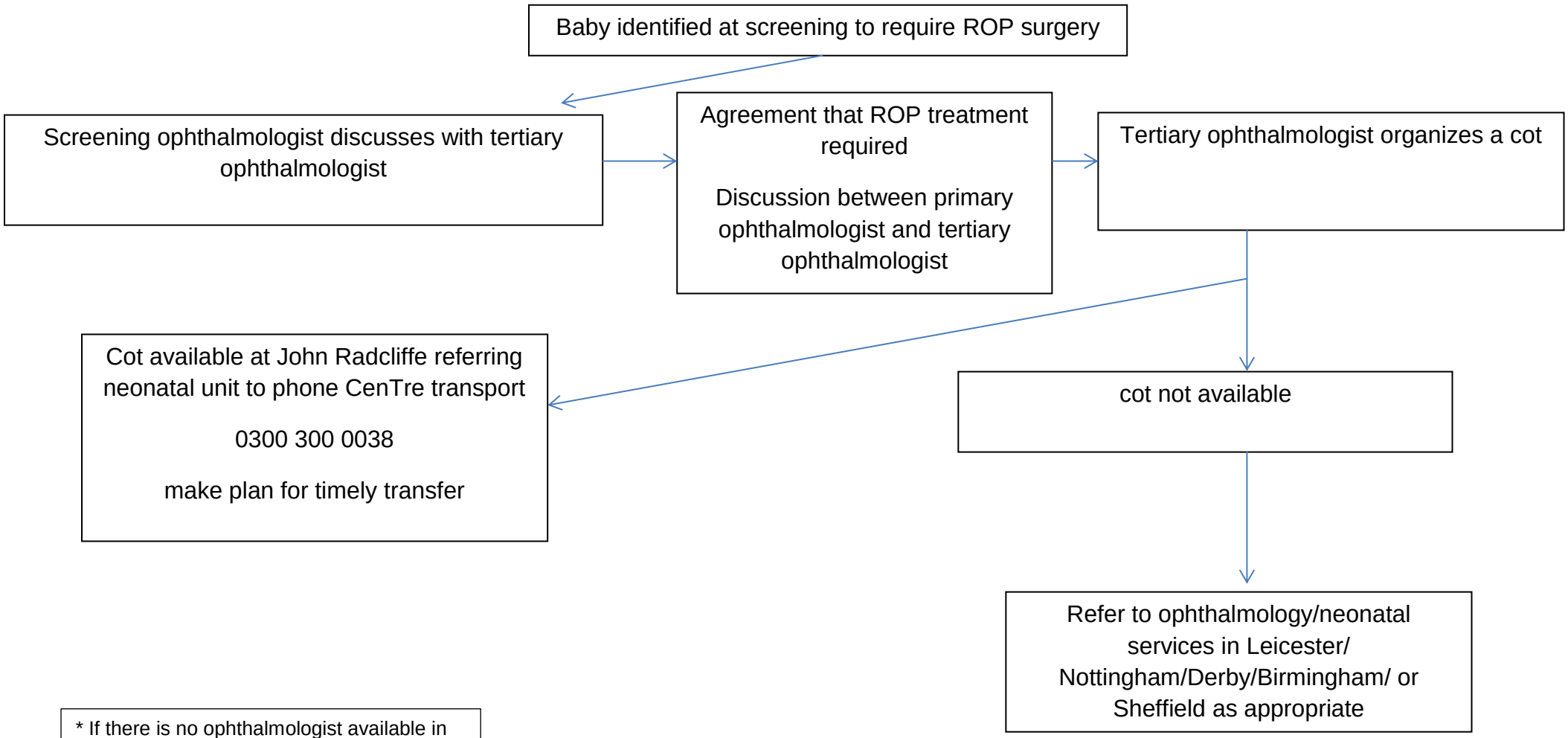
Summary Process

1. Babies having treatment at Leicester Royal Infirmary



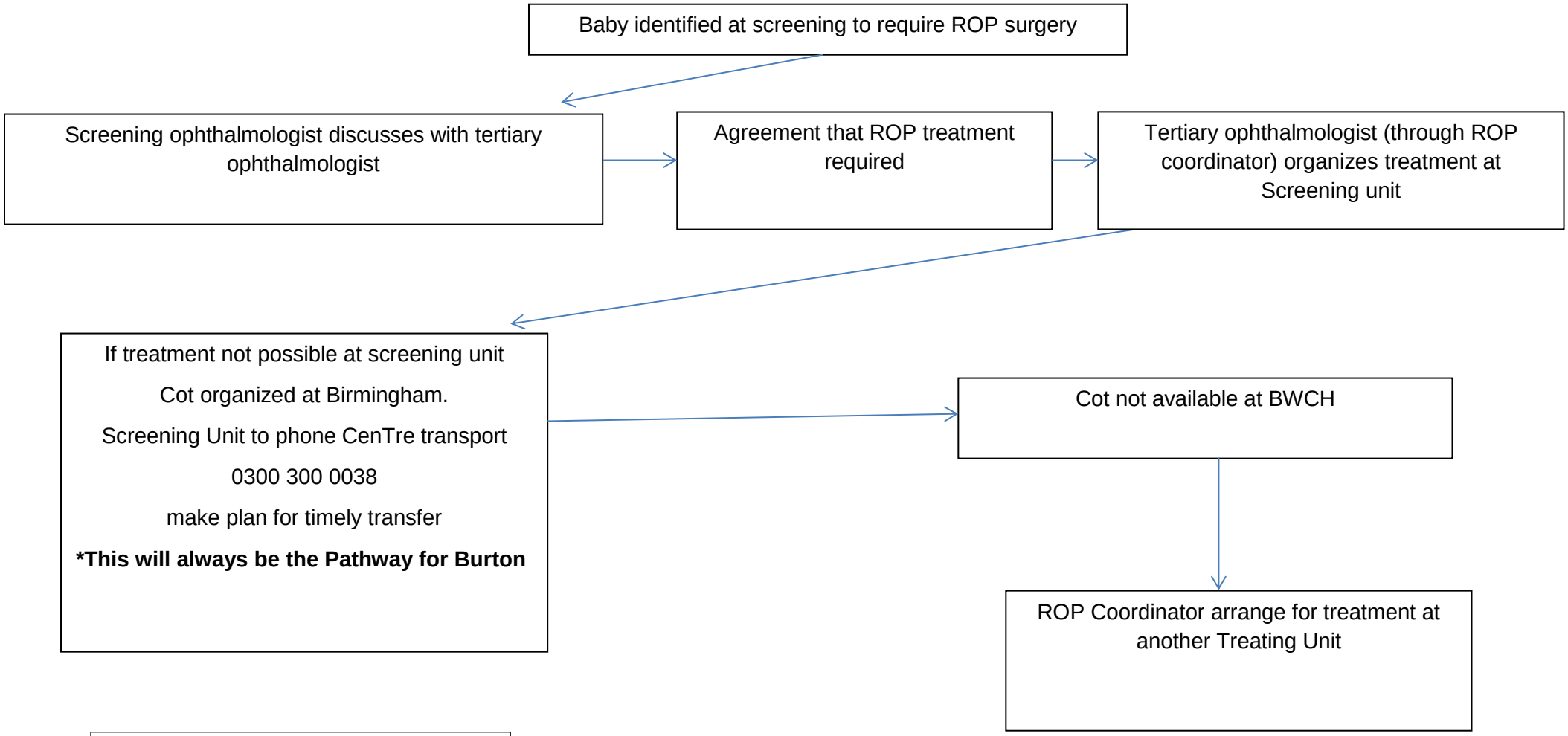
*** In the unlikely event that there is no Paediatric Ophthalmologist available in Leicester to agree treatment, it remains the screening Ophthalmologists' responsibility to refer to an appropriate centre**

2. Babies having treatment at John Radcliffe – Oxford



* If there is no ophthalmologist available in John Radcliffe to do the procedure then it is the screening ophthalmologists' responsibility to refer to another centre

3. Babies having treatment at Birmingham Women and Children's Hospital (BWCH)/West Midlands



* If there is no ophthalmologist available in Birmingham to do the procedure then it is the screening ophthalmologist's responsibility to refer to another centre. **This is rare as there is a 5 Duty Consultant system – see MOU**