Forenames Lastname St Helens and Knowsley Teaching Hospitals Hospital No. **BILATERAL PAPILLOEDEMA PATHWAY** D.O.B. **PATHWAY EXCLUSION CRITERIA** PATIENTS MUST NOT BE AMBULATED FROM ED WITHOUT AN IN PERSON REVIEW FROM THE MEDICAL TEAM ☐ Unilateral papilloedema ☐ Known intracranial pathology Known IIH – proceed to Step 5 **STEP 1: Confirmed Papilloedema** Please tick which option applies ☐ Referred in from ophthalmology ☐ Identified on assessment in AMU / ED **STEP 2: Assessment of Patient** Please tick once completed ☐ Take detailed history including description of new headache and <u>other symptoms</u> ☐ Weight and BMI ☐ Blood pressure ☐ Pregnancy test if applicable *MDCalc App – 'Ishihara test' ☐ Neurological examination ☐ Full visual assessment-(visual acuity ☐ visual fields ☐ Ishihara plates ☐ eye movements ☐ fundoscopy ☐) STEP 3: Investigations to be completed **ABNORMAL SCAN** CT brain + venogram If unable to have CTV -> MRV Discuss urgently with on call neurologist or neurosurgeon Normal scan ~If vision not affected, can go Inpatient lumbar puncture (LP) within 24 hours~ home overnight to return to PERFORM IN RECUMBENT POSITION + TAKE OFF SUFFICIENT SDEC CSF FOR ANALYSIS + BRING CLOSING PRESSURE TO 15-18CM CSF opening pressure <25cm, CSF opening pressure ≥25cm, Any CSF with abnormal CSF normal CSF constituents normal CSF constituents constituents Yes Less likely to be papilloedema Typical Patient for IIH*? No Consider alternative causes Reassessment by ophthalmology for alternative Yes Infection, inflammation, causes of disc swelling like malignancy, systemic optic neuropathies or vascular disorders **DIAGNOSE IIH** Discussion with on-call Proceed to step 4 Keep as inpatient if vision neurologist affected and discuss with neurology and ophthalmology

Forenames Lastname St Helens and Knowsley Teaching Hospitals Hospital No. BILATERAL PAPILLOEDEMA PATHWAY D.O.B. Step 4: Management of patients with newly diagnosed IIH Please tick once completed ☐ **Explain diagnosis** to patient and provide patient information <u>leaflet</u> ☐ Discuss that **weight loss** as the main treatment for IIH (aim for 15-25% reduction in weight in 6-9 months) ☐ Commence acetazolamide (250mg BD) (contraception counselling ☐ inform of paraesthesia as common side effect □) ☐ Referral to **neurology**: 1. URGENT if fulminant IIH* (contact on call neurologist) and admit patient to hospital 2. Otherwise, outpatient referral to Ambulatory Neurology Clinic @ Whiston for next available appointment. If>6 weeks until next available appointment, refer to RANA Clinic @ Walton-refer via http://rana.walton.wiki ☐ Referral for follow up with **ophthalmology** Fulminant IIH* Visual acuity or fields affected, affected colour vision, higher grades of papilloedema (grade ≥3) Step 5: Patients with known IIH Full visual field assessment Vision affected / fulminant IIH* Vision stable ☐ Treat as headache (see 'useful information' below) ☐ Discuss with neurology ☐ Admit ☐ Let usual neurology consultant know □ Inpatient LP ☐ Refer ophthalmology IIH* **Definitions: Typical IIH =** females of childbearing age with a BMI >30 or recent weight gain Not typical for IIH = not female, not of childbearing age, low BMI, no recent weight gain, systemically unwell, active malignancy/immunocompromised. If not typical, consider alternative diagnosis IIH diagnostic criteria 1. Papilloedema 2. Normal neurological examination (except visual disturbance / 6th nerve palsy) 3. Normal brain parenchyma 4. Normal CSF constituents 5. Elevated CSF opening pressure of ≥25cm **Useful Information** Contact numbers: Walton Centre Acute (secondary care) headache pathway for adults Walton Centre: https://www.thewaltoncentre.nhs.uk/pathways.htm 0151 525 3611 **GPAU Co-ordinator:** IIH patient information leaflet 0151 478 7537 <u>Idiopathic intracranial hypertension (IIH) (thewaltoncentre.nhs.uk)</u> **Ophthalmology Team Referral:** Ambulatory Neurology Clinic @ Whiston Hospital Referral ophthalmology.triage@sthk.nhs.uk (extension 6136) Email AMU secs AMU.secretaries@sthk.nhs.uk