

SWBH Neurology Guidelines

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Guidelines for management of Papilloedema

All patients admitted to a medical ward in this hospital must have a full neurological examination as part of their medical assessment and that this is documented. It is particularly important that in patients complaining of headaches or visual symptoms *that an assessment of vision including fundoscopy and visual acuity is noted*. It is medicolegally indefensible to say 'ophthalmoscope not working' when this is a basic piece of kit that needs to be used in the assessment of such patients - failure to do so could result in the patient going blind unnecessarily.

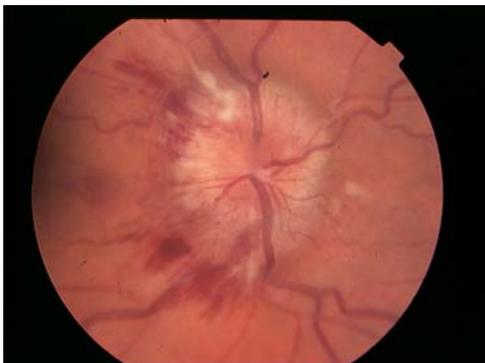
Likewise make sure that the blood pressure is recorded as malignant hypertension can present with papilloedema (if such patients are found, please refer URGENTLY to the hypertension service (Profs Beevers/Lip - secretary ext.4914 or ext.5678)

The assessment of optic discs can be difficult, even in expert hands, but it is important to make some attempt at examining them. Usually dilatation is not necessary, but in exceptions topical 0.5% tropicamide can be used (see BNF www.bnf.org) please indicate that a mydriatic has been used in the notes, as this can be a source of a confusion if the patient is examined later.

Optic Discs - some examples

Papilloedema

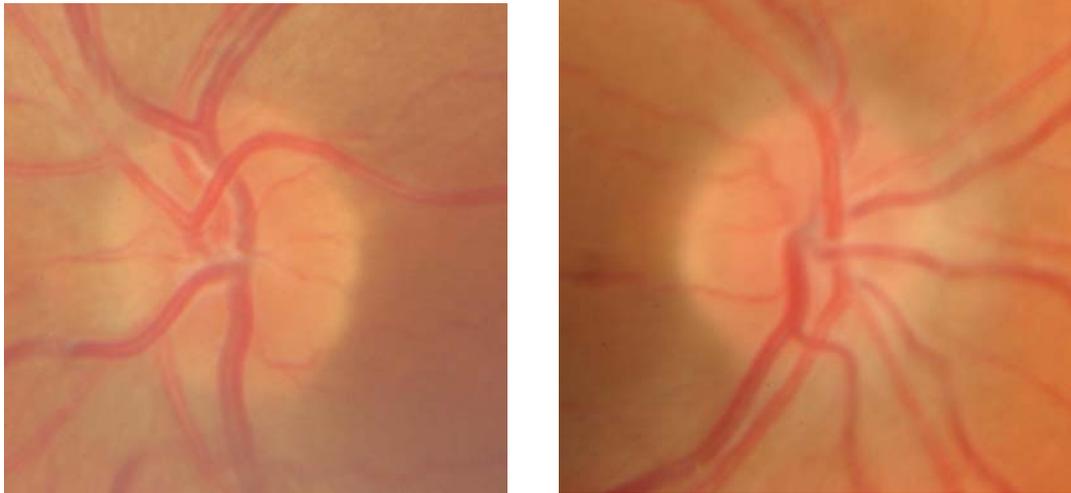
There should be little difficulty recognising the engorged optic discs with indistinct margins and haemorrhages in this patient with acute papilloedema



Pseudopapilloedema

Whereas other discs can be much more difficult and often take expert help to assess.

This patient was thought to have papilloedema but in fact the apparent aberrant findings are pseudopapilloedema and are completely benign.



If you are not sure ask - either refer to neurology or else the Eye Hospital for guidance.

Papilloedema is a medical emergency and no patient should be discharged from hospital without exclusion of a mass lesion (SOL or venous thrombosis), ie a CT head scan is not sufficient (a CT venogram or MR venogram will need to be performed in addition to the CT or MRI).

Thus all patients with papilloedema **MUST** be referred to neurology on-call as well as have urgent neuroimaging. A bedside assessment of vision (including visual fields and visual acuity) is also essential as a baseline, should this deteriorate later, as part of the patient's neurological examination.

The further management of the patient will be determined by the underlying cause of their papilloedema:

1. *Mass lesion* – refer to on-call neurosurgery at UHB.
2. *Non-mass lesion* – refer to neurology (ie venous sinus thrombosis - anticoagulate and refer to neurology; idiopathic intracranial hypertension - CSF examination and measurement of CSF opening pressure, will need referral to neuro-ophthalmology and assessment of visual fields).

If in doubt speak to neurology or neuro-ophthalmology via switchboard.