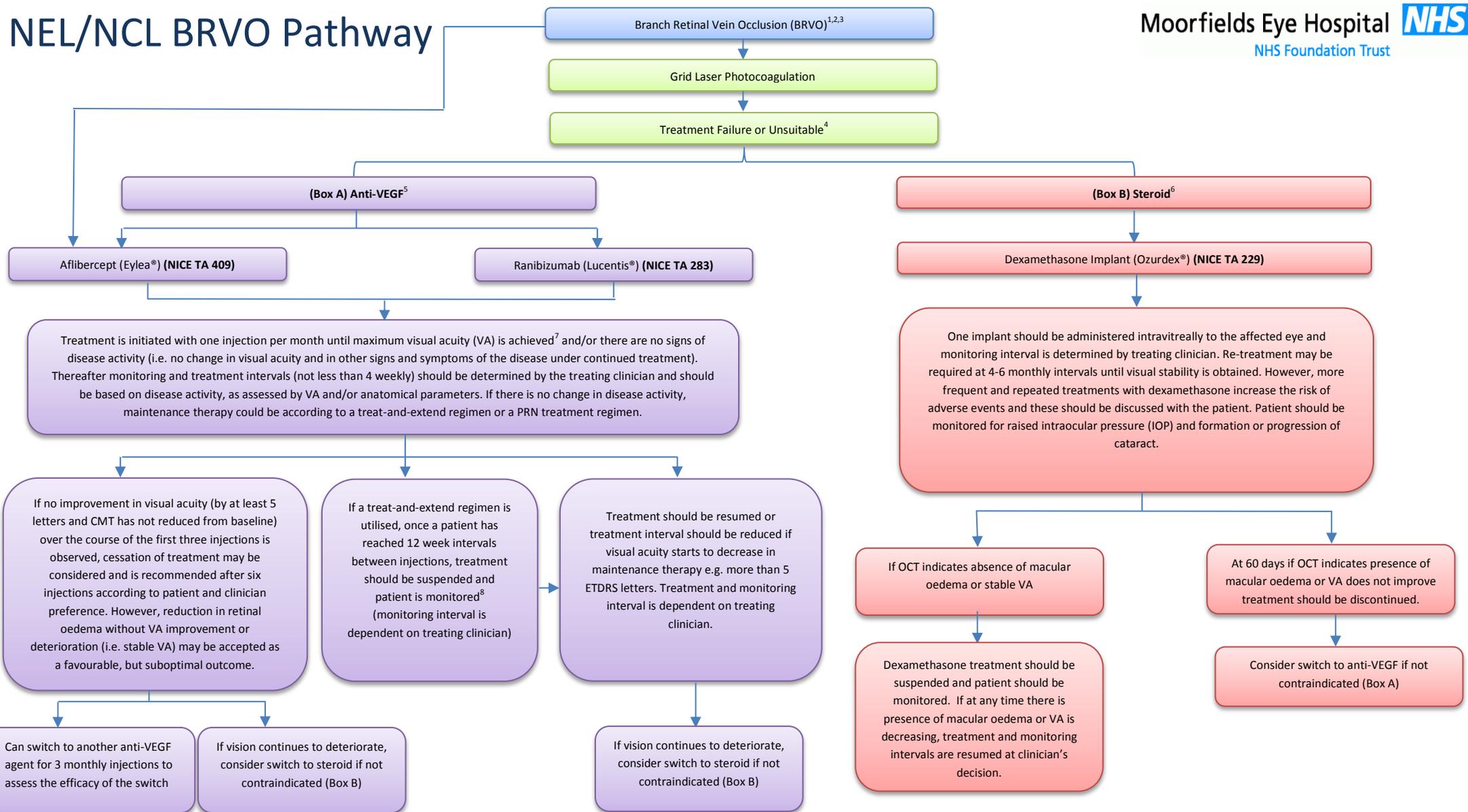


NEL/NCL BRVO Pathway



¹Medical history, blood pressure (BP) measurement, serum glucose, full blood count (FBC) and erythrocyte sedimentation rate (ESR) will detect associations with retinal vein occlusions that require urgent action such as severe hypertension, uncontrolled diabetes or rarely blood conditions such as leukemia. ²RCOphth RVO guideline recommends that the management of hemispheric vein occlusion (HRVO) should be similar to BRVO. ³NICE recommends Eylea first line for BRVO: VIBRANT has shown aflibercept is more clinically effective than laser photocoagulation for untreated visual impairment (caused by macular oedema after branch retinal vein occlusion) and supports clinical experience by demonstrating that aflibercept is more clinically effective when given before, rather than after, laser photocoagulation. ⁴NICE recommends drug treatment when grid laser photocoagulation has not worked or is not suitable because of the amount of bleeding in the eye. ⁵Anti-VEGF is preferred in eyes with a previous history of glaucoma and younger patients who are phakic. There is no standard definition for 'young patient', but in theory it is not preferable for cataract formation in patients with none pre-existing or in working patient. ⁶Steroid may be a better choice in patient with recent cardiovascular events, in patient who does not favour monthly injections or in patient with vitrectomized eye. ⁷Maximum visual acuity is defined as stable visual acuity for three consecutive monthly assessments while on anti-VEGF therapy. (RCOphth RVO Guidelines) ⁸There are no standard guidelines about treat and extend regimen. Treatment can be extended by 2-4 week intervals, according to clinical judgement and treating clinician's discretion. In studies like VIBRANT and BRAVO suggest monthly injection until no sign of disease activity (i.e. no change in VA and in other signs and symptoms of disease under continued treatment) and then bimonthly.