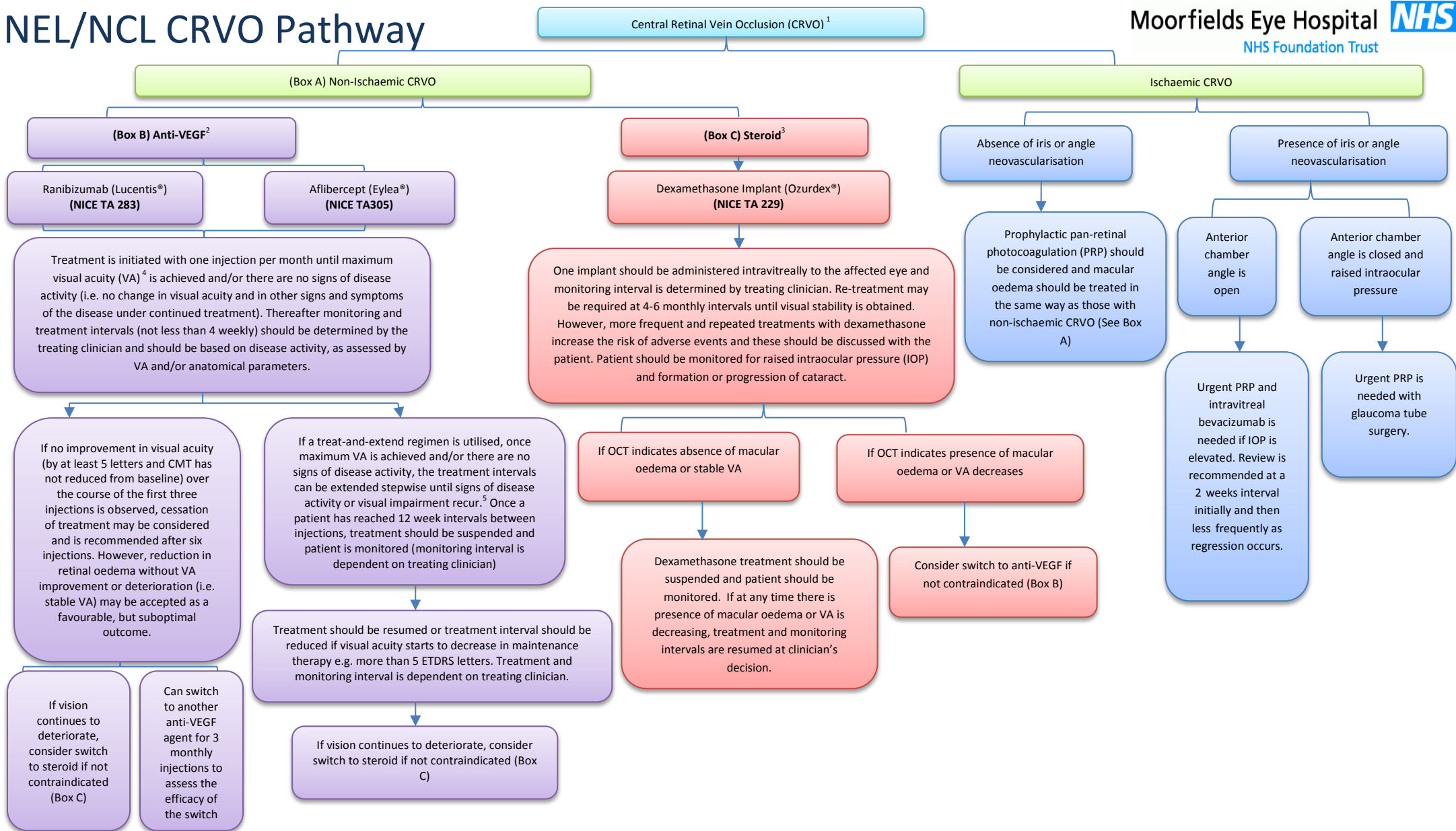


NEL/NCL CRVO Pathway



¹ Medical 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 leukaemia. ²Anti-VEGF is preferred in eyes with a previous history of glaucoma and young 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. ³Steroid 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. ⁴Maximum visual acuity is defined as stable visual acuity for three consecutive monthly assessments while on anti-VEGF therapy. (RCOphth RVO Guidelines) ⁵ There 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 CRUISE and COPERNICUS/GALILEO 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.