CLINICAL GUIDELINE

Uveitis Management

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	5
Does this version include changes to clinical advice:	No
Date Approved:	13th February 2023
Date of Next Review:	13th February 2026
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Approval Group:	Ophthalmology Clinical Governance Subcommittee

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

ANTERIOR UVEITIS MANAGEMENT GUIDELINES

Full History – Consider PMHx, infection, recent travel, immunosuppression, masquerade syndromes

Examination – anterior segment & full dilated fundal exam

If posterior Synaechiae present

- intensive dilation with cyclopentolate 1% and Phenylephrine 10%
- Warm compress
- Re-assess in 30-40 minutes - if not broken consider Mydricaine no 2, 0.3ml (d/w ARC consultant)

Investigations – to be performed for bilateral cases or any intermediate or posterior uveitis

- Full new uveitis screen – FBC, U&E, CRP, LFT, ESR, Bone Profile, ACE, ANA, ANCA, VDRL
- CXR
- Consider other causes of infection
- OCT
- +/- FFA for posterior uveitis

Treatment –

- Predforte – hourly for 2 days then
  - 2 Hourly for 1 week
  - 6 times daily for 1 week
  - 5 times daily for 1 week
  - 4 times daily for 1 week
  - 3 times daily for 1 week
  - 2 times daily for 1 week
  - Once daily for 1 week then stop

- Cyclopentolate 1% TDS for 1 week then stop
- If IOP raised – manage medically and arrange appropriate r/v
- If severe AAU – consider subconj Betnosol
- If considering oral steroids, discuss with uveitis team

Follow up –

- **1st presentation of AAU only –** 6 weeks nurse led uveitis clinic
- **Recurrence of AAU, which has previously responded to topical treatment –** follow up not necessarily required.
- **Severe AAU –** may require earlier F/U in PCC clinic/ARC before subsequent clinic review.

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