An 89 year old European male was seen at CFEH as part of a study looking at the triaging of referrals to a local hospital ophthalmology department. This study is part of research being conducted by the Centre into alternate models of collaborative care. His best corrected acuity in this eye was 6/9.5. Based on the information supplied in the referral letter, this was categorized as a non-urgent referral.

Imaging conducted at the Centre revealed late (exudative) AMD which substantially changed the management of this patient. Arrangements were subsequently made for a prompt assessment at the hospital eye clinic.

This case illustrates the need for novel clinical pathways to ensure timely diagnosis of vision threatening eye conditions such as exudative AMD, proliferative diabetic retinopathy and disorders of the visual pathway.