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Your No.

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சுகாதார அமைச்சு
Ministry of Health

General Circular No; 02-27/2014

All DDGs of Ministry of Health
All Directors of Ministry of Health
All Provincial/Regional Directors of Health Services
Directors of Teaching Hospitals/Provincial General Hospitals
Medical Superintendents of District General Hospitals/Base Hospitals

Guidelines for screening of Retinopathy of Prematurity

The Ministry of Health with the technical collaboration of the Family Health Bureau, Sri Lanka College of Paediatricians, Sri Lanka College of Ophthamlogists, The Associations of Vitreo Retinal Specialists of Sri Lanka and the Perinatal Society of Sri Lanka has revised the guidelines for screening of Retinopathy of Prematurity.

Make arrangements to inform the contents of this guideline to all the relevant staff in your institution and ensure adherence to the guidelines for screening of Retinopathy of Prematurity.

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Dr P.G. Maheepala
Director General Health Services

Dr. P. G. Mahipala
Director General of Health Services
Ministry of Health,
385, "Suwasiripaya",
Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Guidelines for screening of Retinopathy of Prematurity

1. **Indications;**

   Babies with – POG less than 32 weeks

   Birth weight less than 1500 g

   Any sick or preterm neonate based on clinical judgement

   Any baby with cyanotic congenital heart disease

   *One criterion is adequate for referral

2. **Timing of screening;**

   All the pre term babies and high risk neonates to be screened at postnatal age of 2 weeks

3. **Place of screening;**

   Screening would be conducted inside the NICU/SCBU until the baby is discharged.

   Facilities for screening, staff to assist should be made available in the neonatal unit.

   Out patients to be followed up at eye units by prior appointment.

4. **Procedures prior to screening**

   Maintain sterility - Use gloves

   - Use individual bottles of topical medication
   - Topical medication to be instilled by the mother for out patients under the supervision of the nursing officer

5. **Dilatation of the pupil**

   Start eye drops ½ hr before the scheduled examination

   One drop of Tropicamide 0.4%

   Phenylephrine 2.5% combination

   Wipe the excess with a cotton swab

   Drops could be repeated twice, 10 minutes apart

6. **Method of examination**

   With topical anaesthetic drops

   Use paediatric eye speculum

   Use a cotton tip applicator or irrigating vectis as an indenter

Binocular indirect ophthalmoscope and 20 D lens

7. **Recording the findings**

Record in the standardized format (to be retained in the eye unit) and in the summary form (to be attached to the inner page of the CHDR)

Record in; Zone 1,2,3

Grade 1,2,3,4,5

Area in clock hours (continuous/interrupted)

8. **Counseling**

Parents to be counseled regarding - the disease

- Importance of follow up

- Possibility of requiring treatment

For inpatients - Group counseling is possible

Responsibility of counseling – In patients; by neonatal unit staff under the neonatologist

- Out patients; Eye unit by trained staff.

9. **Review**

Depend on the presence or absence of ROP

No ROP – Follow up every 2 weeks

In the presence of ROP follow instructions on referrals

10. **Referrals**

Preliminary referral; Neonatologist/Paediatrician to request the ophthalmologist in the closest eye unit for screening.

For treatment; the Eye Surgeon should refer to the designated center for the respective hospital.

Following are the available centers as at November 2013;

1. National Eye Hospital Colombo
2. Lady Ridgeway Hospital for Children Colombo
3. Teaching Hospital Kandy
4. Teaching Hospital Karapitiya

5. Teaching Hospital Jaffna
6. District General Hospital Ampara

11. Discharge from examination

No ROP at 42 weeks

Regressed ROP (treated or spontaneous)

12. Special remarks

Prevention of spread of conjunctivitis

Preferably the mother of each child should instil the drops, with own vial of drugs, with gloved hands. Examiner should be gloved and change with each examination.

To prevent drop outs from follow up mother should be given written instructions with a date, time, place specified.