

# **National Guidelines for Retinopathy of Prematurity**

College of Ophthalmologists of Sri Lanka

Perinatal Society of Sri Lanka

Guidelines for the Screening of Retinopathy of Prematurity (ROP) was prepared in 2010. The council of the College of Ophthalmologists and the Perinatal society decided to update the guidelines with amendments with reference to current evidence.

This guideline will help Neonatologists, Paediatricians, Ophthalmologists and the Paediatric Ophthalmologists to undertake screening and timely referral of infant with this sight threatening disease.

## **1. Indications.**

Premature baby with

- I. POG less than 32 weeks
- II. Birth weight less than 1500
- III. Any premature sick child with
  - Septicaemia.
  - Hypothermia.
  - Respiratory distress syndrome.
  - Cyanotic Congenital Heart Disease.
  - Oxygen therapy.
  - Blood transfusion.

## **2. Timing of first screening**

All the babies at risk of developing ROP according to above indications should be referred for first ROP screening examination between 3 – 4 weeks after birth.

Staff of the neonatology unit are responsible for making the first referral no later than 4 weeks after birth.

## **3. Place**

At Paediatric ICU, Premature baby units, Paediatric ward, Eye clinic where monitoring facilities are available.

## **4. Dilatation of the pupils**

Start eye drops ½ hour before the scheduled examination. One drop of Tropicamide 0.8%, Phenylephrine 2.5 - 5%, combination

Wipe the excess with a cotton swab.

Drops could be repeated maximum twice, 10 minutes apart.

## 5. Method of Examination

With topical anaesthetic drops. Use paediatric eye speculum.

Use a vectis or an indenter.

Binocular indirect ophthalmoscope and 20 D , 28D lens.

## 6. Record the findings

- Zone 1,2,3
- Stage 1,2,3,4,5
- Presence of Plus disease

## 7. Review

- Depends on the presence or absence of ROP.
- Babies with high risk features should be seen every 5 – 7 days
  - Zone 1 or zone 2 vascular loops
  - Zone 1 incomplete vascularization
  - Demarcation line in zone 1 or zone 2
- Presence of ROP - follow the instructions for referrals.

## 8. Referrals

Zone 1/Zone 2 Prethreshold ROP -

- Eye unit ,LRH
- Eye unit,TH,Jaffna
- Eye Unit,SBCH,Peradeniya
- Eye Unit,GH,Batticaloa
- Eye Unit,TH,Galle
- Sri Jayewardenepura General Hospital
- Any other Hospital with a Paediatric Ophthalmologist

## 9. Discharge from examinations

- No ROP at 40 weeks.
- Must ensure unequivocal vascularization at the temporal Ora Serrata

## 10. Special Remarks

- Prevention of spread of conjunctivitis – the nursing officer responsible for instillation of dilating eye drops and the ophthalmologist must wear disposable gloves and should be changed for each patient.
- It is mandatory to maintain two sets of records for babies who are being screened for ROP. Clinic book may be kept with the parents / guardian of the baby. Identical entry should be made in a record sheet and kept in the clinic. Next screening date, time and place should be explained to the parents / guardian and their counter signature should be obtained in the clinic records.
- Heads of the institutions are responsible for the provision of suitable dilating and local anaesthetic eye drops and instrumentation such as binocular indirect ophthalmoscopes, lid speculums and retinal indentors
- Patient Education Leaflet will be available for download in the College of Ophthalmologists website. This leaflet may be printed locally and handover to the parents / guardians on the first screening date.