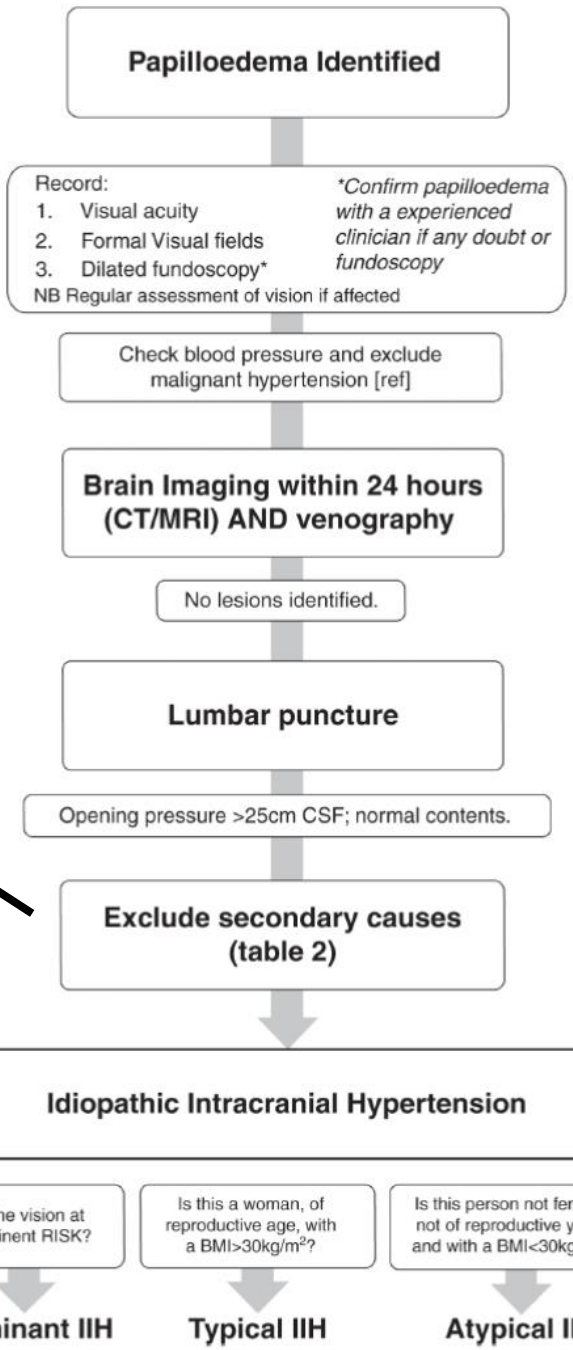
Pathway for Suspected Idiopathic Intracranial Hypertension

Please follow this and if IIH confirmed refer to Neurology Services with dataset indicated below

rwh-tr.ipneurologyrwh@nhs.net



igure 2 A flow diagram of investigation of papilloedema. BMI, body mass index; IIH, idiopathic intracranial hypertension.

Drugs:Fluoroquinolones (-floxacins), tetracyclines,steroid withdrawal, danazol, T4, Vit A derivatives,Tamoxifen, Nalidixic Acid, CyA, GH,Tagamet

TFT's, UE, ESR, CRP, LFT's, Bone Profile, Random Cortisol

1. History & exam incl BP & Wt/BMI. Bloods

2. MR brain Imaging + either MR Venography or CT Venography

3. CSF with opening pressure measured **supine**, have 2 manometers to hand, if O/P > 30 cm CSF remove 5 ml at a time until pressure <20 cm CSF . See LP section in Neurology Website intranet.sath.nhs.uk/Neurology/Lumbar/default.asp

4. Perimetry (+/- fundal photos) done, scanned to portal & filed in SaTh notes/ or

booked urgently by phone **and** email (Tel: Xtn 1476: sath.urgenteyeclinic@nhs.net) **before** patient discharged

5. Refer urgently to RWT (email above) with:-

Visual Acuity, Humphrey visual field plots, CSF Opening pressure (recorded lying flat) and BMI included in referral letter.