Dell Children's Ophthalmology and Adult Strabismus Clinic

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Clinics

Dell Children's - Eye Center Far West

6811 Austin Center Blvd.
Far West Medical Tower #410
Austin, TX 78731
Monday-Friday, 8 a.m.-4:30 p.m.

Amber S. Fenton, MD
Monday, Wednesday, Thursday

Megan M. Geloneck, MD
Thursday, Friday

Lan T. Hoang, MD
Tuesday, Wednesday

Kathryn Maier, MD
Monday, Friday

Saraniya (Nia) Sathiamoorthi, MD
Monday, Tuesday

Dell Children's - Eye Center Cedar Park

1301 Medical Parkway
2nd Floor
Cedar Park, TX 78613
Tuesday-Friday, 8 a.m.-4:30 p.m.

Megan M. Geloneck, MD
Tuesday

Lan T. Hoang, MD
Thursday

Kathryn Maier, MD
Wednesday

Saraniya (Nia) Sathiamoorthi, MD
Friday

Dell Children's - Comprehensive Care Clinic

7506 Pineleaf Place
Austin, TX 78757
First Wednesday of each month only,
8 a.m.-4:30 p.m.

Megan M. Geloneck, MD
First Wednesday of each month

Contact

Regardless of location, please use the main office number to reach our staff.

- Main office number: 512-324-6755
- Fax number: 512-324-6753
- Clinical supervisor, Melissa Sosa, 512-846-3632
- After hours, call the main office number and the answering service will help reach the on-call provider.

Providers

Amber S. Fenton, MD
Pediatric Ophthalmology

Megan M. Geloneck, MD
Pediatric Ophthalmology

Lan T. Hoang, MD
Pediatric Ophthalmology

Kathryn Maier, MD
Pediatric Ophthalmology

Saraniya (Nia) Sathiamoorthi, MD
Pediatric Ophthalmology

Common indications for referral

Emergency disorders (Same-day or next-day appointments)

- Sudden unexplained loss of vision
- White pupillary reflex
- Painful eye associated with decreased vision
- Orbital cellulitis suspected
- Glaucoma suspected (enlarged eye, hazy cornea, tearing, photophobia)
- Ocular trauma
- Dacryocystocele in newborn

These conditions need to be seen on the same day or next day. Please call our office at 512-324-6755 and ask for the **same-day/emergency** slot. The on-call provider will work the patient into an acute spot ASAP or we may direct the patient to Dell Children's Medical Center ER if necessary. Contact Clinic Manager, Melissa Sosa at 512-846-3632 or melissa.sosa@ascension.org if same-day/emergency slots are full.

Urgent disorders (1-2 weeks)

- New-onset constant strabismus (eye misalignment by cover test or corneal light reflex)
- Red eye unresponsive to topical broad-spectrum antibiotics
- Red eye or photophobia in a patient with juvenile idiopathic arthritis (JIA)
- Unexplained proptosis (prominence or protrusion of the eye)
- New pupillary abnormalities
- New-onset nystagmus

Call 512-324-6755 and ask for an **urgent** appointment slot. Contact Clinic Manager, Melissa Sosa at 512-846-3632 or melissa.sosa@ascension.org if urgent slots are full.

Routine disorders

- Abnormal visual behavior in pre-verbal children
- Failed screening in older children
- Amblyopia (lazy eye)
- Nasolacrimal duct abnormality (blocked tear duct)
- Chalazion unresponsive to heat compresses
- Developmental delay/metabolic disorder screening
- Screening of children with diseases known to affect the eye (e.g., diabetes, neurofibromatosis, sickle cell)
- Eyeglasses wear due to asymmetric refractive error, or to correct strabismus, in children under 10 years of age

Patients who wear simple glasses to improve vision symmetrically (myopia, hyperopia) may be referred to a comprehensive ophthalmologist or optometrist.

Common indications for referral, by disorder

Abnormal red reflex

Abnormal red reflex, R29.2

Leukocoria, H44.539

Considerations:

- Examination of the red reflex is an essential part of healthy baby/child visits in nonverbal children. This examination should be performed before discharge from the newborn nursery and during all subsequent routine health supervision visits.
- An abnormal red reflex may indicate the presence of any number of diseases, including cataracts, retinal diseases, and retinoblastoma.
- Infantile cataracts that are not extracted in the first 6-8 weeks of life may be associated with irreversible visual loss and nystagmus.

Referral recommendations:

- If there is a white reflex (leukocoria), an **emergency** referral should be made to rule out possible retinoblastoma.
- Anytime there is a dull or asymmetric red reflex, an **urgent** referral should be made.

Anisocoria

ICD-10 code: Anisocoria, H57.02

Considerations:

- A difference in pupil size that is less than 1mm in both light and dark is usually benign.
- Association of mild ptosis (droopy eyelid) with a smaller pupil on the same side (more pronounced in the dark) requires evaluation for Horner's Syndrome. Horner's Syndrome can rarely be caused by neuroblastoma.
- A dilated pupil with limitation of eye movement requires evaluation of a 3rd nerve palsy.

Referral recommendations:

- Any pupillary difference of 1mm or greater should be evaluated by ophthalmology **urgently.**

Chronic conjunctivitis

Unspecified chronic conjunctivitis, unspecified eye, H10.409

Considerations:

- The most common cause is allergic conjunctivitis; however, other (more serious) etiologies should always be considered.
- Persistent conjunctivitis/red eye associated with photophobia and corneal scarring are potential signs of herpetic (HSV) eye disease and require prompt evaluation.

Referral recommendations:

- Persistent eye redness with photophobia should be an **emergent** referral.
- Concern for HSV should be an **emergent** referral.
- Persistent eye redness not responding to topical antibiotics or allergy medications should be an **urgent** referral.

Concern about visual behaviors

Amblyopia suspect, H53.04

Unspecified disorder of visual pathways, H47.9

Considerations:

- By 3 months of age, infants should demonstrate social smile and make eye contact; In premature babies, the corrected age should be used.

Referral recommendations:

- Absence of a social smile or eye contact by 3 months of age should prompt an **urgent** referral.

Congenital dacryocele/dacryocystocele

Other changes to the lacrimal passages, H04.69

Considerations:

- A dacryocele is a complication of congenital nasolacrimal duct obstruction and is often noted in the first weeks of life by enlargement of the lacrimal sac with a bluish discoloration of the overlying skin.
- Secondary dacryocystitis commonly develops in the first few days or weeks of life.

Referral recommendations:

- **Emergent** referral is needed as there is a risk for secondary infection.

Congenital nasolacrimal duct obstruction/dacryostenosis

Neonatal obstruction of the nasolacrimal duct, H04.539

Considerations:

- Excessive tearing and eyelid crusting in young infants is usually related to nasolacrimal duct obstruction.
- Symptoms become apparent in the first few weeks to months of life.
- Conservative management (e.g., tear duct massage and topical antibiotics when needed) is recommended as it often resolves in the first year of life.

Referral recommendations:

- Continued symptoms past 12 months of age requires a **routine** referral.
- If there is recurrent nasolacrimal sac infection (dacryocystitis), earlier referral is appropriate.

Eyelid disorders

Unspecified nystagmus, H55.00

Congenital nystagmus, H55.01

Considerations:

- Mechanical obstruction of vision can produce severe visual loss (deprivational amblyopia).
- Drooping of the eyelid (ptosis) or an eyelid hemangioma can also cause visually significant astigmatism that can result in refractive amblyopia.

Referral recommendations:

- Any child with ptosis or an eyelid mass should be referred for an **urgent** evaluation.

Glaucoma

Congenital glaucoma, Q15.0

Unspecified glaucoma, H40.9

Considerations:

- Excess tearing that is associated with photophobia (light aversion), corneal enlargement, and clouding could represent glaucoma.
- Congenital glaucoma commonly presents between the ages of 3-9 months, but the most severe form is the newborn onset form.
- Though rare, other forms of glaucoma can present at any age.

Referral recommendations:

- These patients should be seen **emergently**. Delays can cause irreversible optic nerve damage, permanent corneal enlargement, irregular astigmatism, and amblyopia.

Headaches

Headache, R51

Considerations:

- Headaches can be secondary to refractive errors or ocular motility issues like convergence insufficiency.

Referral recommendations:

- Any child with chronic headaches or complaining of headache after prolonged reading should have a comprehensive eye examination. This can be done by an optometrist in children over age 6.
- Headaches that are worse at night when lying down, associated with nausea/vomiting, ringing in ears, or blurry vision should be evaluated **urgently** with ophthalmology or neurology.

Nystagmus

Unspecified nystagmus, H55.00

Congenital nystagmus, H55.01

Considerations:

- Nystagmus is the presence of oscillating eye movements.

Referral recommendations:

- Any child with nystagmus should be evaluated by ophthalmology.
- New-onset nystagmus requires **urgent** evaluation.

Prematurity

Preterm newborn (other), P07.3

Considerations:

- Very premature infants, <1,500g or <32wks, are at risk for development of strabismus and refractive errors — even in the absence of retinopathy of prematurity (ROP).

Referral recommendations:

- Request a **routine** referral for patients born prematurely.
- These infants should be examined at minimum 3 and 6 months post discharge from the NICU (or more frequently if there is a history of retinopathy of prematurity).

Screening in systemic disorders or congenital syndromes

ICD-10 code is based on underlying disorder

Considerations:

- Children with systemic disorders are at risk of ocular disease. Examples include autoimmune disorders, Down syndrome, diabetes mellitus, Marfan syndrome, NF-1, sickle cell disease, albinism, hypertension, thyroid malfunction, and Sturge-Weber syndrome.
- Children with craniofacial abnormalities are also at risk of eye disease. Craniosynostosis can be associated with compression of the optic nerve which can cause irreversible vision loss. Bony abnormalities of the orbit can be associated with strabismus.

Referral recommendations:

- Patients with autoimmune disorders, diabetes mellitus, and other disorders associated with ocular disease should be referred for **routine** screening evaluations.
- Patients with JIA who have a red or painful eye or photophobia should have an **urgent** referral.

Strabismus

Unspecified strabismus, H50.9

Considerations:

- By 4 months of age, infants should be able to demonstrate ocular alignment.
- Disruption of binocular vision development in the first 3-6 months of life may produce permanent loss of stereo-vision.
- Amblyopia related to strabismus is often irreversible if not treated by age 7-8 years.
- Acute onset misalignment of eye (strabismus) or double vision (diplopia) can be a manifestation of more serious neurological issues like brain tumor or elevated intracranial pressure.

Referral recommendations:

- Any infant with constant ocular deviation should be evaluated, even prior to 4 months of age.
- Any infant older than 4 months of age with a new constant ocular deviation should be evaluated urgently.
- Any child with suspected pseudostrabismus or intermittent ocular deviation should be evaluated within a few months (routine).

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