

Non-infectious uveitis specialist center checklist

A specialist center for non-infectious uveitis should generally...



Have access to trained staff

- Ocular immunologist/uveitis specialist
- OR
- Retina specialist with experience of treating ocular inflammation in conjunction with a physician trained in immunomodulatory therapy
- Supportive ophthalmic specialists (glaucoma, vitreoretinal specialists)
- Non-ophthalmic specialists to support patients whose NIU is associated with systemic disease (rheumatologist, gastroenterologist, neurologist, nephrologist, pulmonologist, etc.)
- Desirable: specialist nurses in uveitis (for counselling, training patients, monitoring immunosuppression), optometrist

Have access to diagnostic technologies

- Fluorescein angiography, ICG, OCT, electrophysiology

Provide comprehensive patient care

- Focus on holistic, medical management of patients
- Prescription of systemic treatment
 - Non-biologic systemic treatments (azathioprine, methotrexate, cyclosporine A, mycophenolate mofetil, tacrolimus)
 - Biologic systemic treatments (adalimumab, infliximab, interferon α 2)
- Monitoring of treatment response and side effects (if a shared management approach with a general ophthalmologist, primary care physician or other physician is not possible)
- Management of adult and pediatric patients