DIRECT REFERRAL OF CATARACT PATIENTS

COMMUNITY OPTOMETRIST PROTOCOL AND GUIDELINES

October 2013
Preoperative assessment

History
- Symptoms/social history: is the patient visually affected and do they want surgery?
- Ocular history: e.g. squint/amblyopia, high refractive error, glaucoma, diabetic retinopathy, previous ocular surgery/laser, blepharitis.
- Medical history: note medical conditions of relevance; note any communication/comprehension/anxiety problems. Can they lie flat on their back during surgery? Can they tolerate and cooperate with surgery whilst awake?
- Medications: ocular medications, warfarin, steroids, asthma inhalers etc.

Refraction & visual acuity
- Previous refraction and VA
- Present refraction
- Best corrected VA

Slit-lamp examination
- Eye lids: blepharitis
- Cornea: opacity or disease
- Anterior Chamber depth: indicate if shallow
- Pupil: any abnormality (e.g. pseudoexfoliation, odd shape)

Intraocular pressure
- Indicate method used to measure it

Before referral
- Discuss the risks and benefits of surgery with the patient, provide an information leaflet
- Ask them to sign an agreement to go on the waiting list for surgery

The cataract assessment form and T11 Cataract Surgery Form/score sheet should be completed and faxed to the Choice Team after the patient has had 7 days to decide that they definitely want surgery.
Preoperative assessment of cataract patients

The aim of the assessment is to:

- Diagnose cataract and ensure that the patient wants surgery
- Counsel the patient with verbal and written information on cataract surgery
- Identify factors in the patient's medical state, psychological state or eye condition that may interfere with the ability to do the operation safely under local anaesthetic
- Identify anything else wrong with the eye that may limit the visual outcome after the operation

The patient must have significant cataract affecting their vision and daily life and the patient must want surgery; if not, do not refer. The Suffolk Direct Cataract Referral Scheme criteria will be confirmed by the T11 Cataract Surgery Form/Score sheet.

Potential problems that need to be identified in the optometrist’s preoperative assessment:

1. Factors that may interfere with the patient keeping still or lying flat or tolerating a local anaesthetic:
   - Anxiety, dementia, severe deafness, comprehension problems, communication problems, claustrophobia
   - Cough, breathing problems/chest disease (e.g. asthma) severe heart disease, neck stiffness, spinal curvature: worth asking the patient “Can you lie flat for 30 minutes?”
   - Young patients (<40yrs), patient requests general anaesthesia

2. Medical factors that may make it unsafe to perform surgery:
   Severe angina, severe chest disease, diabetes (if uncontrolled), high blood pressure (if uncontrolled), on warfarin, any active infection (e.g. infected leg ulcer).

3. Conditions of the eye that may limit the visual outcome:
   Glaucoma, age-related macular degeneration, diabetic retinopathy, previous retinal detachment, amblyopia, optic atrophy, dense cataract precluding visualisation of the fundus.

4. Conditions of the eye that may interfere with the ability to do the operation safely:
   Blepharitis, corneal opacities, corneal guttatae or Fuch’s dystrophy of the endothelium, shallow anterior chamber, pseudoexfoliation, poorly dilating pupil, white cataract, very dense brown nuclear cataract, high myopia.
Postoperative assessment at 1 month

Unaided and best corrected visual acuity

Refraction

Slit lamp examination:
- Degree redness
- Wound
- Corneal clarity or oedema
- Degree iritis
- IOL position
- Significant posterior capsule clarity reduction
- Pupil/iris abnormalities
- IOP
- Fundoscopy

Patients should be referred back to the eye clinic if there are signs of pathology or unexpected abnormalities.

Refer for surgery for second eye if required

If second eye needs to be operated please go though the pre operative assessment pathway unless exceptions are noted as per the T11 Cataract Surgery Form

A copy of the assessment form and score sheet should be returned to the Choice Team and a copy of the form to the GP. The Choice Team will authorise payment.

Direct cataract referral by optometrists

This scheme allows accredited optometrists to assess patients with cataracts in the community and directly refer patients who are visually disabled by cataract onto surgical lists at their hospital of choice.

The patient leaves with an advice sheet, drops and a contact number. If there were any complications or the patient has glaucoma or diabetes, they will be examined at the hospital clinic. All patients with no complications will attend their optometrist for a postoperative assessment at 1 month. The patient can be referred for their second eye operation if required, or discharged.

If vision in the first operated eye is better than 6/10 (0.20 logMAR) corrected postoperatively, then the patient will need to have sufficient cataract to cause
blurred or dim vision with a monocular distance acuity of 6/18 (0.40 logMAR) or worse in the second eye to qualify for cataract surgery. If vision in the first eye does not correct to better than 6/10 then second eye cataract surgery can be offered only if the binocular corrected vision is 6/10 or worse or the second eye vision is monocularly worse than 6/18 corrected.

Please use the checklist to refer patients for second eye surgery if they meet the criteria.

**Patient pathway**

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Patient with Cataract
   ↓
Accredited Optometrist
   ↓
Choice Team
   ↓
Choice Hospital for pre assessment & surgery
   ↓
Accredited optometrist post op check 4/52
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List other eye Discharge Complications
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Hospital OPD

Accredited Optometrist

GP