

# Optometrist direct referral for cataract surgery plus choice



Patient NHS Number:

	Patient	GP	Optometrist
Name			
DOB			
Address			
Postcode			
Telephone			
email			GOC No: 01-

**Surgery required on:** - Tick appropriate boxes - 
 First eye  Second eye  Right eye  Left eye

Refractive Status	Right eye		Left eye	
Unaided vision				
Best corrected VA	Monocular:	PH:	Monocular:	PH: Binoc:
Refraction				
Historic BCVA; Date:				

**Ophthalmic history:**

Tick where appropriate

	R	L		R	L
Previous Cataract surgery; Date:			Refractive surgery (Px to bring pre & post details to clinic)		
Squint / Previous squint surgery			Amblyopia		
Retinal detachment			Glaucoma		
Trauma			Keratitis		
AMD			Iritis		

Other eye surgery or comments:

**General Medical Risk Factors:**

Tick where appropriate

Hypertension (must be controlled for surgery)		Parkinsons	
Diabetes (must be controlled for surgery)		Tamsulosin/Doxazosin	
Anticoagulant		Heart Disease / Heart Surgery	
Breathing Problems		Stroke	
Medications (including any eye drops):		Allergies:	

**Ocular Examination:**

Tick where appropriate

<b>Aperture:</b>	Deep set		Small		<b>Pupils:</b>	Irregular		Poorly dilating	
<b>Cornea:</b>	Opacities		Oedema/Guttatae		<b>AC:</b>	PEX		VH Grade	
<b>Cataract:</b>	Nuclear		PSC			Cortical		Very Dense	
<b>CD:</b>	R	L	<b>IOP(Av) :</b>	R	L	Blepharitis		<b>Maculae:</b>	

Other Details:

**General Factors:**

Tick where appropriate

Difficulty lying flat & still for surgery		Slit lamp exam difficult	
Previous Reaction on local anaesthetic		Wheelchair user or poor mobility	
Nervous / Anxious / Claustrophobia		Poor understanding of English	

**Criteria for 1st and 2nd eye cataract surgery**

Ipswich and East Suffolk CCG and West Suffolk CCG will only fund cataract surgery when the following criteria are met: The patient should have sufficient cataract to account for the following visual symptoms as evidenced in the Cataract Referral Form:

- Blurred or dim vision with a corrected **binocular** distance acuity of 6/10\* (0.20 logMAR) or worse **OR**
- Blurred or dim vision with a corrected **monocular** distance acuity of 6/18 (0.40 logMAR) or worse **OR**
- Anisometropia - refractive difference between the two eyes ( $\geq 3$ ) resulting in poor binocular vision or disabling diplopia which may increase the risk of falls   
**AND**
- The cataract should affect the patient’s lifestyle scoring  $\geq 3$  as evidenced in the Cataract Assessment Form (below)   
**AND**
- The patient has waited 7 days to make a decision and wishes to undergo cataract surgery and understands the risks and benefits of this surgery.

\*6/10 equates to 6/9<sup>-2</sup> on Snellen chart

**Patients need to evidence how cataract is affecting daily activity. A patient needs to score  $\geq 3$**

1. Visual disability	Please Tick	Score
Affected by glare		2
Difficulty with reading		1
Difficulty watching television		1
Difficulty performing work or hobbies		1
<b>2. Social functioning (Tick ONE box only)</b>		
Lives alone		2
Cares for partner		2
Lives in sheltered accommodation		1
Lives with carer		1
Lives in a residential or nursing home		1
<b>3. Other</b>		
Drives a car/is in paid employment		1
Mild/moderate hearing impairment		1
Severe hearing impairment (Deaf)		2
Has fallen twice or more in the last 12 months		2
<b>Total Score</b>		

**Choice of provider service:**

Leaflets given to patient: *Cataracts and Cataract Surgery – A guide to your choice of hospital*

Preferred hospital:

**Patient** – I have had the benefits and risks of cataract surgery explained to me, and want NHS surgery at this time, at the above hospital. I agree/do not agree that any Ophthalmologist to whom I am referred may make information relevant to my eye condition and its treatment available to my Optometrist/OMP. I understand that the final decision on whether or how surgery is approached rests with the surgeon.

Patient Name ..... Date .....