

Evidence Based Intervention

Cataract Surgery

July 2022 v1.0

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Version:	v1.0
Approved By:	HWE ICB Commissioning Committee
Date of Approval:	1st July 2022
Date of Review:	1st July 2024 If the review date has exceeded, the published policy remains valid



Policy: Cataract Surgery

Referrals should not be based simply on the presence of a cataract. Referral of patients with cataracts to ophthalmologists should be based upon the following criteria:

Criteria A

- The patient has significant visual symptoms confirmed to be due to cataract.
- Visual symptoms due to cataracts are impairing the patient's activities of daily living, and it is anticipated that this will be improved by surgery e.g.
 - The patient is at significant risk of falls, or
 - The patient's vision is affecting their ability to drive, or
 - The patient's vision is substantially affecting their ability to work, or
 - The patient's vision is substantially affecting their ability to undertake leisure activities such as reading, watching television, or recognising faces.

The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely benefit from surgery must be documented in the clinical records.

OR Criteria B

- Cataract surgery is needed to facilitate management of an ocular comorbidity, including but not limited to screening or treatment of diabetic retinopathy; glaucoma monitoring; treatment of angle-closure glaucoma.
- Confirmation of this requirement, including details of the management of the ocular comorbidity, should be clearly documented in the patient's notes.

AND Criteria C

- The patient indicates willingness to have cataract surgery following a discussion including, but not limited to:
 - How the cataract affects the persons' vision and quality of life
 - Whether one or both eyes are affected
 - What cataract surgery involves, including risks and benefits
 - Consequences of not undergoing surgery for ocular health, quality of life and other reasons such as continuing to meet legal driving standards.

The referring optometrist or GP should discuss the risks and benefits using an approved information leaflet (national or locally agreed) and ensure that the patient understands and is willing to undergo surgery before referring.

A shared decision-making tool (usually a form of questionnaire) can be helpful to guide the discussion and to prioritise patients in greatest need. A formally documented shared decision-making process should accompany the referral.

The national EBI programme on shared decision making before cataract referral must be complied with. See <https://ebi.aomrc.org.uk/>



Intraocular lenses

Multifocal intraocular lenses for people having cataract surgery will not be routinely funded.

Toric intraocular lenses for astigmatism correction in patients undergoing cataract surgery will not be routinely funded.

Other effective, safe, and cost-effective interventions are available for astigmatism and refractive errors, such as spectacle correction and contact lenses.

Second eye

Patients will be offered second eye surgery provided they fulfil the referral criteria.

Second eye surgery should be deemed urgent when there is resultant anisometropia (a large refractive difference between the two eyes of 2 ½ dioptas) which would result in poor binocular vision or diplopia (this should be clearly recorded in the patient's notes).

References

<https://www.nice.org.uk/guidance/ng77>

RCOphth and UKISCRS (2021) Cataract surgery guidelines for post COVID-19 pandemic: recommendations. Available online at: <https://www.rcophth.ac.uk/wp-content/uploads/2021/01/RCOphth-UKISCRS-COVID-cataract-surgery-restoring-services-070520.pdf>

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.




Change History:

Version	Date	Reviewer(s)	Revision Description

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