

CATARACT PRE-OP ASSESSMENT

Date of Referral _____

PATIENT DETAILS:

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ NHS Number: _____

Address: _____ Postcode: _____

Mobile Phone No.: _____ Home Phone No.: _____

GP Name & Address: _____ Postcode: _____

CLINICAL DETAILS:

Is surgery requested for the first or second eye? First Eye Second Eye
Which eye are you requesting surgery for? Right Eye Left Eye

What is the refractive error and VA?

Right:	Sph	Cyl	Axis	VA	Add	Near VA
Left:						

If the monocular V/A in the affected eye is better than 6/12 please specify the reason why the patient should be considered for surgery (see point 3 in CCG policy overleaf): A B C D E F G

IOP: R _____ L _____ Goldman Perkins iCare NCT

Previous refractive surgery No R L Both

Dilated fundus assessment revealed the following co-morbidities (specify reason if not dilated):

AMD No R L Both Amblyopia No R L Both

Diabetic Retinopathy No R L Both Corneal opacity No R L Both

Glaucoma No R L Both

Medical history, current medications & other information?

Unless all 7 primary boxes are ticked, the patient may not be considered for surgery:

- Patient has sufficient cataract to account for the visual symptoms
- Patient is interested in being referred for surgery and is willing to undergo surgery if offered
- The cataract is affecting the person's vision and quality of life [tick all that apply]:
 - The patient is at significant risk of falls
 - Significantly impaired ability to drive
 - Significantly impaired ability to work
 - Significantly impaired ability to undertake leisure activities (e.g. read, watch TV or recognise faces)
 - Significant glare and dazzle in daylight or having difficulties with night vision
 - There is significant anisometropia causing BV problems / marked refractive non-tolerance
 - Other significant impact on QOL as a result of visual symptoms (please list)
- Patient is a non-smoker or has been advised to contact a smoking cessation service
- Referrer has discussed the risks and benefits of cataract surgery with the patient and issued an approved cataract information booklet
- Patient understands they are being referred for assessment of surgery initially and that surgery must be approved by the surgeon
- Patient has waited 7 days to consider their decision to undergo referral for surgery ('cooling off' period)

REFERRER DETAILS:

First Name: _____ Surname: _____

GOC: _____

Practice Address: _____ Postcode: _____

Email Address: _____ Phone Number: _____

The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner, and optometrist or ophthalmic medical practitioner (delete any not consented to).

CATARACT POLICY

CRITERIA BASED ACCESS

Referral for assessment of surgical treatment for cataracts is only available for patients whose visual impairment is attributable to cataract and who, after correction (eg with glasses or other adjustments), fulfil the following indications.

1. Before a referral is made, the referrer must confirm that:
 - a) The patient wishes to have surgery if it is offered.
 - b) The patient understands that the purpose of referral is for assessment of surgery only.
2. Cataract surgery should not normally be offered to patients with a visual acuity of better than 6/12 in the worst eye. This applies to both first and second eye surgery.
3. Patients with the following symptoms or clinical conditions may benefit from cataract surgery when their visual acuity in the worst eye is better than 6/12.
 - a) Patients experiencing significant glare and dazzle in daylight or difficulties with night vision when these symptoms are due to lens opacities. This indication applies particularly, but not exclusively to driving.
 - b) Patients requiring particularly good vision for employment purposes.
 - c) Difficulty with reading due to lens opacities.
 - d) Significant optical imbalance (anisometropia or anisekonia) following cataract surgery on the first eye.
 - e) Management of other co-existing eye conditions.
 - f) Refractive error primarily due to cataract
 - g) To improve visual acuity to better than 6/10 where activities vital to daily living would otherwise cease.
4. Cataract surgery/lens extraction should not normally be performed solely for the purpose of correcting longstanding pre-existing myopia or hypermetropia.
5. 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.
6. Providers will audit their indications for and outcomes of cataract surgery and justify them to commissioners.

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 to warrant deviation from the rule of this policy.

Individual cases will be reviewed at the Commissioner's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Smoking cessation is recommended for all patients considering the possibility of surgery. For help to quit smoking please contact your local Stop Smoking Service or contact your GP Surgery.