LOW PRIORITY PROCEDURE: Policy T11 Cataract Surgery

Policy author: Ipswich & East Suffolk and West Suffolk CCG
Policy start date: December 2006 (previously Policy T16)
First revision date: March 2009
Second Revision date: April 2011 (minor amendment August 2011)
Third Revision date: April 2014
Fourth Revision date: July 2016
Review date: July 2018

Policy Summary
A cataract is an opacification (clouding) of the eye's natural lens. It usually develops over a period of time, causing a gradual deterioration in eyesight, and may eventually lead to blindness.

Eligibility Criteria
All requests for the surgical removal of cataract will only be supported by the CCG when ALL of the following criteria are met

Blurred or dim vision with a corrected binocular distance acuity of 6/10* (0.20 logMAR) or worse

*6/10 equates to 6/9 on Snellen chart

OR

Blurred or dim vision with a monocular distance acuity of 6/18 (0.40 logMAR) or worse

AND

The referrer has discussed in depth the pros and cons of cataract surgery including the two leaflets (Cataract surgery & Choice leaflet) which have been given to the patient for consideration and the patient has waited 7 days to make a decision, understands the risks and benefits of this surgery and confirms that they wish** to have the cataract surgery

**Please do not refer patients even if they meet the criteria unless they want to have the surgery.

AND

Must score 4 or above on the Cataract impact questions below:

Is the patient affected by glare in sunlight or night due to cataract (e.g. car headlights)?

Yes= 1    No= 0

Is the patient’s quality of life and daily activities affected by vision difficulties due to cataract? (e.g. car driving, watching TV, doing hobbies, etc)?

Very Much= 3    Moderately= 2    Slightly= 1    Not at All= 0

Is the patient at risk of falls due to cataract?
Very Much= 3    Moderately= 2    Slightly= 1   Not at All= 0

TOTAL Score =______

It is not mandatory that a patient is referred if they meet the necessary criteria. If they meet the criteria but they are coping well then please use clinical discretion when making a decision regarding onward referral.

**For second eye surgery:** The patient should meet the visual acuity and the cataract impact criteria as set out above

And

The referrer has discussed the pros and cons of second eye surgery in depth with the patient and the patient confirms they want their second eye surgery for cataract.

**Exceptions**

The only exceptions to the above surgical criteria are listed below.

- Anisometropia (a large refractive difference between the two eyes, on average about 3 dioptres), which would result in poor binocular vision or disabling diplopia which may increase the risk of falls.
- Angle closure glaucoma including creeping angle closure and phacomorphic glaucoma
- Diabetic and other retinopathies including retinal vein occlusion and age related macular degeneration where the cataract is becoming dense enough to potentially hinder management.
- Oculoplastics disorders where fellow eye requires closure as part of eye lid reconstruction or where further surgery on the ipsilateral eye will increase the risks of cataract surgery
- Corneal disease where early cataract removal would reduce the chance of losing corneal clarity (e.g. Fuch’s corneal dystrophy or after keratoplasty)
- Corneal or conjunctival disease where delays might increase the risk of complications (e.g. cicatrising conjunctivitides)
- Other glaucoma’s (including open-angle glaucoma), inflammatory eye disease or medical retina disease where allowing a cataract to develop would hamper clinical decision making or investigations such as OCT, visual fields or fundus fluorescein angiography
- Neuro-ophthalmological conditions where cataract hampers monitoring of disease (e.g. visual field changes)
- Post Vitrectomy cataracts which hinder the retinal view or result in a rapidly progressing myopia. Cataracts progress fairly rapidly following vitrectomy and are age dependent. Patients over the age of 50, especially those over 60 can have a rapid increase in the density of a cataract.

**Background to the treatment**

- Surgical removal of the cataract is the only effective treatment available to restore or maintain vision. This involves the surgical removal of the cloudy lens, using the most appropriate technique. Cataract operations are performed using a local anaesthetic and the patient is allowed home the same day.

**Rationale behind the decision**
Cataract is a common and important cause of visual impairment. Cataract extraction accounts for a significant proportion of the surgical workload of most ophthalmologists and is the most common elective surgical procedure performed in the UK. The increasing life expectancy and number of over 65s will result in an increase in the prevalence of cataract and therefore the demand for surgery thus making it imperative to ensure that there is referral process which will promote fairness across Suffolk. The referral criteria will ensure that the most severely affected patients get the opportunity for surgery in a first eye before second-eye surgery is offered to others.

It has been well established that visual impairments in cataract cannot be described in terms of a single visual loss of function. By itself monocular visual acuity (VA) provide an incomplete assessment therefore obtaining self-reported information relevant to the patients every day visual experience in the context of their own environment should be undertaken alongside the visual functioning testing.

References
Published literature informing this Policy:-

11. Sheffield Local Optemetric Committee. Sheffield Cataract Assessment Form. (Appendix 2)


Appendix 1: Lifestyle Questionnaire

<table>
<thead>
<tr>
<th>Criteria</th>
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Appendix 2: Cataract Assessment Form

Patients need to evidence how cataract is affecting daily activity. A patient needs to score >3.

1. Visual disability

Affected by glare ◆ 2  
Difficulty with reading ◆ 1  
Difficulty watching television ◆ 1  
Difficulty performing work or hobbies ◆ 1

2. Social functioning (Tick ONE box only)

Lives independently ◆ 2  
Cares for partner ◆ 2  
Lives in sheltered accommodation ◆ 1  
Lives with carer ◆ 1  
Lives in a residential or nursing home ◆ 1

3. Other

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