Cataract Surgery Policy

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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.

Referral criteria – *first eye*

All requests for the surgical removal of cataract in the first eye will **only** be supported by the CCG when the total assessment score is 7 or above as per the cataract assessment and referral form.

For second eye surgery

If vision in the first operated eye is better than 6/9 (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 6/9 (0.20 logMAR) or worse in the second eye to qualify for cataract surgery. If vision in the first eye does not correct to better than 6/9 then second eye cataract surgery can be offered only if the binocular corrected vision is 6/9 or worse or the second eye vision is monocularly worse than 6/9 corrected.

Exceptions

The only exceptions to the above referral criteria are as follows:

- Anisometropia (a large refractive difference between the two eyes, on average about dioptres) which would result in poor binocular vision or disabling diplopia which may increase the 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 conjunctivitis)
- 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 65's will result in an increase in the prevalence of cataract and therefore the demand for surgery[4] thus making it imperative to ensure that there is referral process which will promote fairness across SY&B. 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[1]. 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[1-3].

References

1. Department of Health. National Eye Care Plan (2004)

2. The Royal Collage of Ophthalmologists: Cataract Surgery guidelines (2004)

3. NHS Executive. Action on Cataracts; Good Practice Guidance (2000).

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