Eye Health Examination Wales (EHEW)

Assessment and management for patients with cataract including post-operative pathways

Introduction
Due to the high volume of cataract related clinical activity, any improvements in the quality and efficiency within care pathways will have significant benefits to patients, ophthalmology units and health boards. The Focus On Ophthalmology cataract pathway will utilise the efficiency of the EHEW service by eliminating from existing pathways elements that are of limited value or that represent duplication.

Assessment and management of patients with cataract
EHEW accredited optometrists can utilise the EHEW service to assess a patient with cataract via the Further Investigation Examination (EHEW Band 2) following a GOS or private sight test.

If a cataract is found then this should be discussed with the patient. If the cataract is not causing any significant vision or lifestyle problems then the patient can be monitored appropriately. If the patient wishes to consider surgery then they should be given a pre-operative visual function questionnaire to complete (see Appendix I). Note that the practitioner’s must ask the patient to fill in the form, not fill it in with the patient.

For further information patients should be directed to the RNIB website ‘understanding cataracts’ http://www.rnib.org.uk/eye-health-eye-conditions-z-eye-conditions/cataracts or a leaflet given to them if they do not have internet access (a leaflet can be downloaded from the Royal College of Ophthalmologists website - https://www.rcophth.ac.uk/patients/information-booklets/, click understanding cataracts.

Patients found to have significant cataracts should have the following investigations prior to referral to the HES (in addition to other such examinations that the optometrist or OMP feels are necessary) as noted in the Eye Health Examination Wales (EHEW) service clinical manual with protocols.

• Visual acuity - Recorded and compared to previous recordings where available
• Pinhole visual acuity
• Contact tonometry - Using a Goldmann or Perkins tonometer
• Slit lamp biomicroscopy of the anterior and posterior segments through a dilated pupil noting location and type of cataract
• Fundus examination through a dilated pupil with slit lamp binocular indirect ophthalmoscopy using a Volk, or similar lens (60D, Super 66 or digital high mag optimal) with careful assessment of macula status (if AMD present then AMD guidance is to be followed). NB: The presence or absence of any comorbidity should always be noted on the referral form.
On completion of the questionnaire the optometrist or OMP must take the time to explain about the benefits and briefly outline the risks of the operation, and discussing any points raised by the patient about the questionnaire. This can be done on another visit if necessary. Patients may need time to digest the information before they indicate a willingness to go ahead with the referral.

**Risks associated with cataract surgery**

Information needs to be communicated to patients with care and sensitivity. There is some risk; this is low, in general about 1% for ending-up with worse acuity following surgery and a very, very small chance of severe loss of vision or even loss of the eye. Individual patients’ risks will be discussed with them at the hospital cataract assessment clinic visit.

The risk increases for factors such as advanced age, dense cataract, high ametropia, previous vitrectomy, pseudoexfoliation etc. but these will be addressed as necessary at the hospital visit(s).

**Referral**

Patients requiring referral for cataract should have the following noted in the referral letter to the ophthalmologist (whether in the NHS or privately) as outlined in the Eye Health Examination Wales (EHEW) service clinical manual with protocols.

- A clear indication of reason for referral as a title for the referral
- Confirmation that the patient is willing to consider surgery
- Visual acuity now and what it was previously (including the date of previous test – where available)
- Pinhole visual acuity (only if appropriate)
- Confirmation that the cataract is main cause of sight loss
- Notification of any co-existing ocular pathology (including its absence)
- Notification of any problems with driving
- Confirmation that the patient’s lifestyle and/ or quality of life is compromised as a result of the cataract
- The eye(s) being referred for consideration for surgery
- Any previous history of surgical/laser treatment for cataract or refractive error
- A list of any known medications taken by the patient
- A copy of the questionnaire (Appendix I) should be sent with the referral.

The Wales Eye Care Services (WECS) 3 form should be used because this specifies the relevant clinical information to enable effective triage. It is a pathway requirement that patients referred to the HES for possible cataract surgery will have had an examination of their ocular media and posterior segment following pupillary dilatation. The referral should document the presence or absence of relevant ocular co-morbidity such as age-related macular degeneration, together with comment regarding any known special factors or systemic conditions that might limit the patient’s ability to attend for ambulatory day case cataract surgery. It should also
include confirmation that the patient is likely to accept an offer of surgery. The referral is sent to the HES with a copy to the patient’s GP for information.

Patients not requiring referral should be followed-up in primary care.

**Post-operative**

Following their cataract surgery, patients are given clear written instructions regarding the timing of their visit to their referring optometrist for continuity of care and postoperative assessment, refraction and the provision of spectacles as required. For most patients this will be four to six weeks after surgery. The information will be sent out from the ophthalmology unit where the surgery has taken place.

Patients can be seen in optometric practice by utilising a General Ophthalmic Services (GOS) or private eye examination and then an EHEW Band 3 for uncomplicated follow up. The WECS(1) payment form should annotated with post op cataract written next to the Band 3 tick box.

If, during the examination, unexpected symptoms or signs are found that require further investigation, or if referral back to ophthalmology may be indicated, a Band 2 can be done instead of the band 3 EHEW examination, to allow further investigation to either prevent or inform that referral.

For example, if the patient is found to have an unexplained reduction in vision, which requires subsequent further investigations then a Band 2 can be done instead of a Band 3 to determine if referral back to the hospital is required, and inform the referral where indicated.

Up to two Band 2 claims may be submitted per patient within a calendar year if they are both appropriate, as per the protocols and guidelines in the clinical manual, and provided one of the claims is for a Band 2 post-operative cataract to allow further investigation of unexpected signs and/or symptoms to either prevent or inform a referral to the hospital.

A post-operative clinical report form is enclosed (Appendix II) which is used for either:

1. Urgent referral back to the HES by telephone and notification to the GP
2. Routine referral back to the HES by post and notification to the GP
3. Discharge, report to the HES and notification to the GP

This form must be sent back to the referring ophthalmology eye unit.

A patient post-operative outcome questionnaire (Appendix III) is also given to the patient to fill in. The patient should take the form away to fill in once they have adjusted to their new spectacles following post-operative refraction (usually 2/3 weeks later). Patients should be asked to return the forms to the optometry practice.
once they have completed the form so that it may be sent back to the appropriate ophthalmology eye unit.

**Summary**

The Wales clinical pathway for the management of patients with cataract ensures equity of access for all patients in Wales to high quality cataract clinical and surgical care.