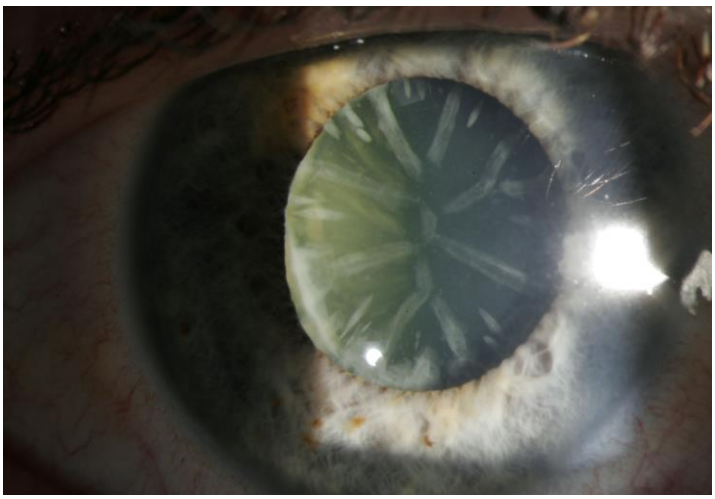
Health and Social Care Board

Cataract Care Pathway



Guidance Notes for Primary Care Optometrists

Version Control:

v1: April 2013

v2: August 2015

v3: September 2021 (expansion to include post-operative care guidance)

Background

Cataract accounts for approximately 25-30% of all referrals to ophthalmology (in 2019-20) which poses significant demand on ophthalmology services in secondary care. This guidance provides information on the referral and post-operative elements of the cataract care pathway which primary care Optometrists can use in their clinical practice when dealing with patients who have cataract.

Referral for Cataract

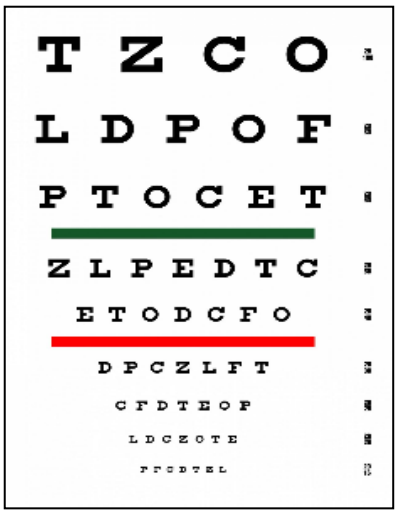
A cataract specific referral template has been in place since 2013 and is hosted on the Clinical Communications Gateway (CCG) for use by Optometrists. For practices not using CCG (eReferral) a paper version is in place which should be sent to the GP for onward processing.

It is essential that both accurate clinical and other supporting information is provided when referring a patient to allow appropriate triage by the hospital eye service and included in this is the indicated desire for a patient to have surgery. It is vitally important that an Optometrist takes the time to explain to each patient what cataract surgery entails and that the patient indicates that they wish to be referred for the cataract extraction, this is good clinical practice. This discussion does not mean that a primary care optometrist is consenting a patient to have surgery, but it does mean that when a patient is referred and attends the hospital eye clinic that they will be fully aware what cataract surgery is and what is involved and therefore are unlikely to decline the offer of surgery due to not knowing what is involved.

Generating a referral without giving the patient the appropriate and necessary level of information about cataract surgery to allow them to make a fully informed decision about referral for surgery is not good clinical practice and is not good use of HSC resources. In some cases it may be appropriate to give the patient information to take home to give them time to consider surgery rather than referring them straight away on the day of their eye examination.

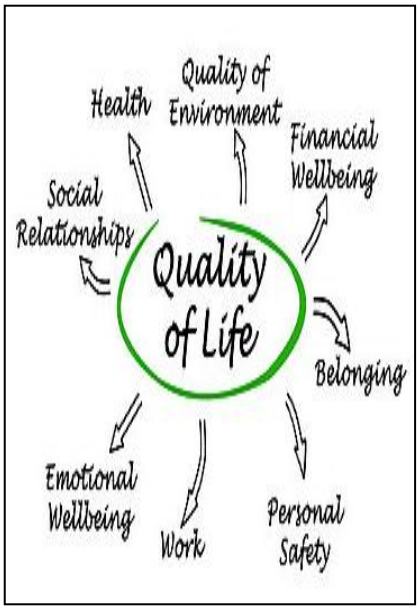
Consideration & Information for cataract referral

Best Corrected Visual Acuity



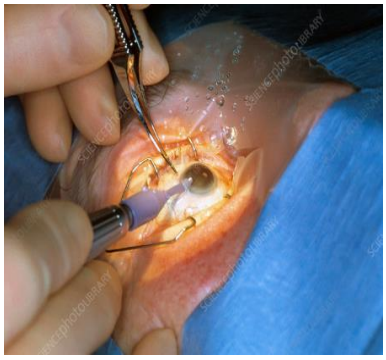
The general rule is only to refer a patient if their best corrected visual acuity is 6/12 or worse. This is guidance and it is noted that there will be exceptions e.g. a patient that has better VAs but severe problems with glare, a patient with nuclear sclerosis cataract causing poor near vision etc. For patients referred with VA better than 6/12 you must ensure that an explanation to support the referral is provided in the 'Indication for referral' section. Where a contrast sensitive acuity chart is available this can provide valuable information on how the cataract is impacting on visual function.

Quality of life



An Optometrist should discuss with the patient the impact of the cataract on their visual symptoms and on their quality of life and ability to perform activities of daily living e.g. are they able to read comfortably, manage household/leisure activities, driving etc. The Optometrist should also investigate and ascertain the risk of falls for a patient with cataract and whether the cataract is likely to have bearing on this and increase the risk. These observations and feedback should inform the discussion about referral and assist in decision making. It is important that the patient is honest with the Optometrist and that the Optometrist can provide professional and objective advice in regard to how cataract surgery may or may not improve their visual function.

Surgery: Giving the Explanation & Information



The patient should be informed about the cataract, the referral process, hospital assessment and cataract surgery procedures e.g. that it is usually day case and under local anaesthetic, and post - operative care. The Optometrist should advise and confirm that it is a surgical procedure i.e. not 'laser' etc.

Prior to generating a referral the Optometrist, in association with the patient, should determine:

- ✓ their willingness to proceed to surgery if referred
- ✓ their understanding of the risks of surgery including that co-exiting ocular pathology may limit the optimisation of visual acuity/function (e.g. macular disease, Fuchs dystrophy etc...)
- ✓ their understanding that refractive change will be present and any specific considerations that this entails (e.g. anisometropia)

NOTE: The patient should be encouraged to read the RNIB/Royal College of Ophthalmologists or College of Optometrists information booklet on Cataract before considering referral. Please provide the following link(s) or, download the supporting literature and give to patient:

https://www.rcophth.ac.uk/patients/

https://lookafteryoureyes.org/eye-conditions/cataracts/

A well-informed patient will be more likely to proceed to surgery when they attend the hospital eye service following referral, ensuring optimum use of HSC resources.

Post-operative Review and Assessment

Post-operative review and assessment may be undertaken either by the hospital multi-disciplinary team (MDT) or at a primary care optometry practice. The decision on where the review will take place will be made by the treating ophthalmologist with the patient. The following flow chart demonstrates the regional post-operative cataract care pathway options.

Initially only patients having had second eye cataract surgery, and who do not fall in to the exclusions listed below, will be offered the choice of having their review at a primary care optometry practice.

The following table notes patients who **will not** be discharged to Optometry practices **following surgery**

PRIMARY CARE OPTOMETRY CATARACT SERVICE **EXCLUSION** CRITERIA

- Expected poor visual outcome - less than 6/12
- Glaucoma
- Wet and visually significant dry AMD
- Previous vascular occlusion
- Referable diabetic maculopathy
  - R2, R3, M1 + previous maculopathy grades excluded
  - R1MO CAN be discharged to community
- Surgery to an amblyopic eye
- Fuchs Dystrophy
- High risk/complex surgery/surgical complications (Iris prolapse/capsule tear etc.)
- Any other co-pathology field defects, corneal pathology etc.
- Those currently being monitored in eye department

The primary care optometrist should carry out a full Post-Operative Review and Assessment (reported on via Medisoft) supplementary to an eye examination.

Patients discharged to primary care Optometry for their post-operative review and assessment will be Be provided with the following by the hospital:

1. Advice to attend an optometry practice of their choice **6 weeks** after their surgery and **not later than 12 weeks** after surgery.
2. Given instructions on use of drops and advice on where/who they should contact in the event of an emergency.

3. Provided with a letter with a unique PIN number/identifier for their Medisoft record held in the hospital eye service. This PIN number is entered into the Medisoft portal to allow the optometrist to record the clinical outcomes and patient experience information. If a patient does not have their letter with the unique Medisoft PIN number when they attend your practice you should contact the surgical site where they had their cataract surgery (details below).who should provide the PIN number.

Arranging a post-operative review appointment in primary care optometry practice.
It is the patient's responsibility to contact a practice of their choice to arrange their post-operative review appointment, 6 weeks after surgery and no later than 12 weeks.

When arranging the appointment you are advised to ask the patient for their PIN number and the date of surgery, this will have been recorded on the leaflet given to them on the day of discharge.

The patient should also be asked to bring the letter and leaflet to the appointment.
If the patient contacts the practice more than 12 weeks following surgery they may be provided with a sight test (GOS or private) but are no longer eligible for the post-operative review service.

If the patent **does not** have a PIN number either they have misplaced it in which case you should contact the surgical site where they had their surgery to request the PIN number **or** they had their surgery privately and not within the HSC and are therefore will not have been issued with a PIN number and are not eligible for a post-operative review in primary care.

Purpose of post-operative assessment.

- **(Note: Findings obtained during the combined sight test and post-operative review)**Assess vision and refractive outcome - recorded in Medisoft and feeds data to National Ophthalmology Database (NOD)
- Check for the following post-operative complications (and referral according to flowchart pathway) via DPC/other location telephone call and letter to patient, referral is indicated where one or more of the following complications are noted:
    - Raised IOP
    - Corneal oedema
    - Cystoid macular oedema
    - Persistent or intense AC activity
    - Refractive surprise
    - IOL decentration
    - Anterior capsular phimosis
    - PC thickening/plaque
    - Other significant findings

The list of post-operative complications noted above outlines the most common complications but is not exclusive and Optometrists should be aware that other complications may present in the post-operative patient in the immediate, short and longer term. Optometrists should use their clinical knowledge and management guidelines in assessing post-operative outcomes and the urgency of any necessary referral for a post-operative complication. For patients with ophthalmic co-morbidities follow-up in usual HES clinic will be in place or refer to appropriate service if not previously attending HES (check on NIECR).

The Post-Operative Review & Assessment will be provided, and **findings obtained, through a combined sight test (whether GOS or private) and post-operative review and should include:**

- Visual acuity (uncorrected and best corrected)
- Full subjective refraction by community Optometrist entered into Medisoft Record
- Slit lamp examination including fundus examination (with dilation where indicated)
- Measure IOP by NCT, iCare or GAT (**must be repeated by GAT where IOP ≥24mmHg**)
- OCT examination (only if clinically indicated *and* available)
- Consent process for 2nd eye (only when pathway is agreed)

Referral Pathway Information for Post-Operative Complications

A: For Suspected Endophthalmitis

This requires urgent referral. Please contact Eye Casualty Services immediately in the RVH or Altnagelvin to arrange referral in line with protocols *(click link)* Ophthalmology Referral Pathway. Please ensure that you complete the *(click link)* Optometry: Eye Casualty Service referral form and give it to the patient to take with them.

B: Other Post-Operative Complications noted at the review and assessment appointment.

If a patient is noted to have a post-operative complication, other than endophthalmitis, following their review and assessment the Optometrist should:

Contact the surgical site where patient had recent surgery (*numbers listed below*) where the patient had their surgery in and ask to speak with cataract service administrator who will record the details of the patient and their post-operative complication and take appropriate action. For patients who attend out of normal working hours with a post-operative cataract complication which is deemed urgent please follow the Eye Casualty service referral protocol – refer to the Ophthalmology Referral Pathway poster

Complete a GOS 18 paper referral form with **all relevant clinical details** in a legible manner and **give this to the patient** to take to their Hospital Eye Service (HES) appointment. **Do Not refer on CCG**. Please ensure that you annotate the GOS 18 highlighting that the referral is for a post-operative cataract complication and state the date of surgery (or approximate if the date is not known). Note: Do not post the GOS 18 form, give it to the patient,

- Please advise the patient that they must keep the referral letter safe and secure until they attend the Hospital Eye Service. Advise the patient that the Hospital Eye Service will contact them in relation to an appointment and advise the patient that they **MUST** bring the referral letter to the HES eye clinic when their appointment has been assigned.
- Record full details of the clinical findings and your actions in your practice patient clinical record.
- The hospital clinician seeing the patient may contact your practice for further information.

If in doubt as to how urgently the patient needs ophthalmology attention contact Eye Casualty by telephone for advice.

NOTE: The referral pathway and allocation of hospital appointments for patients with complications is managed by HSC Trust administration staff in the relevant surgical site. All queries relating to the post-operative pathway should be directed to the hospital where the surgery took place.

Cataract Surgical Sites Contact Details

Surgical Site	Contact Telephone Number
Mid Ulster Hospital **(Magherafelt)** Day Surgery Unit	**028 79 366886** opening hours **Mon – Fri 8.30am – 4.30 pm**
Downe Hospital **(Downpatrick)** Cataract Day Procedure Centre	**028 44 838024** **or** **028 4483 8024** opening hours **Mon – Fri 8am – 5pm**
South Tyrone Hospital **(Dungannon)** Cataract Day Procedure Centre	**028 37567290** opening hours **Mon – Fri 8am – 4pm**
Altnagelvin Hospital Day Procedure Unit	**028 7161 1229** opening hours **Mon – Fri 8am – 5pm**
Royal Victoria Hospital Ward 28	**028 96150394** opening hours **Mon – Fri 8am – 5pm**
If surgery was carried out at another site not listed above:	• Contact **Altnagelvin Hospital** (number above) if the surgery was carried out in the **Western or Northern Trust** areas • Contact **Royal Victoria Hospital** (number above) if the surgery was carried out in the **Belfast, South Eastern or Southern Trust** areas

For EMERGENCIES	
BHSCT Eye Casualty (Royal Victoria Hospital)	**028 96150093** **Mon – Fri 9am – 5pm** **Weekends/Bank holidays 9am – 1pm** **Out of hours** phone RVH switchboard 02890240503 and ask for the ophthalmologist on call.
WHSCT Eye Casualty (Altnagelvin Hospital)	**AAH switchboard 02871345171** and **ask for the ophthalmologist on call** (use same number for out of hours)

Summary of Primary Care Optometry Cataract Post-Operative Pathway

- Patient has uncomplicated cataract surgery
- Patient chooses to have post op review in primary care
- Patient issued with discharge letter and leaflet which will include the Medisoft PIN number
- Patient discharged from the hospital and advised to attend their optometrist in 6 weeks.
- Patient contacts practice of their choice.
- Optometrist provides a sight test (GOS or HSC funded) and a post-operative assessment

Optometrist either:

- If no complications, completes patient's practice clinical record and the Medisoft report, dispenses glasses if required. Patient will then attend as usual for future routine optometric eyecare.

  or

- If complications identified optometrist contacts the Hospital Eye Service as detailed in the Referral Pathway Information on page 9.