

<b>Policy statement:</b>	<b>Cataracts/Lens Extraction</b>
<b>Status:</b>	<b>Group Prior Approval/Individual Prior Approval</b>

M&SECCGs commission surgery for cataracts/lens extraction on a restricted basis.

Referrals should not be based simply on the presence of a cataract.

### Group Prior Approval

M&SECCGs commission surgery for cataracts/lens extraction where the patient

- is willing to have eye surgery. The referring optometrist or GP must discuss this with the patient before referring. The Shared Decision Making leaflet - **Deciding what to do about cataracts**- must form the basis for this discussion.



deciding-what-to-do-  
about-cataracts.pdf

- **AND** with best corrected visual acuity 6/12 or worse in the worst eye assessed by the clinician as being due to a rectifiable lenticular opacity,
- **AND** where the reduced visual acuity significantly interferes with activities of daily living,

### Individual Prior Approval

Patients with best corrected visual acuity of better than 6/12 in the worst eye will not normally be offered surgery unless there is evidence of very significant impact on activities of daily living. A description of this impact must accompany the referral information (as detailed below), and including confirmation that the patient is willing to have eye surgery. The referring optometrist or GP should discuss this with the patient before referring. The Shared Decision Making leaflet - **Deciding what to do about cataracts**- will form the basis for this discussion. Individual prior approval will be required.

**All referrals** must be accompanied by a **completed proforma** and provide the following information. Incomplete proformas will be returned to the referrer for completion, and will delay the referral.

- Details of the optical prescription
- Corrected distance visual acuity
- Corrected near visual acuity
- Co-existing other eye conditions, management and current status
- Other co-existing medical conditions affecting vision or the eyes; management and status e.g.
  - Diabetes
  - Glaucoma
  - Any other medical condition impacting on vision.
- Confirmation that the patient is willing to have eye surgery.

- Using the patient's own words, the reasons why the patient's vision and lifestyle are adversely affected by the cataract, and the likely benefit from surgery must be included in the referral.

**Second eye** -Patients will be offered second eye surgery provided they fulfil the referral criteria (see above).

Second eye surgery should be deemed urgent when there is resultant symptomatic anisometropia i.e. a large refractive difference between the two eyes resulting in poor binocular vision (this should be clearly recorded in the patient's notes).

**M&SECCGs do not commission** cataract surgery/lens extraction solely for the purpose of correcting longstanding pre-existing myopia (short sighted or near sighted) or hypermetropia (long sighted).

Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.