**Aide Memoire: Cataract Referral Advice and Counselling**

This form is intended as an aide memoire when referring a patient to secondary care for cataract surgery and can be used to structure the Supplementary Eye Examination ‘Cataract Referral Advice and Counselling’ (code 2.9). Ideally, the patient will already have received an information leaflet about cataract surgery prior to this discussion.

**Note:** It is not mandatory to use this form,as practitioners may have alternatives ways of recording their discussion with the patient and any advice given. However, the [College of Optometrists Guidance for Professional Practice](https://www.college-optometrists.org/clinical-guidance/guidance/knowledge%2C-skills-and-performance/patient-records) on keeping full and accurate records should be noted.

**How to use the Aide Memoire:**

**PART A:** **Discussion with the patient**

This includes key information to discuss with the patient including the current impact of their cataract, information about cataract surgery (including risks) and alternatives to surgery.

**PART B: Information to include in the referral**

This list includes factors that can make surgery more challenging and may be useful for secondary care when planning surgery. **Please include any relevant detail in the referral.**

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| **PART A: DISCUSSION WITH THE PATIENT**  |

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| **Impact of the cataract** |
| Are you having difficulties, even with spectacles, reading?  |
| Are you having difficulties with driving, or had to stop, due to your eyesight? |
| Are you having difficulties with your work due to your eyesight? |
| Are you having difficulties, even with spectacles, recognising faces?  |
| Are you having difficulties, even with spectacles, watching TV?  |
| Are you having difficulties, even with spectacles, cooking?  |
| Are you having difficulties with glare? |

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| **Cataract surgery: information**  |
| **Surgery information** |
| Need to stop contact lens wear prior to hospital appointment (4 weeks RGP, 2 weeks soft CL) |
| Usually performed under local anaesthetic  |
| In some cases both eyes can be done on the same day –needs discussion with hospital  |
| Need to lie flat for 20-30 mins |
| Nail polish needs to be removed before the operation |
| Need eye drops for the first 28 days |
| Eye may feel dry and sensitive to light over first 7-10 days |
| Takes 6 weeks to fully heal |
| **Expectations about post-operative refractive status**  |
| **Spectacle independence is not the goal of this surgery** |
| Multifocal will not be offered for patients having NHS cataract surgery (NG77)  |
| Astigmatism may not be neutralised  |
| Large Rx will lead to anisometropia  |
| Some may want slight myopia but they may need specs for distance vision  |
| Monovision may be offered to those that already have anisometropia  |
| Will need an appointment with an optometrist to update any spectacles |
| Expectations about post-operative refractive status  |

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| **Cataract surgery: risks** |
| **To discuss with all patients** |
| 1 in 50 will have some complication which may result in a disappointing outcome |
| 1 in 100 will have a more serious complication resulting in a poor outcome (poor vision in operated eye meaning you rely on other eye) |
| 1 in 1000 will have a very serious complication (blind eye) |
| 1 in 10,000 will have a devastating complication (loss of an eye) |

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| **Cataract surgery: risks**  |
| **To discuss AS REQUIRED** |
| Diabetic (increased infection risk) |
| Glaucoma (IOP can go up or down with surgery) |
| Corneal guttata or early Fuchs (decompensation risk) |
| Amblyopia, Squint, Monocular  |
| Previous cystoid macular oedema (may recur) |
| Previous retinal vein occlusion (may recur) |
| **Risks of not having surgery** |
| Increased risk of falls as cataract develops  |
| Need to monitor vision to ensure meeting DVLA standards  |
| Current delays for treatment e.g. x months from date of referral  |

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| **Alternatives to surgery** |
| Do nothing and monitor: eyesight might get worse |
| Aids: new glasses may improve vision, but not always |
| Adaptations: e.g. use better lighting, sunglasses/hat to prevent glare |

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| **PART B: Information to include in the referral** **(these factors can make surgery more challenging)** |

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|  | **Yes** | **No** |
| Over 85 years old |  |  |
| Communication issues |  |  |
| Poor mobility |  |  |
| Anxious / jumpy patient |  |  |
| Abnormal head/neck/back posture |  |  |
| Deep set eyes |  |  |
| Severe respiratory, cardiovascular or CNS disease |  |  |
| Alpha-blocker eg Tamsulosin, Doxazosin |  |  |
| Pseudoexfoliation Syndrome (PXF) |  |  |
| Dense, mature or brunescent cataract |  |  |
| Traumatic or posterior polar cataract |  |  |
| Nystagmus |  |  |

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|  | **Yes** | **No** |
| Blepharospasm, flinching, twitching |  |  |
| High myopia or high hypermetropia |  |  |
| Previous Refractive Surgery |  |  |
| Corneal graft or previous trabeculectomy |  |  |
| Previous acute anterior uveitis episodes |  |  |
| Abnormal lens zonules (phacodonesis) |  |  |
| Shallow anterior chamber |  |  |
| Poor Dilation |  |  |
| Previous Vitrectomy |  |  |
| High BMI |  |  |

**If any of the following are relevant to the patient, please identify within the referral to secondary care.**