Cataract Referral Guidance for referring Optometrist

Please use the Standard Referral Form for all patients whom you are referring to be considered for cataract surgery in place of form GOS18 or other letter. The form is intended to streamline the cataract referral process and ensure all patients are offered a choice of provider. **DO NOT SEND A GOS 18 AS WELL.**

(1) Please provide prescription details from the current sight test and date. Please also provide details from the previous test if there is a significant difference or if index myopia is suspected.

(2) If there has been a previous cataract extraction, please record the date or best guess.

(3) This information is to identify the degree of **lifestyle impairment** caused by the cataract. It is inevitably somewhat subjective but is an attempt to guide the Optometrist to ask the same questions that the surgeon will ask in deciding when to operate. Please put one tick on each horizontal line.

- **Glare:** Possibly whilst driving or in bright sunlight. Patient’s subjective answer.
- **Driving:** If a driver is the binocular VA below 6/9- This is probably the only time when VA is the main factor. It would be reasonable to increase the “level” of impairment “score” where the patient is totally dependent on driving (e.g. lives in outlying village etc), or where the patient drives to or from work.
- **Work:** Is the patient’s ability to earn a living threatened?
- **Caring for others:** If the patient cares for someone else, is their ability to care affected?
- **Television:** May be very important to those who live alone.
- **Reading:** May be very important to those who live alone
- **Daily life:** Patient’s subjective answer.

**At this stage, you must decide on whether the cataract/s is causing enough impairment to warrant an operation.** Remember that ALL operations, however routine, carry a risk of complications. As a guideline, any answer of “severe” or 3 or more answers of “moderate” above is probably sufficient for referral but each case should be judged on its merits.

(4) This information will help decide where the cataract operation is best performed

- With Glaucoma ask if the medication has been changed within the last 12 months. If unsure tick yes to unstable. If the patient has had an operation for Glaucoma, always tick Yes for Unstable.
- Diabetes record presence of retinopathy if you have performed dilated fundoscopy/photography (e.g. as part of screening service) otherwise always tick Yes.
- Uveitis, only tick No if the patient has never had Uveitis or the last known episode was more that 12 months ago.
- Other. List any other known eye condition which may have a bearing on a cataract operation.
- Ask the patient do they know of any previous problems with Local Anaesthetic.
- Would the patient have a problem lying still for 20-25 minutes?
- No further medical checks are required to check for local anaesthetic suitability
- If the patient cannot move from a wheelchair to your testing chair with minimal assistance, tick yes

(5) Please include any information which you feel may be relevant here. Examples may include further ocular history such as previous trauma or amblyopia, other reasons why you feel this patient should be listed for surgery now or which may affect where the operation should be done, or dates when the patient will not be available to attend hospital.

(6) **MOST IMPORTANT: DOES THE PATIENT WANT THE CATARACT OPERATION DOING?** It is a common complaint from Ophthalmologists that many of those referred refuse an operation when it is offered. Please ask the patient if they feel that their degree of current problems is sufficient to warrant them going through an operation. If the patient is unsure it may be best to give them a cataract booklet to read and discuss with family members and let you know in a few days whether to refer them or not. If a patient does **NOT** wish to be referred, *that is perfectly OK*.

If you or the patient do not feel that the cataract warrants surgery YET, please explain this to the patient; do not send the referral form but arrange a suitable recall interval with the patient with advice to return sooner if the condition worsens or they change their mind about going ahead. The current GOC rules allow you to monitor patients in this situation. A pro forma is available to notify the patient’s GP of the cataracts and the patient’s decision not to proceed with referral at present.

(7) Now give the patient the local Cataract booklet and “Choice” information about available hospitals. Note the patient’s choice on the form and fax/email the referral to the appropriate booking centre.

**Fax Numbers of local providers**

- St Helens Hospital: 0151 430 1629
- Warrington Hospital: 01925 662209
- Royal Liverpool (St Paul’s): 0151 706 5905
- Countess of Chester: 01244 365940
- *Halton Hospital*: 01925 662209
- *Fairfield Hospital*: 01744 746444
- *Spire Hospital*: 0800 1953572

*Exclusions apply*