

Warrington and Halton PCTs

Cataract Referral Form: *Instructions for referring Optometrist*

Please use this form for all patients whom you are referring to be considered for cataract surgery in place of the current GOS18 or other letter. **DO NOT SEND A GOS 18 AS WELL.**

The form is intended to streamline the cataract referral process and ensure all patients referred are at the correct stage to be listed for surgery.

- (1) This section is almost exactly as the GOS18. The one exception is the "Pre-Cataract VA" box. If available, please enter the last VA you have on record prior to any reductions from the cataract. This is mostly to identify lazy eyes etc.
- (2) If there has been a previous cataract extraction, please record the date or best guess
- (3) This 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 (eg lives in outlying village etc), or where the patient must drive 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 cataracts are causing enough impairment to warrant an operation. Remember that ALL operations, however routine, carry a risk of serious complications.

As a guideline, any answer of "severe" or 3 or more answers of "moderate" above is probably sufficient for referral but each case **MUST** be judged individually. Often looking at (7) below will resolve borderline cases.

In the case of a unocular cataract, please consider referral if the VA in this eye is 6/18 or worse.

MOST IMPORTANT OF ALL:- 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!** It may be best to give the patient one of the booklets and ask them to read it and then let you know in a few days whether to refer them YET or not. If a patient does NOT wish to be referred, that is perfectly OK! See **non-referral instructions** below.

If you or the patient do not feel that the cataract warrants surgery YET, please explain this to the patient and follow the **non-referral instructions** below.

- (4) This to 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 (eg 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 than 12 months ago
 - Other. List any other known eye condition which may have a bearing on a cataract operation.
 - Unsuitable for Local Anaesthetic. Ask the patient
 - Do they know of any previous problems with Local Anaesthetics
 - Would they have a problem lying still for 20-25minutes
 If they answer Yes to either question then tick Yes as unsuitable for LA. No further medical checks are required.
 - 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 or other reasons why you feel this patient should be listed for surgery now.
- (6) This is just to confirm that the patient really does want the operation

Non-Referral Instructions:

The current GOC rules do allow you to monitor patients in this situation. In this case **DO NOT SEND IN THE REFERRAL FORM.** To assist in this case, there is also a short form provided to notify the patient's GP of the cataracts and the patient's decision not to proceed with referral at present. You should then specify an appropriate re-test interval for the patient along with the advice to return sooner if the condition worsens or (if the non referral was their choice) if they change their mind about referral. There is no problem with a repeat GOS sight test at 6 or 12 months in such a case if you feel that is best for the patient. It is even possible to specify a 3 month test if you feel that things would worsen that quickly. If you feel the cataracts warrant surgery but the patient does not, it may be a good idea to keep a copy of the unused referral form in the patient's notes to make things easier if the patient changes their mind.