

Cataract referral guidance notes

Q. Why was a new form designed and launched by the LOC in Jan 2017?

A = Essentially to improve referral quality. It was decided to include more boxes to ensure important information was not left off e.g. Van Herrick's angle, if patient taking alpha-blockers, presence of deep set eyes. The referral form was thus designed to flag up any psychological or ocular condition that may interfere with local anaesthetic surgery. The new form also includes important information that will highlight to the eye clinic which patients may be suitable for 'One-Stop' treatment.

Q. What is 'One-Stop' cataract referral?

A = Patients selected by the ophthalmologist for 'One-Stop' treatment only visit the eye clinic once i.e. on the day of the surgery. Thus the pre-assessment is carried out in the eye clinic on the day of surgery rather than on a separate visit.

Q. The new referral form asks if the pupils are 'poorly dilating'. Does this mean we are expected to dilate pupils for every patient referred?

A = Pupil dilation is not mandatory and is up to the discretion of the optometrist. Pupil dilation does however make it easier to detect some conditions eg pseudo-exfoliation (PEX) and macular degeneration.

Q. Why is detection of PEX, narrow angles or deep set eyes relevant?

A = These clinical signs are potential complicating factors for cataract surgery. As such, it is appreciated by the surgeon that this is raised on the referral so as appropriate techniques are employed.

Q. What happens if any of the 'general factors' are ticked?

A = The patient will likely still be able to have cataract surgery. This information will mean they are not listed for 'One-stop' treatment and the factors highlighted will be addressed at pre-assessment.

Q. What if the form does not include a box for a potentially important aspect regarding the patient?

A = Open text boxes are available for the optometrist to include any information they wish.

Q. What is the point of reference to hypertension and diabetes as 'must be controlled for surgery'?

A = It is not the responsibility of the optometrist to perform sphygmomanometry. The optometrist could ask the patient if blood pressure and/or diabetes are well controlled. If the patient suspected these conditions were not controlled then this could be indicated on the referral form and the patient asked to consult their GP regarding this. The 'general medical risk factors' gathered by the optometrist are ascertained simply by asking the patient and confirmation from the GP is unnecessary.

Q. What if the patient has blepharitis at the time of referral for cataract surgery?

A = If blepharitis is present then lid hygiene could be advised to the patient and treatment mentioned on the referral.

Q. Is it relevant to mention if the patient has undergone a recent myopic shift?

A = The ophthalmologist would find this useful to know. This information, and any other relevant points, can be mentioned in any of the open text boxes.

Q. How do I submit cataract referrals?

A = The new cataract referral form is available from the Suffolk LOC website. You can type on the form and fax or email to evolutio: www.evolutio-uk.com, 0333 240 7729. Alternatively, you can print out, write your information and fax. You will soon be able to submit cataract referrals via the evolutio portal.

Q. Which patients qualify for referral under the Suffolk direct referral scheme?

A = whether a patient can be referred under this Suffolk direct referral route depends on the address of the patients GP rather than the address of the patient. Thus, patients whose GP Practice is in Suffolk can be referred via the Suffolk scheme. A patient who lives in Suffolk, but with a GP in a bordering county, cannot be referred directly using the direct referral form and need to be referred via the GP.

Q. Who should be given a copy of the referral?

A = a copy of the referral should be sent to the patients GP. It is also recommended by the College of Optometrists that a copy is given to the patient.

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