

## INSTRUCTIONS

**ONLY use this referral pathway if the patient is not already under HES, the main cause of the patient's visual impairment is due to cataract rather than other eye disease, there is a resulting impairment of patient's lifestyle and the patient is willing to have surgery if this is deemed to be appropriate. Patients must be registered with a Bradford/Airedale GP**

If ALL these criteria do not apply the patient should be managed by the optometrist using the traditional referral route as appropriate. Referrals should not be based simply on the clinical presence of lens opacity/cataract.

### *Procedure for use*

- Explain to patient about cataracts and cataract surgery
- Ensure that the patient is willing to have surgery
- Make sure the patient receives copies of the patient information leaflets on cataract surgery and choice
- Complete this form
- Send top two copies of this form to patient's GP
- Retain bottom copy for your records
- Complete fee claim form and send to WYCSA

### *Patient Pathway*

On receipt of the referral form, the GP practice forwards to the top copy to the centre chosen for referral and contacts the patient with a UBRN number. The patient must then call the centre themselves for a pre-op appointment. Following the clinic assessment, the patient will proceed to surgery at that centre, if appropriate. When the surgical episode is completed, they are discharged to their optometrist for postoperative refraction/review.

### *Notes on Completion of the form*

- **Dilation.** For clinical reasons, it is essential to dilate the patient as part of your examination prior to referral by this pathway. Please record if pupils dilate poorly and/or view of posterior pole poor
- **Co-morbidity.** Where other eye abnormalities require investigation and/or treatment as well as the cataract, do not use this pathway. However, chronic and untreatable co-morbidities (e.g. dry ARMD) may be included in this pathway where cataract is a visually significant factor.
- **Eye for surgery.** Indicate which eye should be operated on first and whether it is the patient's 1<sup>st</sup> or 2<sup>nd</sup> eye by circling the appropriate term. The first eye will *usually* be the worst eye, or in the case of similar acuities, the dominant eye.
- **Impact of cataract on lifestyle and social factors.** Indicate level of difficulty experienced by the patient e.g. difficulty with TV, reading, driving, glare, lens-induced anisometropia, etc. *If they have no difficulty they should not be referred for surgery*
- **Priority: Routine/Urgent.** Most patients should be put in the 'Routine' category and expect to be treated in the order they joined the waiting list. Urgent referral should be considered where extreme *bilateral* visual impairment threatens the individual's ability to remain living independently, care for dependants, continue working, administer their own medication or perform any other important function. Cases may also be considered 'urgent' if there is a risk of the cataract becoming hypermature. It is important that optometrists and general practitioners do not try to expedite the referral of 'routine' cases unless there is a clear indication initially or a subsequent change in circumstances
- **Suitability for Day Case Surgery under local anaesthetic.** Not all centres can perform general anaesthetics or provide over-night stays. Please refer to accompanying notes on current providers, and offer Choice appropriately. *Please note that local anaesthesia is the preferred option for the majority of patients, and general anaesthesia will only be considered in exceptional circumstances*
- **Medical History.** These questions indicate whether a patient is suitable for surgery at a Diagnostic and Treatment Centre or whether they can only be operated on within an acute Trust. Please refer to accompanying notes on current providers, and offer Choice appropriately. If there is any doubt about the patient's suitability for surgery at a Diagnostic and Treatment Centre, advise patient that one of the acute Trusts is the appropriate option for them
- **Patient's Preferred Choice for surgery.** Please see the accompanying information on the current choice of location for patients to have surgery. Whether a patient is suitable for surgery at certain locations is subject to the conditions outlined. Do not offer centres which are inappropriate for a particular patient's condition. Please indicate patient's choice of centre and inform them that occasionally their choice may not be available or they may have a longer wait depending on demand. If so they will be offered an alternative
- **Language difficulties.** If a patient is unable to understand English and is not able to provide their own translator to accompany them throughout the pathway (which may include during the actual surgery) they may not be suitable for surgery at some centres. Access to the hospital translating service is more readily available within acute Trusts and patients should be advised about their most appropriate choice accordingly
- **Transport.** Only circle yes if patient normally uses hospital transport to attend hospital appointments. This is according to clinical need and is not a taxi service

*If you require further supplies of this form or the patient information leaflets please **contact** \_\_\_\_\_ ??*

- ***Other relevant information.*** Please include here details of significant deafness, head tremor, claustrophobia or dementia, or any other information that will assist the hospital to manage the patient most appropriately