



Protocols for the NEE Post-Operative Cataract Service

This service will be provided across the whole of NEE CCG for patients who are registered with a NEE GP.

The service is for the provision Post-Operative Cataract Service from community optometrists (for patients who meet the referral criteria) in community setting.

Service Description

- After surgery, the Ophthalmologist will decide which patient can be discharged for a follow up check in the community.
- Before discharge patient will be asked which practitioner, they wish to see for the Post Op Cataract Service
- The HES will provide the patient with appropriate instructions and medication.
- If any patient experiences a red or painful eye in the weeks following the operation and prior to their post-operative check they are instructed to seek help immediately from the HES.
- The patient's information will be transferred from the HES via the Optomanager portal to the community provider in order for the post-operative check to be conducted.
- The practice will receive an email telling you there is a px in the basket
- All patients to be contacted as soon as possible after email received, but not to be seen less than 4 weeks post op or later than 6 weeks.
- Log on to the Optomanager portal to retrieve the patient, this is done by selecting Post-Op Cataract Service and then by selecting the option 'referrals following surgery' from the menu on the left hand side.
- Populate the portal with the info you have, contact the patient and book in for their 4-6 week appt.

See Flowchart Appendix1.

The Post-Operative Check

Post-operative visits

Patients will need to be booked in for both their post-op check-up and their sight test, either GOS or private depending on their usual entitlement. If they are entitled to GOS, their GOS1 form will need to be coded. (WITH 3.2)

The post-operative check will include:

- review progress and medication
- collect outcome data – including inputting onto Medisoft portal
- discuss second eye surgery if appropriate
- arrange follow-up for co-existing eye disease, if not already done
- provide advice on spectacle prescription (which can be prescribed approximately 4-6 weeks following phacoemulsification)
- Every patient is given a patient satisfaction questionnaire to complete before leaving practice and then practice staff upload on to the Optomanager portal

A full eye test be undertaken, as per College Guidelines and recorded on your usual notes

For the specific assessment for post-operative cataracts, the following must be performed:

Symptoms and History, specific to the patient's recent cataract surgery

Questions should include:

- Has there been any pain or discomfort?
- Has there been any redness of the eyes?
- Has there been any discharge?
- Has there been any sudden reduction in vision?
- The patient's drop compliance will need to be checked i.e. are they instilling the drops in the correct frequency and tapering their drops as advised.
- Is the patient happy with the outcome of their surgery?
- Is the patient happy with the vision?

Ocular Examination, specific to the patient's recent cataract surgery

The following **MUST** be assessed in addition to the standard sight test:

It is a requirement of this service to dilate all patients. A slit lamp examination to review external eye must be performed. A Volk lens must be used to examine the internal eye.

The Optometrist must confirm the following:

- Is the Conjunctiva abnormal in any way?
- Has the corneal clarity been affected?
- Is there any anterior chamber activity present? (>2 cells seen in 2x2mm field)
- Is the wound red or unusual in anyway?
- Is the pupil irregular or decentred?
- Is the IOL in the correct position?
- Has there been any thickening of posterior capsule?
- Is there any vitreous activity
- Is the macula normal, specifically is there any CMO?
- Is there any other abnormality on the fundus?

Recording on the Cegedim Portal:

All the above will need recording on the Cegedim Optomanager portal. Additionally the following information from the sight test will need recording:

- Details of procedure undertaken
- Unaided vision
- Distance visual acuity, including with pinhole if VA<6/9
- Near VA
- Refraction results
- Is there any residual unacceptable anisometropia?
- IOP results

Any additional comments can be recorded in the appropriate section of the portal.

Outcomes of Post-Operative Check

The following are the possible outcomes:

1. If the patient is happy, the eye is white and vision is good:
 - a) Complete the report form and send copies to the HES and GP. This is done automatically through the Optomanager IT system.
 - b) Make a referral back to the HES for a second eye operation if required. This is generated automatically the Optomanager IT system.
 - c) Discharge the patient
2. If there any signs of post-operative complications discussed at the Roll Out meetings, refer the patient back to the HES with the appropriate urgency. Use your normal method for referring these patients. Ring the On Call Doctor or fax to the urgent assessment phone number as per the protocol at each Trust.
3. For any routine referrals back for other conditions, then use a normal referral route through Evolutio.
4. It is possible that some patients might simply benefit from a follow up visit at your practice after a few weeks. This would be an acceptable outcome, although is not recorded on the Optomanager portal. Ensure you make detailed notes on your clinical records and copies of any advice you give the patient. No further fee is claimed.

Once a patient episode is complete, a report will automatically go to the Trust and a copy of this report also will be sent to the patient's GP. You will not need to send any documentation in the post. A copy of the report can be printed for your notes and for the patient if you wish.

Equipment Required

In order to fully participate in the service, all optometric practices should have suitable equipment.

Only accredited Optometrists can see the patients discharged into the community for their post-op checks

It is expected that the required equipment would already be available, as most of it is used for the provision of GOS, for example:

- Slit lamp
- Fundus viewing lens (e.g. Volk)
- Tonometer
- Distance test chart (Snellen/logmar)
- Near test type
- Appropriate ophthalmic drugs for pupil dilation
- Internet access