URGENT REFERRALS

Cells in AC but eye white? Refer Px EMERGENCY if fibrin in AC. (A few cells are normal- don't refer) Only refer if lots of cells or eye is red. Look for white eyes, Px happy, VA good

Retained Lens Matter in AC – Common – but URGENT referral due to long term effects on eye

Risk of Reactivation of HSK if Px has a history of this – IF seen EMERGENCY REFERRAL

Is Pupil round? No? Refer /Vitreous touch distorts pupil, vitreous hanging out! If pupil oval have a good look. Look for a strand of vitreous. Yag to cut strand as could be pulling on retina

CMO – mainly seen when using OCT – VA worse -Look with Volk may or may not see it. Refer EMERGENCY as needs steroids. CMO will resolve 6/52. If problems beyond this there will be permeant damage

Retinal Detachment Rare – Refer

Steroids responder. If IOPs high-stop drops. Check after 2/52. If still high refer to HES Urgent

Vitreous in AC refer to let Ophthalmologist decide if needs to deal with this

Rare to see low grade chronic bacterial endophthalmitis but EMERGENCY

Persistent post op iritis – why not settled? residual from phaco? Refer

REFER

Chronic allergy – stop drops see GP for Hydrocortisone cream

If eye uncomfy may need more maxidex (or Dexamthasone/Chloramphenicol if Broomfield px) – or if run out drops – get GP to prescribe

After refraction, if intolerable anisometropia then refer for second eye if not already listed

If lid laxity already then surgery may tip over edge and get Entropion – Refer If Necessary

A Suture? Means wound didn't heal or problems during surgery – refer – don't refract till removed

SPK – Post Op due to dry eyes caused by drops. Preservative allergy. So will need to see HES. But as we see at 4/52 unlikely- stop drops first.

If IOPS high and Iris Bulging, may be due to malposition of lens. May see lots of pigment on lens. Or vitreous in wrong place. Or retained nuclear fragments. Or pupillary block. Refer. (otherwise lens malposition can be left - especially if no symptoms and good VA.

TASS Toxic anterior segment syndrome – Non - infectious – Thought to be related to a reaction to instruments or contamination from less well cleaned instruments.

Central corneal oedema may or may not settle. Nothing will be done for 3 months. Maybe due to endothelial dystrophy, so will need graft. HES

MONITOR

Circumcorneal injection more concern – look for more signs

Irregular astigmatism with oedema around wound and ok otherwise. Don't refract, see after another couple of weeks.

Damage to Iris may be seen – OK to leave as Ophthalmologist will know.

If capsule opacification then HES won't laser for 3/12 as there is increased risk of CMO

Post Cataract Surgery accelerates dub retinopathy. May be different to what eyes were pre-op

Risk of allergy to anti-biotics is usually within first week. Unlikely to see at post op check.

If they are off dry eye meds then inform px they may need to use them again post-surgery

Striate keratopathy usually clear with time with sodium chloride

ALWAYS REFER IN THE BEST INTERESTS OF THE PATIENT TAKING INTO ACCOUNT SIGNS AND SYMPTOMS YOU SEE AT EACH VISIT

"For those who would like more information on Post Operative Cataract Complications, AOP members may want to log in to their accounts and read this article: https://www.aop.org.uk/ot/CET/2017/07/19/postoperative-cataract-guidance/article "