

<b>Policy title</b>	<b>Cataract surgery v2.0</b>
<b>Policy position</b>	<b>Criteria Based Access</b>
<b>Date of Forum recommendation</b>	<b>February 2021</b>

Cataracts are a common condition of later life affecting the lens of the eye. If left untreated, they can cause a gradual loss of clarity of vision, which can have a large impact on the quality of life of many elderly people. Currently the only effective treatment is surgery.

The aims of cataract surgery are to improve visual acuity (VA) and to improve the vision-related quality of the patient's life. A best corrected VA of 6/12 or better [Snellen test], [0.30 LogMAR test] in the worse eye normally allows a patient to function without significant visual difficulties.

**Referral of patients with cataracts for surgical assessment should be based on the following indications;**

1. The patient has sufficient cataract to account for the visual symptoms.

**AND**

2. The patient's reduced visual acuity in the worst eye is impairing their ability to carry out activities of daily living (such as a greater risk of falls, issues with mobility, ability to communicate or lip read) and will be improved by surgery.

**OR**

3. The patient has bilateral cataracts, neither of which fulfils the threshold for surgery, but which together reduce binocular vision below the DVLA standard for driving of 6/12.

**OR**

4. Patients with diabetes in whom the removal of cataract is considered necessary to facilitate effective digital retinal photography, or according to clinical judgment for management of glaucoma.

For all indications: The patient needs to be is willing to have cataract surgery. The referring optometrist or GP has discussed the risks and benefits, using an approved information leaflet (national or locally agreed), and ensured the patient understands and is willing to undergo surgery before referring.

## **Second eye surgery in patients with bilateral cataracts**

Second eye surgery will be funded if the criteria above are met again. This should be assessed not earlier than the post-operative review following surgery on the first eye. This policy does not extend to cataract removal incidental to the management of other eye conditions.

## **For patients at significant risk of falls**

If there are concerns about a patients' risk of falls, they should be screened for their falls risk as per local pathways. If a patient is deemed to be at significant risk of falls, and visual impairment due to cataract is deemed to be a contributor to this risk by the specialist team criteria points 1 and 2 will apply.

## **Intraocular lenses for cataract surgery (IOL)**

Monofocal IOLs are the current standard IOL design used for cataract surgery in the NHS. Toric Intraocular Lenses for astigmatism correction in patients undergoing cataract surgery is not normally funded by CCGs. This is due to a lack of quality evidence regarding the long term clinical effectiveness of this procedure. NHSE commissions other services for astigmatism and refractive errors that are effective, safe and cost-effective, such as wearing glasses or contact lenses.

### References:

NICE NG77 (2017) Cataracts in adults: management

The Royal College of Ophthalmologists Commissioning Guide: Cataract Surgery February (2015)

### NOTE:

This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.

### **Clinical coding:**

Relevant OPCS codes

H25.- Senile cataract

C75.1 Insertion of prosthetic replacement for lens NEC

C75.4 Insertion of prosthetic replacement for lens using suture fixation

C712 Phacoemulsification of lens

These codes would be present in a secondary position to insertion codes:

C71.- Extracapsular extraction of lens

C72.- Intracapsular extraction of lens

C73.- Incision of capsule of lens

C74.- Other extraction of lens

Key words: Cataract, lens replacement surgery, glaucoma, intra ocular lens

<b>Policy update record</b>	
August 2020 BHPF v1.1	Beds and Hearts Priorities Forum update.
December 2020 BLMK CCCF v1.2	Minor wording amendment to add lip reading to impact on ADL and addition of glaucoma to criteria.
February 2021 BLMK CCCF v2.0	Clarification of wording to remove 'lifestyle' in place of ADL.