# Cataracts



## Definition

Cataracts are an opacity of the lens sufficient to cause visual impairment.

## Policy

This policy covers direct referral for cataract surgery by optometrists and referral by GPs.

**Referrals for cataract surgery will be funded for patients whose visual impairment is attributable to cataract and who, after correction (eg with glasses or other adjustments), have:**

- **visual acuity of 6/12 or worse in the worst eye;[i, ii]**

**OR**

- **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;[iii]**

**OR**

- **a significant optical imbalance (anisometropia or anisekonia) affecting activities of daily living that can only be corrected with cataract surgery;**

**AND**

- **who are willing to undergo cataract surgery.**

Cataract surgery/lens extraction should not normally be performed solely for the purpose of correcting longstanding pre-existing myopia or hypermetropia.

The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely functional benefit from surgery must be documented in the CCG referral proforma and referrals without this information should be returned.[iv]

Providers will audit their indications for and outcomes of cataract surgery and justify them to commissioners.

**Smoking**
Patients who smoke should have attempted to stop smoking 8 to 12 weeks before the operation to reduce the risk of surgery and the risk of post-surgery complications. Patients should be routinely offered referral to smoking cessation services to reduce these surgical risks.

**Notes:**

[i] A cataract with a best corrected visual acuity (BCVA) of 6/12 [Snellen] 0.30 [LogMAR] or worse is defined as a "visually impairing cataract" (North London Eye study, cited in Royal College of Ophthalmologists 2010, 3:2).

[ii] It is expected that patients who have BCVA better than 6/12 in the worst eye, and who report substantial visual impairment, such as glare, anisometropia or anisekonia, will be advised, as part of their optometric or GP consultation, on suitable adjustments (for example by an updated prescription and/or by using tinted glasses/lenses, or shading the eyes from strong sunlight).

[iii] It is accepted that there may be some patients with BCVA better than 6/12 in the worst eye who are drivers and who are unable, despite updated glasses, contact lenses or other adjustments, to meet the DVLA standard.

[iv] For patients who do not meet the policy threshold, treatment is considered of low priority and will only be commissioned by the NHS on an exceptional case basis, and optometrists or GPs need to apply to the Exceptional and Individual Funding Request Panel for approval of funding.

## Rationale

A best corrected visual acuity (BCVA) of better than 6/12 [Snellen], 0.30 [LogMAR] in the worst eye normally allows a patient to function without significant visual difficulties. In population studies using BCVA as an indicator of morbidity, BCVA better than 6/12 is not considered a visually impairing cataract. As DH policy is for CCGs to set a visual acuity threshold, direct referral for cataract surgery will therefore not be commissioned for patients with a best corrected visual acuity better than 6/12 in the worst eye. This applies to both first and second eye surgery. The rate at which cataracts progress is unpredictable. Risk factors for progression, in particular smoking, are important to advise the patient about. Control of underlying disease, in particular diabetes, is also important.

## OPCS Codes

C710-C759. ICD10 codes H25, H26

## References


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## Glossary

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| **Anisometropia:** | Difference in lens strength between the two eyes. |
| **Anisekonia:** | Differences between the image in one eye and the other. |
| **Hypermetropia:** | Long sightedness. |
| **Myopia:** | Short sighted or near sighted. |

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| **Policy effective from/ developed:** | Reviewed policy endorsed by CCG Governing Body and effective from 6 May 2014<br>Reviewed policy approved by SCPG on 27 March 2014<br>Reviewed policy approved by CPF on 7 March 2014<br>Policy adopted by CCG 1 April 2013 |
| **Policy to be reviewed:** | May 2016 |
| **Reference:** | *R:\CPF Pols & working Area\Surg Threshold Pols - Draft and Agreed\CCG Policies\Cataracts\Agreed\ V6 CATARACTS MAY 2014* |