

Note: This surgical threshold policy was adopted by Cambridgeshire PCT Board on 7 February 2007. Peterborough PCT will consider adoption of the policy at the Professional Executive Committee meeting scheduled for 21 March 2007.

Cataracts

Definition

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

Policy

The decision on whether cataract surgery is likely to benefit a patient is ultimately a matter for the patient and their professional advisors, particularly the operating surgeon.

The current commonly used objective measurements of visual acuity do not always accurately reflect a patient's degree of visual disability.

The level of visual acuity that an individual patient requires to function without altering their lifestyle is very variable.

A visual acuity of better than 6/12 [Snellen], 0.30 [LogMAR] in the worse eye normally allows a patient to function without significant visual difficulties.

Cataract surgery should, therefore, not normally be offered to patients with a visual acuity of better than 6/12 in the worst eye. This applies to both first and second eye surgery.

Patients with the following symptoms or clinical conditions may benefit from cataract surgery when their visual acuity in the worse eye is better than 6/12. This list is not exhaustive:

1. Patients experiencing significant glare and dazzle in daylight or difficulties with night vision when these symptoms are due to lens opacities. This indication applies particularly, but not exclusively to driving.
2. Patients requiring particularly good vision for employment purposes.
3. Difficulty with reading due to lens opacities.
4. Significant optical imbalance (anisometropia or anisekonia) following cataract surgery on the first eye.
5. Management of coexisting other eye conditions.
6. Refractive error primarily due to cataract.

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 benefit from surgery must be documented in the clinical records.

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

Numbers of People Affected

Procedure Numbers by Locality 2005-06 (65+ age group)

Cataracts	
Locality	No
Cambridge City	516
East Cambridgeshire and Fenland	1,272
Huntingdonshire	875
North Peterborough	602
South Cambridgeshire	516
South Peterborough	499

References

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<http://www.jr2.ox.ac.uk/bandolier/band57/b57-4.html>
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3. Busbee B G, Brown M M, Brown G C, Sharma S. Cost-utility analysis of cataract surgery in the second eye. *Ophthalmology*, 2003;110(12):2310-2317.
4. <http://nhscrd.york.ac.uk/online/nhseed/20040008.htm>
5. NHS Executive, Action on Cataracts, Good Practice Guidance, January 2000.
6. Black's Medical Dictionary. 40th Edition. A&C Black. London 2002.

Glossary⁶

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

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Policy effective from/ developed:	February 2007 (Approved by Cambs PCT Board - 7 February 2007) (Approved by Pboro PCT PEC - ???)
Policy to be reviewed:	February 2008
Reference:	PHN/administration/clinpriorities/surgicalthresholdpoliciesandinfo/cataracts/ CATARACTS THRSILD - FEB07