

Cataracts SCORING GUIDANCE

PART 1a – First Eye Cataract Surgery

VA Scores (per eye)

VA 6/6=0

VA 6/9=1

VA 6/12=2

VA 6/18 & below=7

Lifestyle Scoring – Please Circle Score as Appropriate	Yes	No
Any difficulties for patient with mobility (including aspect of travel e.g. driving, using public transport)	2	0
Is the patient affected by glare in sunlight or night (car headlights?)	1	0
Is patient's vision affecting their ability to carry out daily tasks?	2	0

TOTAL ASSESSMENT SCORE (VA AND LIFESTYLE SCORE)

A patient must have a total assessment score of 7 or over to meet the Threshold for first eye surgery. If clinician considers need for referral/ treatment on clinical grounds outside these criteria, please refer to BCCGs Individual Funding Request (IFR) policy for further information.

PART 2 – Second Eye Surgery

For second eye surgery

If vision in the first operated eye is better than 6/10 (0.20 logMAR) corrected postoperatively then the patient will need to have sufficient cataract to cause blurred or dim vision with a monocular distance acuity of 6/18 (0.40 logMAR) or worse in the second eye to qualify for cataract surgery. If vision in the first eye does not correct to better than 6/10 then second eye cataract surgery can be offered only if the binocular corrected vision is 6/10 or worse or the second eye vision is monocularly worse than 6/18 corrected.

Part 3 – Exception Criteria

The only exceptions to the referral criteria are as follows:

Anisometropia (a large refractive difference between the two eyes, on average about 3 dioptres), which would result in poor binocular vision or disabling diplopia which may increase the risk of falls.

Angle closure glaucoma including creeping angle closure and phacomorphic glaucoma

Diabetic and other retinopathies including retinal vein occlusion and age related macular degeneration where the cataract is becoming dense enough to potentially hinder management.

Oculoplastics disorders where fellow eye requires closure as part of eye lid reconstruction or where further surgery on the ipsilateral eye will increase the risks of cataract surgery

Corneal disease where early cataract removal would reduce the chance of losing corneal clarity (e.g. Fuch's corneal dystrophy or after keratoplasty)

Corneal or conjunctival disease where delays might increase the risk of complications (e.g. cicatrising conjunctivitis)

Other glaucoma's (including open-angle glaucoma), inflammatory eye disease or medical retina disease where allowing a cataract to develop would hamper clinical decision making or investigations such as OCT, visual fields or fundus fluorescein angiography

Neuro-ophthalmological conditions where cataract hampers monitoring of disease (e.g. visual field changes)

Post vitrectomy cataracts which hinder the retinal view or result in a rapidly progressing myopia.