
Clinical Policy Committee

Commissioning policy: Cataract Surgery

Before a referral is made, the referrer must confirm that:

- a) The patient understands that the purpose of referral is for assessment for surgery.
- b) The patient wishes to have surgery if it is offered.
- c) The patient meets the criteria for cataract surgery.

Cataract surgery will be routinely commissioned only in the following circumstances:

There is sufficient cataract in the eye proposed for surgery to account for the patient's visual symptoms AND one or more of the following criteria apply:

- Best corrected visual acuity of 6/12 or worse in the affected eye AND the patient experiences one or more of the following due to subjective loss of visual performance:
 - Difficulty in accomplishing everyday tasks.
 - Reduced mobility, visual problems when driving or experiencing difficulty with steps or uneven ground.
 - Ability to work, act as a carer or live independently is affected.
- Patients who experience disabling problems with glare and a reduction in acuity in daylight or bright conditions or reduced contrast sensitivity.
- The patient has a best corrected visual acuity of better than 6/12 in the affected eye but they are working in an occupation in which visual acuity better than 6/12 is essential to their ability to continue to work.
- Where there is anisometropia following cataract surgery with a refractive difference between the two eyes of at least +/- 2.0 dioptres resulting in poor binocular vision or diplopia.
- Patients with rapidly progressive myopia.

Cataract surgery is also routinely commissioned under the following circumstances:

- Patients with glaucoma who require cataract surgery to control intra-ocular pressure.
- Patients with glaucoma who have undergone a trabeculectomy.
- Patients who have undergone a vitrectomy.
- Patients with diabetes in whom removal of the cataract is necessary to facilitate effective screening for diabetic retinopathy.

Rationale for the decision

A cataract is an opacity (misting or clouding) of the lens within the eye. It is the most common ocular disease and the main cause of visual impairment. The most common cause of cataract is increasing age. Age-related cataracts are generally progressive although during the early stages of cataract development there may be minimal changes to an individual's visual function. The main symptoms of cataract are reduced or blurred vision, increased problems associated with glare or low-contrast conditions and sometimes refractive change resulting in more frequent updates in prescriptions for glasses. The symptoms depend on the location and size of the cataract and whether cataracts are present in one or both eyes.

Surgical removal of the cataract is the only effective treatment available to restore or maintain vision. Cataract surgery involves removing the cloudy lens from the eye, followed by insertion of a plastic or silicone lens in its place. The benefits of cataract surgery are well established. Complications from surgery can occur and in most cases can be treated effectively.

Cataract surgery is not commissioned until the cataract causes visual impairment which results in difficulties in everyday life. Visual acuity is the most common measurement of visual function. However, some cataracts cause visual symptoms such as glare despite maintaining good visual acuity. Cataract is usually a bilateral condition, although there may be a significant difference in the degree of cataract present at a single time point. Evidence from randomised controlled trials indicates that benefits from cataract surgery include improvements in visual acuity, contrast sensitivity and stereopsis (depth perception). Vitrectomy and trabeculectomy are procedures associated with a high rate of cataract formation. It is important that surgery is conducted at the optimum time for these patients. First eye and second eye cataract surgery is considered good value for money under the criteria stipulated in this policy.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the CCG upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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