

# HealthHarmonie Limited Post-Operative Cataract Services Guide

2017



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## Introduction

This document is a guide for the delivery of Post-Operative Cataract services within the Community. Guidance is based on information from the Royal College of Ophthalmologists.

Following day case cataract surgery at the Treatment centre the patient is discharged with appropriate instructions and medication. The treatment centre will carry out post operative follow-up as per that centre's internal protocols (some follow up at 24 hrs, others at 1 week).

If the patient experiences a red or painful eye in the weeks following the operation they are instructed to seek help immediately from the treatment centre.

If all is well the patient will be instructed to visit the referring optometrist after 4 weeks for the final post-op examination and GOS refraction.

## Required Equipment

Optometrists should have suitable core competencies for the delivery of this service and should have access to the following equipment:

- Slit lamp
- Fundus viewing lens (e.g. Volk)
- Tonometer
- Distance test chart (Snellen/logmar)
- Near test type
- Appropriate ophthalmic drugs for pupil dilation

## Clinical assessment

The service will not receive post-operative patients who have any other ocular comorbidities. These patients will remain in the care of the hospital eye services. We will also not receive post-operative patients who had surgical complications as these should again be monitored within the Hospital.

Patient will be provided with an appointment 4 weeks after their cataract surgery. Post-operative examination and refraction should be undertaken at this time.

You should undertake:

1. Slit lamp examination of the anterior eye
2. Dilation and Volk fundus examination
3. IOP measurement
4. Discussion of the patient's satisfaction with the outcome of surgery
5. A record of vision and visual acuity and determination of prescription required for any residual refractive error

## Post-operative complications

Optometrists should be aware of the following post-operative complications:

- Corneal oedema
- Wound leak
- Capsule Tear
- Post-operative uveitis

- Secondary raised IOP (steroid response or otherwise)
- Displaced implant
- Cystoid Macular Oedema
- Endophthalmitis
- Retinal Detachment
- Refractive surprise
- Vein occlusion

## Outcomes

1. If the patient is happy, the eye is white and vision is good the optometrist will:
  1. Complete the report form and send copies to the treatment centre and GP
  2. Refer to the treatment centre for second eye op if appropriate
  3. Discharge the patient and advise on the interval before next routine GOS ST
2. If there any signs of post-operative complications the optometrist will refer back to the treatment centre with the appropriate urgency

**This document is intended as a guide for optometrists, clinical judgement should be made as per each individual case with the patient's safety and best interests in mind.**

## Contacting HealthHarmonie

When sending patient information to HealthHarmonie, please use the following NHS email account.

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## Information for Optometrist's

General information for the examining Optometrist to pass to patients should these complications arise

- Ecchymosis: Bruising of the eyelids as a result of the traction from the eye lid spring (speculum)
- Posterior capsule rupture and/or vitreous loss: a split in the thin back wall of the cataract which can allow communication between front and back compartments of the eye
- Post-Op Glaucoma: raised pressure in the eye for the first day or so (common). This may require temporary treatment
- Posterior Capsular Opacification: clouding of the membrane behind the implant causing blurred vision
- Cystoid Macular Oedema: inflammatory fluid in the centre of the retina. This is commonly mild and needs no treatment. It can be severe and may require prolonged treatment
- Refractive Surprise: unexpectedly large need for glasses or different from expected prescription
- Allergy: to drops given after the operation, causing an itchy swollen eye until the drops are stopped or changed
- Dropped nucleus: part or all of the cataract falls through a posterior capsule rupture into the back of the eye, needing another operation to remove it
- Suprachoroidal haemorrhage: bleeding inside the eye which may require the operation to be completed on another day
- Corneal decompensation: clouding of the normally clear front window of the eye
- Detached retina: peeling off the seeing layer of cells within the eye
- Endophthalmitis: severe, usually painful, infection inside the eye
- Dislocation of the lens: movement out of position of the lens implant

Important for the examining clinician to be familiar with the above. Thorough history and symptoms is usually the key. Excellent slit-lamp biomicroscopy is vital.

**Pathway**



**Community Cataract Post Op Pathway**



