

Cataract

Clinical Care Standard

What is cataract?

Cataract is a condition where the lens of the eye becomes cloudy. It is common as people get older. Surgery involves replacing the natural lens with an artificial one. It is usually considered when it is hard for you to see well enough to carry out your everyday activities, even with glasses.

What is the Cataract Clinical Care Standard?

The Cataract Clinical Care Standard contains eight quality statements describing the care that you should be offered if you have cataract and when you are considering surgery.

This fact sheet explains each quality statement and what it means for you. You can use this information to help you make informed decisions in partnership with your clinicians.

1 Primary care assessment and referral



What the standard says

A patient with visual problems and suspected cataract has an initial assessment in primary care of their visual impairment, vision-related activity limitations, comorbidities and willingness to have surgery. When referral is appropriate based on these criteria, the patient is referred for consideration for cataract surgery, and this information is included in the referral form.

What this means for you

Cataract is a common eye problem as people get older. General practitioners (GPs), Aboriginal health practitioners, optometrists and orthoptists are all primary care clinicians who may be your first point of contact for eye problems.

Cataract may be found as part of a routine eye test or because you are having trouble with your vision. Vision tests and an eye examination can identify whether you have cataract. These tests can be carried out by an optometrist or orthoptist, or by a specialist eye doctor (ophthalmologist). If you do have cataract, it is important for your clinician to understand how your visual problems are affecting your life, including the sorts of things that you can no longer do.

If cataract is not affecting your ability to carry out your usual activities, you may not need to consider surgery yet. Prescription glasses, or other equipment or aids might be worth considering – your optometrist, GP or low-vision service provider can advise you about the services available.

If cataract surgery is a suitable option for you and you are willing to consider surgery, your clinician can refer you to a specialist eye doctor for further assessment and to discuss possible surgery. Some specialist eye clinics will ask for specific information in your referral before they offer you an appointment. This might include eye test results from an optometrist, and information about other medical conditions and treatments from your GP or another clinician.

2 Patient information and shared decision making



What the standard says

A patient with suspected or confirmed cataract receives information to support shared decision making. Information is provided in a way that meets the patient's needs, and is easy to use and understand. The patient is given the opportunity to discuss the likely benefits and potential harms of the available options, as well as their needs and preferences.

What this means for you

Your clinician will talk to you about cataract and its treatment in a way that you can understand, and is respectful of your cultural needs and individual situation. Written information will be presented in a format that is easy for you to use. You will be informed about the available options, including their expected benefits and possible adverse outcomes – these might include unsatisfactory changes in your vision and more serious complications. You will be asked about the effect that vision problems are having on your life, and have the opportunity to discuss the advantages and potential disadvantages of surgery for your individual circumstances. Other options, including visual aids and watchful waiting, should also be discussed.

3 Access to ophthalmology assessment



What the standard says

A patient who has been referred for consideration for cataract surgery is prioritised for ophthalmology assessment according to clinical need, based on a locally approved protocol and following receipt of a detailed referral.

What this means for you

When you are referred to a specialist eye doctor, you will usually be given the next available appointment. However, some clinicians or health services may use the information in your referral to decide when you receive an appointment. This means that people with more urgent needs may be seen more quickly. If you are referred to a health service or specialist eye doctor using this type of system, they will check the information in your referral to decide when you will receive an appointment. If key information is missing from your referral, they will ask you or the referring clinician to provide the missing details. If you are not ready for surgery, an optometrist may be able to suggest ways for you to manage your eye problems.

If your eyesight worsens or other circumstances change while you are waiting for an appointment, get in contact with the clinician who referred you and let them know.

4 Indications for cataract surgery



What the standard says

A patient is offered cataract surgery when they have a lens opacity that limits their vision-related activities and causes clinically significant visual impairment involving reduced best corrected visual acuity, disabling glare or contrast sensitivity.

What this means for you

Cataract surgery is usually recommended when you have trouble seeing well enough to carry out your normal daily activities. As part of your assessment, your clinician may test how clearly you can read an eye chart (visual acuity). They will also take into account other visual problems, including any difficulty you have seeing in bright or dim light.

You will be asked about how your eye problems affect your daily activities. What this means may differ from person to person. Daily activities include working, driving and reading, as well as your ability to live independently and safely with your visual problems (for example, whether you are at risk of falls). The clinician may ask you to complete a questionnaire.

The likely benefits and possible harms of surgery might depend on whether you have any other health conditions, including other eye problems. Your clinician will consider these factors when discussing the possibility of cataract surgery with you, and will let you know if you have a condition that means that surgery is not recommended or there is a higher risk of complications.

Sometimes cataract surgery is recommended for medical reasons rather than for improving vision. This includes surgery for people who need regular check-ups of the retina (back of the eye) but the retina cannot be seen because of the cataract.

5 Prioritisation for cataract surgery



What the standard says

A patient is prioritised for cataract surgery according to clinical need. Prioritisation protocols take into account the severity of the patient's visual impairment and vision-related activity limitations, the potential harms of delayed surgery, any relevant comorbidity and the expected benefits of surgery.

What this means for you

If you and your eye surgeon agree that you are likely to benefit from cataract surgery, and you agree to have surgery, this will be arranged.

Where there is a high need for services, you will be put on a waiting list for surgery. Most hospitals use a system that makes sure that patients with the greatest need for surgery are scheduled for cataract surgery first. This means that the severity of your vision problems and their impact on your life should be taken into account. For example, poor eyesight can affect your ability to work, drive, cook, read and write, or your ability to care for yourself or others. Your clinicians will also consider any other health conditions you have and your risk of falls. Some health conditions may make it more urgent for you to have cataract surgery, while others could mean that surgery is less likely to help you.

Let your GP, optometrist or eye specialist know if your vision worsens or other circumstances change while you are on a waiting list for cataract surgery.

6 Second-eye surgery



What the standard says

Options for a patient with bilateral cataract are discussed when the decision about first-eye surgery is being made. Second-eye surgery is offered using similar criteria as for the first eye, but the potential benefits and harms of a delay in second-eye surgery are also considered, leading to a shared decision about second-eye surgery and its timing.

What this means for you

If you have cataract in both eyes, your eye surgeon will discuss whether you would benefit from having surgery in both eyes. For many people, having cataract surgery in one eye is enough to improve vision. If your eye surgeon thinks you may need operations on both eyes, the options include:

- Having surgery on the second eye weeks or months after the first eye has recovered from surgery
- Having surgery on the second eye on the same day as the first eye or the day afterwards.

The option most suitable for you will depend on a number of factors. Some of the factors you should take into account include:

- How your overall vision is expected to change after surgery in the first eye – if one eye is very different from the other (for example, much more short-sighted), it may be hard to see
- The risks of an infection or another complication. Although the risk of complications is small, having complications in both eyes could be very serious. If you are at high risk of complications or have other eye problems, having operations on both eyes at the same time may not be recommended
- Your general health, any other eye problems, and your personal circumstances and preferences.

Discussing these issues with your eye surgeon, and understanding the potential harms and benefits will help you decide if and when you want to arrange surgery for your second eye, and how to go about doing so.

7 Preventive eye medicines



What the standard says

A patient receives an intracameral antibiotic injection at the time of cataract surgery, in preference to postoperative topical antibiotics and according to evidence-based guidelines. After surgery, a patient receives anti-inflammatory eye drops when indicated.

What this means for you

Antibiotics are used in cataract surgery to prevent eye infections (called endophthalmitis). Although these infections are very rare, they can be very serious. Injecting an antibiotic into the eye during surgery is one of several things your eye surgeon will do to prevent infection. This is called an intracameral antibiotic. Antibiotic eye drops after surgery are usually not necessary if you have an injection.

Another type of eye drop (anti-inflammatory eye drops) may be used to reduce the risk of serious inflammation or swelling in the eyes. If your eye surgeon wants you to use anti-inflammatory eye drops, they will discuss this with you and explain how to use the eye drops. With any eye drops, follow the dosing instructions carefully and only use them as long as you need to, to avoid using more than necessary.

8 Postoperative care



What the standard says

A patient receives postoperative care that ensures the early detection and treatment of complications of cataract surgery, and the patient's visual rehabilitation. Postoperative care is provided by the operating ophthalmologist or a designated team member. The patient is informed of the arrangements for postoperative care.

What this means for you

Your eye surgeon (and members of the eye team) will see you regularly while you recover from cataract surgery, until your eyes have fully recovered from the surgery. Usually, this will mean a check-up in the first 48 hours and again 2–4 weeks after surgery. They will look at your eye to check how well it is healing and how well you can see. They will provide information about:

- What you can expect while your eye is healing
- How to look after your eye while it is healing, including any eye drops needed
- When to have your eyes checked after the operation so that any problems can be treated early, even though the risk of complications after surgery is usually low
- When to get new glasses, if this applies to you.

It is important that you know who to contact if you have any concerns or questions, or if your vision changes unexpectedly. If you have cataract in your non-operated eye, your eye surgeon will talk to you about your options for future surgery, usually based on the recovery of your operated eye.

Disclaimer

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

More information

Vision Australia provides support and advice for people with low vision

- Call 1300 84 74 66 or email info@visionaustralia.org
- www.visionaustralia.org/information/eye-conditions/cataracts

Information for people with cataract and macular degeneration

- www.mdfoundation.com.au/content/cataracts-and-macular-degeneration