

Cataract

Clinical Care Standard – Clinician Fact Sheet

Quality Statement 1: Primary care assessment and referral

A patient with visual problems and suspected cataract has an initial assessment in primary care of their visual impairment, vision-related activity limitations, co morbidities 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.

Quality Statement 2: Patient information and shared decision making

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.

Quality Statement 3: Access to ophthalmology assessment

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.

Quality Statement 4: Indications for cataract surgery

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 visual acuity of 6/12 or worse, or disabling glare or contrast sensitivity.

Quality Statement 5: Prioritisation for cataract surgery

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 co-morbidity and the expected benefits of surgery.

Quality Statement 6: Second-eye surgery

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.

Quality Statement 7: Preventive eye medicines

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

Quality Statement 8: Postoperative care

A patient receives postoperative care that ensures the early detection and treatment of complications of cataract surgery and the patient's complete 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.

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.

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