



Essential Cataract Surgery Information for Co-Managing Optometrists

An Extension of Your Optometrical Care

- Direct referral – see “*Essential Co-Management Information for Referring Optometrists.pdf*” (download from <http://www.baysidehealth.org.au/ophthalmology/>)”
- Streamlined service
- Coordinated pre / peri / post operative care
- Expert and accountable surgical care
- Supported post operative care by community co-managing optometrists

Preoperative Referral and assessment

- Specific Referral Form – download from [www.alfred...](http://www.alfred.org.au)
- Preoperative assessment
 - Confirm Referring Optom’s Findings
 - Exclude other Pathology
 - Estimate post-op visual prognosis
 - Prioritise Px on cataract surgery list
- Weekly designated Pre Op Clinic, staggered appointment times
- Streamlined admission process, prioritisation for surgery categories 1-5
- Short waiting periods, post-op overnight accommodation available for regional patients (info Ph 9076 0224)

Cataract Surgery

- Day surgery
- Paperless Admission Process
- Staggered admissions
- Capacity for unplanned admissions
- All day theatre lists Mon & Tue

Surgical Team

- Anaesthetist present
- Consultant / Senior registrar in charge
- Teaching Hospital - Auditing and Peer review processes

Anaesthesia

Peribulbar injection

- Injection of drugs through the skin and conjunctiva surrounding the eyeball
- Provides anaesthesia and akinesia
- some sedation required

Retrobulbar injection

- injection behind the eyeball into the muscle cone
- Provides anaesthesia and akinesia
- some sedation required

Phakoemulsification Posterior Chamber Intra-Ocular Lens Cataract Surgery (PKE/PCIOL)

Order of procedures

A clear view

3.0 mm corneal incision

Viscoelastic into AC

Continuous curvilinear capsulorexis

Side port incision

Hydro section

Phakoemulsification

PKE Grooving

Cracking into Quadrants

Removal of Quadrants

Nucleus removed & residual Cortex

IA Removal of Cortex

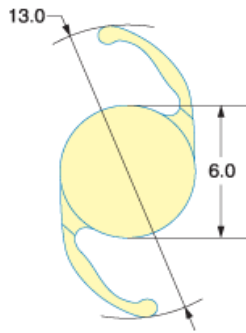
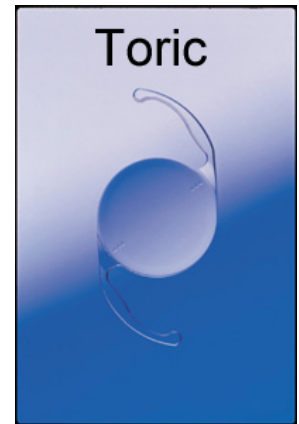
Empty Bag

Introduce folded IOL - 6mm Optic

IOL in place

Removal of visco

Subconjunctival injection



Post Operative Care

Day 1 Post Op – at Alfred Ophthalmology Clinic

- Patch Removed, Vision & Pin Hole Acuity, Slit Lamp Examination
- Rx of Topical Meds – *Chloramphenicol* & *Prednefrin Forte* both q.i.d.
- Advice on use of meds and post-op restrictions – no rubbing, bending or water in eye

Day 7 Post Op – at Alfred Ophthalmology Clinic¹

- Uncomplicated² Px seen by Alfred Optometrist
- Vision & Pin Hole Acuity, Slit Lamp Exam, Tonometry
- If NAD, *Chloramphenicol* stopped, *Prednefrin Forte* tapered³ (t.i.d. 1/52; b.i.d. 1/52)
- If possible appointment is made with co-managing community optometrist to perform 21 day post-op aftercare and report findings back by fax to the Alfred (see <http://www.baysidehealth.org.au/ophthalmology/> for report form)
- If co-management cannot be arranged Px will return to Alfred for 21 day post op aftercare

Day 21 Post Op Aftercare – Community Co-Managing Optometrist

- Appointments made by phone at the 7 day post Op visit - Px then presents with
 - 1) letter to Optom listing eye, date of surgery, unaided and pin hole acuities and
 - 2) Cataract Aftercare Report Form (copies downloadable from <http://www.baysidehealth.org.au/ophthalmology/>)
- Perform 21 Day Post Op aftercare examination as per report form, fax to Alfred on **Fax 9076 2709**
- *Medicare* billing of Aftercare – see “*Medicare Billing for Cataract Co-Management by Optometrists*” (Downloadable from <http://www.baysidehealth.org.au/ophthalmology/>)

Post Cataract Surgery Complications & Co-Managing Optom's Responsibilities

If findings routine

- Advice to Px
- 1) discontinue topical *Prednefrin Forte* (& *Chloramphenicol* if still applying)
 - 2) update spectacles as required
 - 3) schedule recall for continuing primary optometrical eyecare
 - 4) fill out aftercare report form and **Fax to 9076 2709**

¹ For regional Px the 7 day post op aftercare may be performed by the co-managing optometrist

² No ocular co-morbidities or diabetes

³ Pxs may be given different dosing instructions.

Unexpected Findings – see following table :

<i>Signs Requiring Immediate Px return to Alfred Hospital</i>	<i>Considerations</i>
Poor vision	Pxs may report “vision getting worse”. Loss = BCVA with refraction <u>more</u> than one line worse than pin hole acuity at Day 7. May perform DFE using BIO and/or Slit Lamp & Fundus lenses - check for Cystoid Macula Oedema /other causes - immediately before returning Px to Alfred
Severe &/or Persistent Pain	FB sensation post op very common, topical meds and their preservatives cause SPK & ocular irritation. Probe Px on pain type/location/duration etc.
Raised IOP (≥ 28 mmHg)	Represents new finding since aftercare for cataract Px with glaucoma or any other visual co-morbidities will not be co-managed.
Swollen lids Conjunctival Chemosis	Associated with corneal and/or anterior chamber reaction
Hypopyon Loss of red reflex	Endophthalmitis – medical emergency!
<p>(a more comprehensive listing of post op complications can be found in the right hand column of “ <i>Optometrist Cataract Aftercare Report.pdf</i>” downloadable from http://www.baysidehealth.org.au/ophthalmology/)</p> <p>*** For Urgent advice on findings Ph 9076 2000 and ask for Eye Registrar *** *** For Urgent return of Px to Alfred Hospital Ph 9076 2000 ***</p>	

Register with the Alfred as a Community Cataract Co-Management Optometrist?

To register with the Alfred for cataract after care co-management go to the Alfred Ophthalmology web page at <http://www.baysidehealth.org.au/ophthalmology/> and download “*Community Optometrist Cataract Aftercare Agreement.pdf*” and follow the instructions.

Any Queries on Co-Management...

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