



Appendix 1: Overview of the Patient Pathway

Patient with Suspected Cataracts

Patient visits primary care practitioner or optometrist for assessment

Provide the Patient with Information

(see patient handout, currently being finalized)

Primary care practitioner or optometrist provides information tailored to the patients needs

Referral for Cataract Assessment

The decision to refer a patient to an eye care provider is based on patient/family members/caregivers discussion of decreased vision or visual symptoms

Pertinent information to include:

An exhaustive list is not included here but specific considerations impact the ease of delivering surgery:

- Allergies
- Medications
 - history of tamsulosin hydrochloride (Flomax®) use (increased risk of complicated surgery)
- Musculoskeletal disorders e.g. tremor^{1,2}, movement disorders, posturing challenges¹ or spine diseases (can cause positional difficulty being supine for surgery)
- Obstructive sleep apnea and CPAP use (anesthetic considerations)
- Psychiatric concerns
 - cognitive impairment/dementia² (may necessitate a general anaesthetic)
 - significant anxiety^{1,2} or mood disorders

Confirmation of Cataract and Rule Out Other Ocular Conditions

Appointment(s) with Surgical Team

Details of Cataract Surgery:

- which eye is being considered
- what cataract surgery involves, how long it takes and anesthetic requirements
- benefits and possible risks
- likely recovery time
- what support might be needed after surgery
- likely long-term outcomes, including the possibility of glasses for some tasks
- delay between eyes and prescription imbalance difficulties

Lens Implant Selection:

- Depends on detailed preoperative measurements and a complex discussion with the patient regarding the patient's desired goals, vision requirements and ocular exam findings. There are multiple lens choices, costs and compromises to be made with each lens choice.

Cataract Surgery

- **Anesthesia** – predominantly topical, occasionally periocular and sedation as needed, rarely general anesthesia
- **Surgical technique** – generally small-incision phacoemulsification with foldable intraocular lens (IOL) implantation
- **Intraocular lens implants** – soft foldable acrylic is standard of care
- **Perioperative topical medications** – commonly antibiotics, steroids, non-steroidal anti-inflammatories starting 1-2 days prior to surgery and continuing after surgery
- **Preventing and managing post operative complications** – see [Table 4](#) in the guideline

Postoperative Assessment

- The patient will be followed for about 6 weeks after surgery by eye care professionals
- About 6 weeks after surgery, a new spectacle correction can be finalized by an optometrist, if needed
- Primary care practitioners should be aware of 'red flags' during the post-operative period