

SPECIALITY: **Ophthalmology**

PROCEDURE(S): **Blepharoplasty**

ALOS: **Day case**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- Through individual funding review panel with photographic evidence
- Significant effect on visual fields in relaxed, non compensated state
- Recurrent infection due to drooping eyelid
- Impairment of eyelid function

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse
- Patient specific information given:
  - ° EIDO procedure specific information leaflet

#### PREPARATION FOR SURGERY

- May eat and drink as normal
- Patients do not need to stop **warfarin** or **aspirin**. INR needs to be below 3 on day of surgery. If the patient takes **warfarin** they should visit their GP practice the day before for INR check, the result of this is to be phoned to PACU.
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine eye care and protection
- Specific post surgery instructions for each patient

#### DISCHARGE CRITERIA

- Pain controlled

#### FOLLOW-UP

- Telephone contact within 24 hours

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Improved visual function
- No clinical complications

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Ophthalmology**  
 PROCEDURE(S): **Cataract removal**

ALOS: **Day case**

#### INDICATIONS

- Lens opacity causing interference with vision and adversely affecting quality of life
- Ophthalmoscopic confirmation of cataract

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Ophthalmoscopic confirmation of cataract
- GOS 18 form from optometrist

#### REFERRAL CRITERIA

- GOS 18 form received from optometrist
- Direct referral may be made from accredited optometrist

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse
- Discussion around flexible lens options
- Visual acuity performed
- Assessment of whether general anaesthetic needed if patient unable to lie flat/keep still
- Treatment of concurrent minor eye conditions may be carried out prior to cataract extraction if the surgeon considers this necessary
- Patient specific information given:
  - EIDO procedure specific information leaflet
  - Thromboembolism fact sheet
- Assessment for 2nd eye performed at 1st eye follow-up visit

#### PREPARATION FOR SURGERY

- May eat and drink as normal
- Patients do not need to stop **warfarin** or **aspirin**. INR needs to be below 3 on day of surgery. If the patient takes **warfarin** they should visit their GP practice the day before for INR check, the result of this is to be phoned to PACU.
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine eye care and protection
- Specific post-surgery instructions for each patient

#### DISCHARGE CRITERIA

- Pain controlled

#### FOLLOW-UP

- Telephone contact within 24 hours
- Appointment at 2 weeks

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Complete removal or correction of original pathology

#### ONWARD FORWARD CRITERIA

- Not anticipated

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required including post cataract eye drops
- Fitness for work certificate will be issued if appropriate

SPECIALITY: **Ophthalmology**  
 PROCEDURE(S): **Periocular procedure**

ALOS: **Day case**

#### INDICATIONS

- In line with NHS Somerset local policy relating to procedures of limited clinical value
- Periocular skin lump, meibomian cyst, ectropion, lacrimal duct syringing

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

#### REFERRAL CRITERIA

- Obstruction of vision
- Where the extent and/or size of the lesion may be regarded as disfigurement (minimum 1 cm in size)

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

#### PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse
- The procedure is usually carried out on the same day as the assessment
- Patient specific information given:
  - EIDO procedure specific information leaflet

#### PREPARATION FOR SURGERY

- May eat and drink as normal
- Patients do not need to stop **warfarin** or **aspirin**. INR needs to be below 3 on day of surgery. If the patient takes **warfarin** they should visit their GP practice the day before for INR check, the result of this is to be phoned to PACU.
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-operative instructions

#### POST-OPERATIVE CARE

- Routine eye care and protection

#### DISCHARGE CRITERIA

- Routine wound care and/or eye care and protection

#### FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

#### EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Complete removal or correction of original pathology

#### ONWARD FORWARD CRITERIA

- Fast track referral if malignant pathology suspected or confirmed

#### INFORMATION TO GPs AT DISCHARGE

- Routine letter
- Specific discharge information will be given to the patient for their post-operative management
- Medication (TTOs) will be prescribed as required
- Fitness for work certificate will be issued if appropriate

#### INFORMATION FOR GPs POST DISCHARGE

- If unexpected malignancy found on histology after discharge, SMTC will notify GP within 24 hours by telephone, fax and letter
- GP to inform / advise patient and make onward fast track referral