



Fremantle Hospital Ophthalmology: Cataract referral guideline





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Our service

Fremantle Hospital (FH) Ophthalmology Department is the referral centre for all ophthalmic conditions in the South Metropolitan Health Service (SMHS). It provides more than 13,000 outpatient clinic appointments and 1,300 ophthalmic surgical procedures to the South Metropolitan catchment area. Of this, over half of all ophthalmic surgeries are for cataracts.

Cataract is a common ophthalmic condition with varying severity and complexity. This guideline aims to provide referrers with the information required by the ophthalmology department to appropriately and transparently triage patients to provide safe, high quality clinical care.

This guideline covers:

- pre-referral considerations
- minimum indications for surgery
- standard referral requirements
- cataract referral requirements
 - essential information
 - additional information
- referral pathways
- contacts
- appendix 1 – ophthalmology referral pro-forma.

Key alert

Key information to enable doctors to triage a cataract referral appropriately includes:

- **visual acuity**
- **vision-related activity limitations.**

Please include in all cataract referrals.



Pre-referral considerations

Prior to referral to FH Ophthalmology please consider the following:

- Requesting a private ophthalmologist or optometrist review to confirm the presence of cataracts and to optimise vision with glasses where possible.
- Control co-morbidities that significantly impact both eye disease and surgical/ anesthetic risks.
- Consider vision-related activity limitations and document (see Standard referral requirements).
- If referral is from an optometrist, we advise general practitioner review if not seen within the last 12 months to manage co-morbidities.

Minimum indications for surgery

Current minimum indication for surgery is as follows, please note that times given relate to Eye Clinic review (not time to surgical date):

Clinical Priority	Goal clinic waiting time	Indication
Category 1: Urgent	30 days	Documented cataract with: <ul style="list-style-type: none">• Severe impact on activities of daily living (ADL), or• Best corrected visual acuity (BCVA) worse than 6/60 in each eye (legal blindness)
Category 2: Semi-urgent	90 days	Documented cataract with: <ul style="list-style-type: none">• Moderate impact on ADLs, or• BCVA worse than 6/60 in one eye or worse than 6/12 in each eye
Category 3: Routine	365 days	Documented cataract with: <ul style="list-style-type: none">• Some impact on ADLs, or• BCVA worse than 6/12 in either eye

If your patient does not meet the above minimum indications for surgery, however the referrer believes a specialist review is clinically required please provide sufficient clinical information explaining the concern (e.g. vision-related activity limitations, uncertain diagnosis, etc.).



Standard referral requirements

The following referral requirements are relevant to **all** ophthalmic conditions:

- Information as set out in the [Minimum standards for outpatient referrals using the Central Referral Service](#)
 - demographic information (minimum and additional) and practitioner details.
 - minimum clinical information.

Specifically:

- **Reason for referral** (e.g. establish diagnosis, treatment or intervention, advice and management, take over management, etc).
- **Relevant clinical information** (see [Health Pathways WA](#))
 - presenting symptoms and examination findings
 - previous investigations and treatment
 - relevant medical history (including ocular comorbidities / trauma / surgery, BMI, diabetes, etc.)
 - medications and allergies
 - smoking and alcohol status
 - identifies as Aboriginal and/or Torres Strait Islander.
- **Vision-related activity limitations** *** *the presence of these factors may impactn triage category****
Document impact on:
 - employment and/or education
 - falls, frailty and safety
 - activities of daily living (ADLs)
 - ability to care for others
 - driving and independence.

Cataract referral requirements

Essential information

- **Best corrected visual acuity (BCVA)**
- **Vision-related activity limitations** – impacts clinical priority (discussed above)
- Symptoms and duration
- First or second eye
- Co-morbidities
- Medications and allergies – especially prostate medications

Additional information

The following additional information is highly desirable:

- private ophthalmology review, or
- most recent optometrist report (suggest review and report included if not performed / available from last 2 years)
- if referral from optometrist, advise general practitioner review if not seen in last 12 months to manage co-morbidities.
- professional drivers with employment related VA requirements.

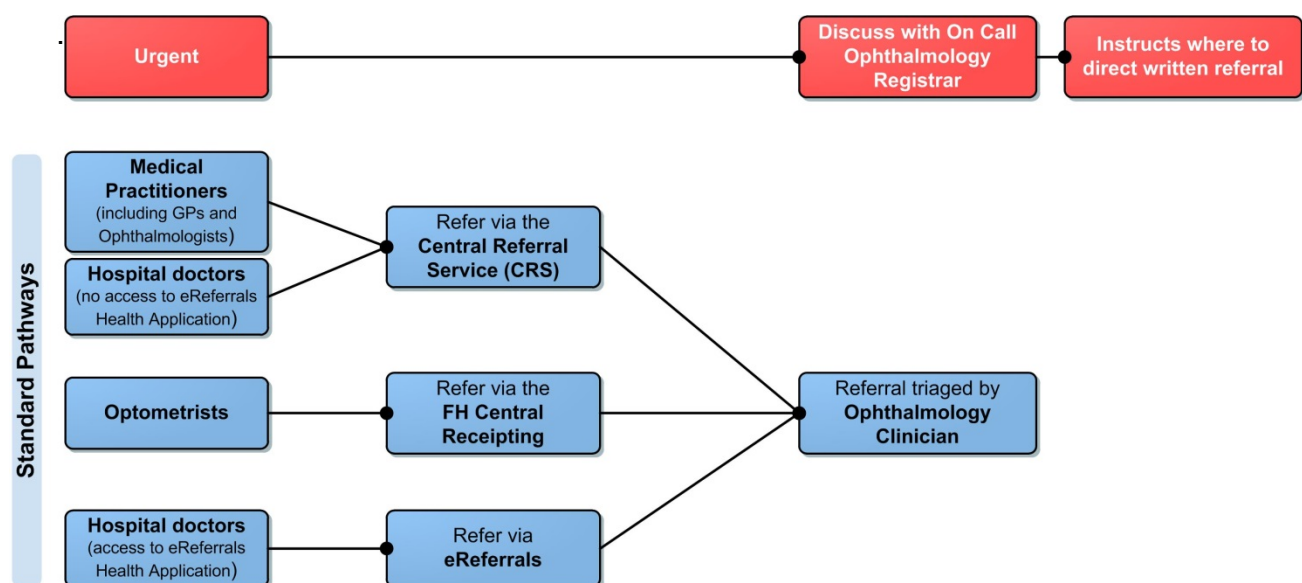


Referral pathways

Referrals to FH Ophthalmology Department for patients in the SMHS catchment area can be made by:

- medical practitioners, including
 - general practitioners (GPs)
 - ophthalmologists
- optometrists.

Figure 1. Referral flowchart



Urgent pathway

All urgent referrals are to be discussed with the ophthalmology registrar on call and can be contacted through Fremantle Hospital Switchboard on 9431 3333.

The registrar will instruct at the time of the call where to send written referral.

Standard pathways

External referrals from medical practitioners and internal referrals from other public hospitals not using e-referrals are directed to FH Ophthalmology via the Central Referral Service (CRS).

External referrals from optometrists are directed to FH Ophthalmology via the FH Central Receiving.

Internal referrals from other public hospitals using e-referrals are submitted via e-referrals Health Application.

All referrals are converted to a WA Health e-referral for triage by specialty teams. Referrals will be assessed by a FH ophthalmology clinician within a week of receipt and prioritised according to clinical need.



Contacts

Central Referral Service (CRS)

Phone: 1300 551 142

Fax: 1300 365 056

centralreferralservice@health.wa.gov.au

Health link Secure Messaging: crefserv

Postal address: PO Box 3462, Midland WA 6056

Fremantle Hospital Central Receipting

Phone: (08) 9431 3333

Fax: (08) 9431 2009

Fremantle Hospital Eye Clinic

Phone: (08) 9431 3333

Location: Level 6, V Block, Alma Street, Fremantle WA 6160

Fremantle Hospital postal address: PO Box 480, Fremantle WA 6959

Health Pathways WA

<https://waproject.healthpathways.org.au/>

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- Consultation and collaboration with Fremantle Hospital Ophthalmology Department.



Referral pro-forma

First name: _____ **Family name:** _____
Maiden name / Alias: _____

Date of Birth: / /

Gender: Male Female Other _____

Home number: _____ **Work number:** _____

Mobile: _____

Address: _____

Suburb: _____ **Postcode:** _____

Medicare Number: _____ **Ref:** _____ **Expiry:** _____

Indigenous Status: N/A Aboriginal Torres Strait Islander

Interpreter Required: Yes No **Language:** _____

Next of Kin: _____ **Contact Number:** _____

Reason for referral:

Reason: _____

Eye: Right Left Bilateral

Symptoms: _____

Vision limited activities: _____

Duration of symptoms: _____

Examination / Investigation: (Please attach relevant results, such as optometry report)

VA:	Right	Left	Pupil
BCVA:	6/	6/	<input type="checkbox"/> Round, equal & reactive to light
	6/	6/	<input type="checkbox"/> Pupil abnormality R / L
	<input type="checkbox"/> HM	<input type="checkbox"/> HM	
	<input type="checkbox"/> LP	<input type="checkbox"/> LP	Eye Movements
	<input type="checkbox"/> NPL	<input type="checkbox"/> NPL	<input type="checkbox"/> Normal
Refraction:			<input type="checkbox"/> Restricted – specify
		
			<input type="checkbox"/> Diplopia – specify



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Other Ophthalmic conditions: (include previous eye surgery)

Past Medical History and Risk Factors

Height (cm): **Weight (kg):** (estimate if unknown)

Medical History: (select all that apply)

- Heart Disease (include if implanted defibrillator, pacemaker or coronary stents in situ)
- Significant lung / airway disease (including chronic obstructive pulmonary disease, asthma, obstructive sleep apnoea)
- Diabetes
 - Insulin dependent
 - Non-insulin dependant
- Neurological history (specify)
- Liver disease
- Rheumatologic condition (specify)
- Prostate pathology (males)
- Obesity

Additional Medical History:

Medications

Is the patient taking any anti-coagulant or anti-platelet medication/s, including Aspirin?

- Yes
- No

If Yes, please specify drug and reason:

Is the patient taking any prostate medications:

- Yes
- No

If Yes, please specify drug:

Other Medication - Please list all medications patient is currently taking, or attach summary

Allergies / Reactions (Inc. latex, tapes, etc.):

- Nil known
- Yes, specify

Referrer Details

Name:

Provider Number:



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South Metropolitan Health Service

Telephone Number:

Fax Number*:

*Facsimile number required for practitioner to receive an acknowledgement of referral from Central Referral Service

Address:

Suburb:

Postcode:

Signature:

Date:



Government of **Western Australia**
South Metropolitan Health Service

This document can be made available in alternative formats on request.

South Metropolitan Health Service

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