

Cataract Surgery in People with Impaired Cognition Q&A responses by Mr Paul Ursell MD FRCOphth

- 1 **Any difference in visual outcomes for px with or without dementia and are these px suitable for community post op follow up?**
This depends on whether there are any other reasons for poor vision either due to the dementia or to do with other diseases. They can be followed up in the community if both the patient and the medical team feel this is appropriate.
- 2 **Are dementia patients generally put under full anaesthetic for their cataract surgery?**
This depends on the level of Dementia. Where possible the normal cataract care pathway should be followed i.e., local anaesthetic, day case care.
- 3 **Can the lack of stimulus from under correction/cataracts effect the development of dementia??**
We are not sure but is possible. It has been shown that other forms of sensory development such as deafness are related to dementia progression so it seems possible that sight loss will do so too.
- 4 **Can the level of sight loss depend on the level of dementia?**
Probably but this is more likely to be a central problem with visual processing rather than a specific ocular issue.
- 5 **Are you concerned about the impact of COVID has had on patients with dementia coming into stores as they aren't being seen for cat referral or new glasses?**
Yes. The pandemic and social isolation has been awful for people living with dementia and their carers. The social isolation and inability to access support has made a lot of situations much worse.
- 6 **Do dementia patients recover from cataract surgery as quickly as any other patient?**
Yes
- 7 **Do you find any difference in the quality of post op recovery & VA result from dementia & non dementia Px's?**
No
- 8 **How can we as professionals ensure that patients with dementia are wearing the right spectacles? Would you recall them more often or?**
WE should see people living with dementia yearly for a sight test. It is important to be pro-active in ensuring that they can attend. If they don't it is reasonable to call rather than write to them as there may be other issues about attending.
- 9 **How can we prevent ourselves from getting dementia later in life?**
Many of the causes of vascular dementia are common to other vascular diseases so attention to diet, smoking, weight, blood pressure etc are important.
- 10 **How do you deal with a situation where the dementia patient consents to cataract surgery but the family/carer declines?**
This depends on whether the person with dementia has capacity to give consent. It would be worthwhile exploring the families' issues as cataract surgery is usually beneficial.
- 11 **How do you test a px with quite bad dementia?**
Functional visual assessment as described in the talk.

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- 12 **How do you describe the cataract surgery process to someone with dementia?**
In a way that they will find manageable to understand. Most of the time this is the same for everyone, dementia or not.
- 13 **If a dementia px previously wore varifocals, would you keep it to the same design and only if there was a slight change in rx if they needed a new updated pair**
People with dementia find change difficult to handle. I would try to change as little as possible unless there was a clear benefit in changing.
- 14 **If a patient with dementia was referred by the optometrist for cataract surgery, and they were worrying about the procedure to the point where they were starting to refuse, what would be the best thing to say to them about how the procedure works?**
Spend some time with them and their carers trying to find out what the problem is. I had a lady las week who was terrified, but this turned out to be issues with Charles Bonnet hallucinations she saw in hospital and nothing to do with the procedure at all. Once this was clarified she was keen to proceed.
- 15 **If patient post-surgery is monovision does the IOL protect from UV light. If not is there any evidence that the patient may be more at risk of developing ARMD related to UV light exposure?**
All IOLs have a UV filter.
- 16 **In a situation where the patient has been recommended by the optometrist to have a cataract op done but the patient is worried that they may lose their sight in their good eye as a dispensing optician how can you reassure the patient?**
Try to explain the risks and make sure they come to the hospital to discuss further with the surgeon.
- 17 **Is it good practice to always have a carer/family member with the patient every time you deal with them?**
What is the best procedure, if you suspect someone has dementia, but you haven't been given that information and the patient is on their own?
If they have attended alone and you suspect dementia, ask them to re-attend with a carer or family member.
- 18 **Is the incidence of non tol to rx's high**
Same as people without dementia.
- 19 **Is there agreement with the NHS for annual Sight test funding?**
Not sure
- 20 **Are there any specific ways you feel we can recognise when Pxs come in if they have undiagnosed dementia? Should we almost treat all much older Px as if they have dementia?**
No. Treat all patients with respect and compassion whatever their disabilities.
- 21 **Just to confirm, currently yearly testing is not permitted based on dementia diagnosis.**
It is a joint recommendation from RCOphth, College of Optoms & Vision2020

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- 22 My Mother had episodes of visual memory loss, black areas of vision and areas of scotoma all with nothing showing during a sight test. No visual loss noted even on fields which was extremely frustrating both for myself and my mother. Can we, like this CET, get this message across to all optometrists & colleagues that this can be a sign of Dementia
Hopefully.
- 23 Over the years I've seen a lot of patients that think their vision is fine and sometimes even wearing someone else's glasses. they are brought for a test by a relative saying their vision is bad. but the patient doesn't believe the Optom or the relative. won't buy glasses or be referred for surgery. is there anything we are obliged to do
People are entitled to have freedom of choice and autonomy whether they have dementia, or we disagree with them.
- 24 Should an optom include suggestion of GA at point of referral or leave it to hospital?
Do all cataract clinics have facilities for GA
Optoms should refer all patients with cataract according to local guidelines.
- 25 So, I try to do red for reading and Dark for distance with their initials marked with a hot screwdriver on the end tips, is this worth doing or am I too optimistic?
Definitely worth trying and see how they cope.
- 26 What differences (if any) are there in Alzheimer's / vascular dementia cataracts?
In practical terms they can be treated the same.
- 27 What type of pre-test questions help in test questionnaires? For patient or carers
Do you have dementia? Have you been diagnosed with a memory problem? Most people are quite happy to talk about it and it should not be something we hide from.
- 28 Who would we speak to if a px returns several times, no carer, seems forgetful and consistently complains that specs aren't good?
GP
- 29 Will these procedures also help with patients with learning difficulties and other mental disorders?
Yes
- 30 Would labelling frames or marking them in some way be a helpful thing to do for them?
Worth trying
- 31 You recommend keeping a dementia patient in varifocals if they are already wearing them. With regards to lens manufacture/type, would you recommend keeping the patient in the same lens type / like for like OR would you recommend giving them a better varifocal if you believe there is a better lens than they are already wearing
See Q13
- 32 1 year sight test for dementia px on the NHS?
If possible

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- 33 Do you find dementia patients can be successfully operated on for cataract routinely without GA.
Yes
- 34 If they have dementia, should they be driving even if they meet the standard? Does it depend on the severity?
Yes. This is something that the GP or memory clinic will address.
- 35 Often partners are elderly with their own issues. Should we not as a profession develop a system to take the onus off the partners when other family members do not step in to help?
If possible.
- 36 Would you still refer for cataract op if px has history of poor compliance with drops/meds? would the outcome be less than optimal if there is poor compliance?
This is something that is easily dealt with by the hospital team with a district nurse giving drops or depot injections at the time of surgery so should be no barrier to referral.
- 37 Should we be asking careers to give the old specs back to dispose of when they collect new specs?
If you have the facility to do so.
- 38 If a patient is showing these symptoms, and hasn't been diagnosed, for example the partner believes they are forgetful would you still ask the optom to refer?
Yes. This is something that the hospital can easily sort out.
- 39 My brother-in-law has DLB alz, he had both cats done, now logically I know the answer but he now see's hallucinations of people, cats, dogs and occasionally flying fish my sister-in-law thinks this was made worse by the cat op. could this happen?
Probably not. It may well be just coincidence. There are occasions where GA will worsen dementia, but this is rare nowadays.
- 40 If a patient is unable to give consent, how is it decided?
The hospital can arrange a best interest meeting with carers and family members to give consent for surgery.
- 41 Do we have the authority to say to someone they don't have the capacity to make a decision regarding their care?
Then do we have to the responsibility to find someone that can make decisions for them?
This is not usually an Optom function.
- 42 Are there any tactics/strategies you can suggest to help patients with visual agnosia in their day-to-day life?
Try looking at the PCA support groups websites. The one at UCL is good.
- 43 Do you always do both eyes in the same session for these patients?
It depends

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- 44 From a domiciliary perspective, when we send a referral for cataract extraction it can take a significant time before an appointment is made for the patient, are there other services that we can refer to like the high street practices?
It depends on your local CCG referral pathways.