

NATIONAL CLINICAL GUIDELINE FOR TREATMENT OF AGE-RELATED CATARACT

Quick guide

Patients with age-related cataract with a visual acuity of more than 0.5 should not routinely be offered surgery unless there is significant subjective discomfort, as the improvement of visual acuity will be modest, and there is a risk of adverse reactions.

Good practice

The recommendation has been updated and amended in 2019.

The working group recommends advising patients and deciding that cataract surgery is indicated based on an assessment of visual acuity, objective findings, subjective discomfort and risks connected with the surgery. The working group recommends that special attention should be paid to patients with preoperative visual acuity of more than 0.5 decimals, where there should be additional significant subjective discomfort, in the form of either glare discomfort, unilateral double vision, disturbing difference between the two eyes (visual acuity, colour vision, refraction) or myopia, before surgery is offered.

The working group considers it good practice to advise patients and decide that cataract surgery is indicated based on an assessment of visual acuity, objective findings and subjective discomfort.

Good practice

It was not considered necessary to update the recommendation in 2019.

Consider offering cataract surgery to patients with cataract affecting the vision and age-related macular degeneration (AMD) if, according to the eye specialist's best clinical judgment, surgery will result in significantly improved subjective visual functioning – with reservations, however, if the patient has unrealistically high expectations of the surgery outcome.

Weak recommendation

It was not considered necessary to update the recommendation in 2019.

Consider using toric intraocular lenses in patients with preoperative corneal astigmatism above 2.0 dioptres who wishes to become independent of distance glasses.

Weak recommendation

The recommendation has been updated and amended in 2019.

Toric intraocular lenses are mainly suitable for patients who are motivated to become spectacle independent, as toric intraocular lenses are more effective than non-toric (monofocal) intraocular lenses in reducing dependency on glasses and increasing the number of patients with uncorrected distance vision of 0.8 (decimals) or better. Toric intraocular lenses can rotate, which can lead to a subsequent adjustment, and it is therefore important that patients are monitored in the early postoperative phase. The patient should be informed that re-operation may be necessary.

Only use toric intraocular lenses in patients with preoperative corneal astigmatism between 1-1.75 dioptres who wish to become independent of distance glasses after careful consideration as the beneficial effect is modest.

Weak recommendation **AGAINST**

The recommendation has been updated and amended in 2019.

In patients with cataract and preoperative corneal astigmatism between 1-1.75 dioptres, toric intraocular lenses are probably no more effective than non-toric (monofocal) intraocular lenses in reducing dependence on glasses. Toric intraocular lenses are probably more effective than non-toric (monofocal) intraocular lenses in increasing the number of patients with an uncorrected distance vision of 0.8 (decimals) or better. There is no significant difference between toric intraocular lenses and non-toric (monofocal) intraocular lenses in terms of the number of complications. The patient should be informed that re-operation may be necessary.

Only offer multifocal lenses instead of monofocal lenses after careful consideration, as there is an increased incidence of complications in the form of unwanted optical phenomena such as glare, halos and decreased contrast sensitivity.

Weak recommendation **AGAINST**

New recommendation added in 2019

In patients undergoing cataract surgery, multifocal intraocular lenses are no more effective than monofocal intraocular lenses in terms of postoperative quality of life, quality of vision and contrast sensitivity. Likewise, there is an increased incidence of complications in the form of halos and glare discomfort associated with the implantation of multifocal intraocular lenses, compared with monofocal intraocular lenses. Multifocal intraocular lenses reduce dependence on glasses and result in better uncorrected reading vision, compared with monofocal intraocular lenses.

Intracameral injection of cefuroxime, 1.0 mg in 0.1 ml of isotonic saline, is recommended in connection with cataract surgery.

Strong recommendation

It was not considered necessary to update the recommendation in 2019.

Use of topical antibiotics following cataract surgery for the prevention of endophthalmitis is not recommended on a routine basis.

Weak recommendation **AGAINST**

It was not considered necessary to update the recommendation in 2019

Eye drops containing antibiotics do not reduce the risk of endophthalmitis.

Use of NSAID-containing eye drops, rather than steroidal eye drops, following cataract surgery for the prevention of inflammation and cystoid macular oedema is recommended.

Strong recommendation

The recommendation was updated without changes in 2019

NSAID-containing eye drops are more effective than steroidal eye drops in prevention of postoperative inflammation and cystoid macular oedema.

In some parts of Denmark, practice is to use a combination of NSAID and steroid. The effect of this has not been possible to examine within the given framework of this update, but will be relevant to clarify in future updates.

Consider surgery on both eyes on the same day in selected patients, if surgery on both eyes is indicated.

Weak recommendation

It was not considered necessary to update the recommendation in 2019.

Consider omitting the first-day evaluation in low-risk patients following uncomplicated surgery.

Weak recommendation

It was not considered necessary to update the recommendation in 2019.

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for treatment of age-related cataract. The guideline was prepared under the auspices of the Danish Health Authority.

The focus of the national clinical guideline is diagnostics and treatment of patients with age-related cataract. The guideline includes recommendations on surgical treatment of age-related cataract.

The national clinical guideline contains recommendations for selected parts of the field only. The guideline must thus be seen in conjunction with other guidelines, recommendations, process descriptions etc. in this field.

Further information at www.sst.dk

At the Danish Health Authority's website (www.sst.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

This national clinical guideline is one of the national clinical guidelines being prepared by the Danish Health Authority during the period 2017-2020.

Further information about the choice of subjects, method and process is available at www.sst.dk
