

# Madigan Army Medical Center Referral Guidelines

## Cataract

### Diagnosis/Definition

- A cataract is a congenital or acquired opacification of part or all of the normally clear crystalline lens.
- The most common complaint of cataract is painless, progressive loss of central visual acuity.
- Other common symptoms include disabling glare from bright lights, such as headlights during nighttime driving, and glare off rainy pavement.
- Visually significant cataract is a lens opacification that interferes with vision to the point that lifestyle is limited.

### Initial Diagnosis and Management

- Moderately advanced cataracts will show a decreased red reflex or a patchy break up of the red reflex by direct ophthalmoscopy.
- The development of cataracts in older patients can be markedly asymmetric. Cataracts often cannot be detected without special equipment (i.e., a slit lamp biomicroscope).
- Pinhole visual acuity will help determine if the decrease in vision is refractive (i.e., the patient needs new glasses).
- Asymptomatic patients with visual acuity of 20/40 or better may be followed.

### Ongoing Management and Objectives

- Cataracts do not improve with time.
- There is no definitive primary care treatment for symptomatic cataract.

### Indications for Specialty Care Referral

- Any cataract in infants and children.
- Adults with symptomatic, slow, progressive, painless decrease in vision that affects activities of daily living (i.e., driving, reading).
- Patients whose visual acuity improves with a pinhole should be referred to optometry for measurement of new glasses. Ophthalmology does not prescribe routine glasses prescriptions.
- Any patient requiring cataract surgery may receive care at MAMC Ophthalmology.

### Criteria for Return to Primary Care

- Ophthalmologic evaluation shows no organic etiology for decrease in vision (amblyopia).
- Has had definitive treatment and problem has resolved to greatest extent anticipated.

Last Review for this Guideline: **October 2009**  
Referral Guidelines require review every three years.

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## Clinical Practice and Referral Guidelines Administrator