

## VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)

### CLINICAL PRACTICE RECOMMENDATIONS INTRAOCULAR LENSES

#### I. BACKGROUND

VHA's Prosthetic and Sensory Aids Strategic Healthcare Group was directed by the Under Secretary for Health to establish a PCMP. The objectives are to coordinate the development of clinical practice recommendations for prosthetic prescriptive practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected VA field Ophthalmologists was formed to recommend clinical practice recommendations on intraocular lenses.

#### II. POLICY

The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making and to standardize and improve the quality of patient care.

#### III. PURPOSE OF INTRAOCULAR LENSES

The purpose of the intraocular lens is to change the total refracting power of the eye. Ideally, this surgical intervention would provide for improved function and quality of life for the patient.

#### IV. DESCRIPTION OF INTRAOCULAR LENSES

Intraocular lenses are classified several ways, but commonly on the basis of (A) the position in the eye: (1) anterior chamber, (2) iris plane, and (3) posterior chamber and (B) physical properties: (1) foldable and (2) rigid.

#### V. CLINICAL PRACTICE RECOMMENDATIONS/MEDICAL CRITERIA

A. Intraocular lens implantation is the recommended optical correction in adults for aphakia produced during cataract extraction unless a contraindication for intraocular lens implantation exists<sup>1</sup>. Contraindications would include:

1. Lack of patient consent.

2. Surgical or ocular condition, which would preclude implanting an intraocular lens safely, such as choroidal hemorrhage.

B. Determination of Intraocular Lens Power: Intraocular lens power may be satisfactorily determined by any one of several standard methods<sup>2</sup>. In general, intraocular lens power is calculated to meet the optical desires of a patient and to provide for stereopsis.

C. Follow-Up: Frequency and timing for follow-up depends upon several factors including the type of surgery accompanying intraocular lens implantation and whether the patient is at high risk for complications. High-risk patients should be seen within 24 hours of surgery and within 4 to 7 days post-surgery. Further follow-up interval depends on the refractive status of the patient and healing time, as well as, how well the post-operative course has gone to date. Normal risks intraocular lens implant patients can be seen within 48 hours of surgery with another follow-up 1 to 4 weeks after surgery with further follow-up as a function of the status of the patient.

## VI. REFERENCES

1. American Academy of Ophthalmology, Cataract in the Adult Eye Preferred Practice Pattern, October 2001, page 20.
2. Tusman, William M.D. and Jayor, Edward, eds; Duane's Clinical Ophthalmology, Philadelphia; Lippincott, Williams, E Wilkins, 2001, Volume I, Chapter 68.

APPROVED/DISAPPROVED:



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