

**CLINICAL PROTOCOLS UNDER RSBY-MSBY, GOVT. OF CHHATTISGARH,
DEPARTMENT OF HEALTH & FAMILY WELFARE**

OPHTHALMOLOGY

CATARACT SURGERY

- (SICS) Unilateral With IOL unilateral
- With foldable IOL by phacoemulsification technique unilateral
- All to be considered under one heading – CATARACT SURGERY WITH LENS IMPLANTATION

Packages under RSBY-MSBY

- Cataract Unilateral: FP01000007
- Cataract + Pterygium: FP01000008
- Cataract surgery (SICS) Unilateral: FP01000067
- Cataract with IOL Unilateral: FP01000069
- Cataract with foldable IOL by Phacoemulsification tech. unilateral: FP01000043

Indication:

- ✓ Subjective
- Impaired ability to carry out patient's day to day activity
- Disabling glare
- ✓ Objective
- Posterior subcapsular cataract
- Cortical cataract extending to pupillary area
- Nuclear sclerosis with high lenticular myopia (>3 D)
- FFA/ Laser PHC indicated and cataract obscuring fundal view

Admission

Day care- can come two hours prior to surgery provided they have completed proper workup before cataract surgery.

History

- Pertaining to medical fitness
- Drug allergy

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Notes mentioning: Visual acuity both eyes with and without correction.

- Slit lamp examination for lids, congestion, discharge, corneal details, cataract grading (after pupillary dilatation), phacodonesis
- Pupillary reaction
- Intraocular pressure (IOP) if done using a contact procedure, should be done one day prior to surgery and not on the day of surgery
- Patency of lacrimal duct- application of pressure over the sac area (ROPLAS) regurgitation on pressure over the lacrimal sac (if syringing is done, should be done one day prior to surgery)
- Posterior segment evaluation of both eyes, after dilation if fundus can be visualized

INVESTIGATIONS

Routine investigations for all cases

- Blood pressure not to exceed 150/90mm Hg
- Blood sugar P.P blood sugar should be < 180mg/dl
- Biometry
- Medical fitness for surgery by schedule 1 MCI approved doctor

Post Procedure Proof (Wherever Possible)

- Surgical Notes
- IOL sticker with power and barcode to be mentioned in the case sheet

Remarks (Capture Variances or any other remarks specific to these conditions)/Special Notes:

- ✓ Case sheet to be uploaded/kept with hospital, if asked.
- ✓ Additional investigations: ECG for known cardiac patients
- ✓ For GA cases: Preanesthetic check up by anesthetist and fitness

First postoperative checkup:

- ✓ Visual acuity
- ✓ Slit lamp examination
- ✓ Glass appointment (3-6 weeks post op)
- ✓ Visual acuity with and without glasses
- ✓ if BCVA less than 6/18, mention cause
- ✓ Records of every patient to be maintained

LASIK Anisometropia more than 3D Not for Cosmetic purpose (with prior approval from IA): FP01000071

Indication

Anisometropia > 3 D, Age: above 25 years, Refractive error to be stable for at least one year.

Diagnostic Proof (Clinical Notes/Reports/Films specify): PREREQUISITES

- Computerized corneal topography image to be uploaded
- Corneal thickness more than 490 microns

Remarks (Capture Variances or any other remarks specific to these conditions): Exclusion Criteria

- Corneal ectasias
- Dry eye – moderate to severe
- Significant cataract
- Uncontrolled glaucoma

YAG LASER CAPSULOTOMY

Diagnostic Proof (Clinical Notes/Reports/Films specify): Clinical notes mentioning:

Visual acuity: Significant posterior capsular opacification in the pupillary area, Dilated fundus examination, mention abnormality if any

Post Procedure Proof (Wherever Possible)

- Mention power and number of shots given
- If previously done, photograph with dilated pupil to be uploaded

Remarks (Capture Variances or any other remarks specific to these conditions)

Minimum 6 months after cataract surgery

DACRYOCYSTEATOMY: FP01000051

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Persistent epiphora (clinical photograph)
- RT positive
- Syringing demonstrating blockage in lacrimal passages
- Previous episodes of acute dacryocystitis

Post Procedure Proof (Wherever Possible)

Clinical photograph showing evidence of surgery, on first post operative day

Glaucoma Surgery/Trabulectomy: FP01000023

Indication

- POAG
- Uncontrolled on maximum medication
- Non compliant patient
- PACG
- Repeated episodes of angle closure, post PI
- SECONDARY GLAUCOMAS: Uncontrolled on maximum medical therapy

Diagnostic Proof (Clinical Notes/Reports/Films specify): Clinical notes showing

- IOP
- Fundus sketch/photograph to be uploaded
- Perimetry
- Gonioscopy

Post Procedure Proof (Wherever Possible): Clinical photograph of operated eye

Intra vitreal [Anti VGF]/Monthly Intravitreal Anti-Vegf Per Injection: FP01000107

Indications:

- Macular edema due to AMD, CRVO, BRVO, Diabetic retinopathy
- Choroidal Neovascular Membrane
- Severe proliferative Diabetic Retinopathy
- Preop if needed in cases of Vitrectomy and Phacoemulsification.

Diagnostic Proof (Clinical Notes/Reports/Films specify): Clinical notes mentioning complaints of patients

- Fundus photograph to be uploaded
- OCT macula to be uploaded

Post Procedure Proof (Wherever Possible)

- Invoice of injection vial
- Batch number of injection

PRE REQUISITES

PTERYGIUM WITH CONJ. AUTOGRAFT

Cataract + Pterygium : FP01000008

Dacrocystectomy With Pterygium – Excision: FP01000014

Pterygium (Day care): FP01000030

Indication

- Recurrent pterygium
- Large pterygium > 2mm from limbus

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical notes
- Clinical photograph to be uploaded

Post Procedure Proof (Wherever Possible)

Clinical photograph to be uploaded

Remarks (Capture Variances or any other remarks specific to these conditions)

Double pterygium can be considered as two separate procedures

VITRECTOMY: FP01000040

Vitrectomy + Retinal Detachment with prior approval from IA: FP01000041

INDICATIONS

- Vitreous haemorrhage
- Macular hole
- Retinal detachment
- Epiretinal membrane
- Foreign body in vitreous
- Endophthalmitis

Diagnostic Proof (Clinical Notes/Reports/Films specify):

VITREOUS HEMORRHAGE: DIAGNOSTIC PROOF

- Clinical notes
- Fundus Examination (upload fundus sketch/photograph)
- B scan to be uploaded

MACULAR HOLE: DIAGNOSTIC PROOF

- Clinical notes
- Fundus photograph to be uploaded
- OCT report to be uploaded

RETINAL DETACHMENT: DIAGNOSTIC PROOF

- Clinical notes
- Fundus photograph to be uploaded
- B scan to be uploaded

EPIRETINAL MEMBRANE: DIAGNOSTIC PROOF

- Clinical notes
- Fundus photo and OCT to be uploaded

FOREIGN BODY / IOL / NUCLEUS: Diagnostic proof

- Clinical notes
- Fundus photo and B scan to be uploaded
- CT Orbit for IOFB

ENDOPHTHALMITIS: Diagnostic proof

- Clinical notes
- Previous history of intravitreal injections with tap
- Colour photo and B scan to be uploaded

SCLERAL BUCKLE: DIAGNOSTIC PROOF

- Clinical notes
- Fundus sketch color coded / photograph to be uploaded
- B scan to be uploaded

KERATOPLASTY: FP01000025

Indication

- Corneal opacity involving visual axis
- Keratoconus
- Bullous keratopathy
- Corneal dystrophies involving visual axis
- Perforated corneal ulcer/impending perforation
- Non healing corneal ulcer

Diagnostic Proof (Clinical Notes/Reports/Films specify): Clinical photograph to be uploaded

Enucleation: FP01000019

Enucleation with Implant: FP01000020

Indications

Intraocular malignancy

Painful blind eye

Severely traumatized eye with other eye at risk of sympathetic ophthalmia

Diagnostic Proof (Clinical Notes/Reports/Films specify)

Clinical notes, with visual acuity of No PL

Clinical photograph to be uploaded

Documented opinion of two ophthalmologists in favor of enucleation to be uploaded