

Draft General Commissioning Policy

Treatment	Corrective Surgery, Lens Implants and Laser Treatment
For the treatment of	Refractive error (short or long sightedness, astigmatism)
Background	<p>This policy is needed in order to clarify the patient criteria which must be fulfilled in order for this procedure to be commissioned.</p> <p>Corrective surgery for refractive error is widely available in the private sector but is not performed as an NHS procedure unless indicated for therapeutic reasons eg. a specific clinical indication or the inability to wear spectacles due to disability.</p>
Commissioning position	<p>NHS Hull CCG will not normally commission non-essential corrective surgery or lens implants for focusing (refractive) errors such as short-sightedness (myopia), astigmatism, and long-sightedness (hyperopia) because these conditions are usually corrected by wearing spectacles or contact lenses.</p> <p>All requests for corrective surgery, lens implants and laser treatment for refractive error must be considered via the Individual Funding Request (IFR) process and a clear clinical case of need must be evidenced, such as treatment for keratoconus (a rare eye condition where the cornea is conical shaped) that cannot be corrected by other means.</p>
Effective from	October 2015
Summary of evidence / rationale	<p>Corrective surgery includes either corneal or lens techniques. Corneal techniques include:</p> <ul style="list-style-type: none"> • LASIK (Laser in-situ keratomileusis). Most common procedure in the UK, performed since the mid 1990s. Not suitable for high degree of myopia. • Wavefront guided LASIK. Reduces the natural irregularities of the eye (which can cause light rays to focus incorrectly), and improves the visual result of the surgery. • PRK (Photo refractive keratectomy). Used since the 1980s, but now mainly used for correcting low degree myopia. • LASEK (Laser-assisted sub-epithelial keratectomy). Similar to PRK but the surface layer of the cornea is retained as a flap which helps prevent complications and speeds up healing. <p>Laser refractive surgery is generally effective for up to 10 dioptries of myopia, 6 dioptries of hyperopia and 4 dioptries of astigmatism, though the predictability of correction tends to diminish towards the extremes of these ranges.</p> <p>Current evidence suggests that laser surgery for the correction of refractive errors is safe and efficacious for use in appropriately selected patients, including when used to correct refractive error resulting from other forms of ophthalmic surgery (Refs 1 & 2). The Royal College of Ophthalmologists issued as statement on Standards for Laser Refractive Surgery in 2012 (Ref 3).</p> <p>However corrective surgery is considered a cosmetic treatment and compared to the use of spectacles or contact lenses, not an efficient use of NHS resources. Private laser surgery treatment is now offered</p>

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1. NICE IPG 164 (2006) Photorefractive (laser) surgery for the correction of refractive errors. (replaces previous guidance on laser in situ keratomileusis (LASIK) NICE IPG102
<http://www.nice.org.uk/nicemedia/live/11251/31560/31560.pdf>
2. NICE IPG385 Laser correction of refractive error following non-refractive ophthalmic surgery (March 2011)
<http://www.nice.org.uk/nicemedia/live/13046/53577/53577.pdf>
3. The Royal College of Ophthalmologists (2012) Statement on Standards for Laser Refractive Surgery.
http://www.rcophth.ac.uk/core/core_picker/download.asp?id=1293
4. Murray A, Jones L, Milne A et al. A systematic review of the safety and efficacy of elective photorefractive surgery for the correction of refractive error. University of Aberdeen; 2005.
<http://www.nice.org.uk/guidance/index.jsp?action=download&o=31559>
5. NICE IPG 225 (2007) Corneal implants for the correction of refractive error. <http://www.nice.org.uk/nicemedia/pdf/IPG225Guidance.pdf>
6. NICE IPG 289 (2009) Intraocular lens insertion for correction of refractive error, with preservation of the natural lens
<http://guidance.nice.org.uk/IPG289/Guidance/pdf/English>