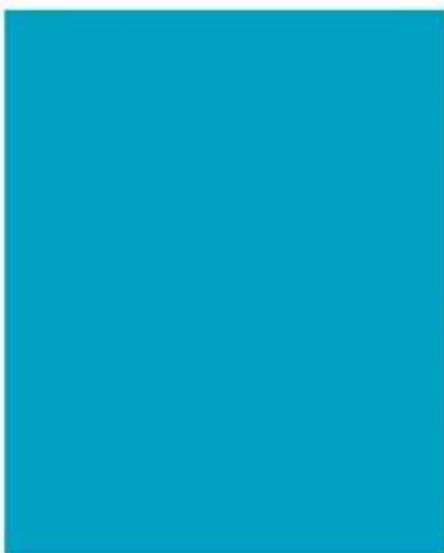


Interim Clinical Commissioning
Policy: Laser surgery for short
sight

November 2013

Ref: N-SC/024



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Document Status

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Interim Clinical Commissioning Policy

Laser surgery for short sight

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Policy Statement

NHS England will commission Laser Surgery for Short Sight in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for Armed Forces personnel and their families who are registered with Defence Medical Centres.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

In recent years, doctors have adopted new surgical techniques to correct eyesight and reduce the need for wearing glasses. Most often, the surgery involves reshaping the cornea – the transparent surface at the front of the eye – using a type of laser known as an excimer laser.

Introduction

Excimer Laser surgery for short sight is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.

2. Criteria for commissioning

Excimer laser treatments are commissioned when all of the following criteria are met:

1) Treatment is subject to evaluation as agreed in the commissioning risk management plan

AND

2) The patient would otherwise require surgical treatment of their corneal disorder i.e. manual debridement, corneal graft or arcuate keratotomy.

AND

3) The patient requires one of the following procedures in (a) or (b) below, for the conditions specified:

a. Phototherapeutic keratectomy (PTK):

I. Superficial and stromal corneal dystrophies and degenerations (including band keratopathy, granular dystrophy, macular dystrophy, lattice dystrophy and Reis-Bückler's dystrophy); or

II. Epithelial membrane dystrophy; or

III. Irregular corneal surfaces secondary to degenerations including Salzmann's nodular degeneration, Spheroidal degeneration, or keratoconus nodules; or

IV. Corneal scars and opacities (including post-traumatic, postinfectious, post-surgical, and secondary to pathology); or

V. Recurrent corneal erosions when more conservative measures (e.g., lubricants, bandage contact lenses, course of oral Doxycycline treatment, gentle debridement of severely aberrant

b. Photorefractive Keratectomy (PRK), laser assisted epithelial keratomileusis (LASEK) and laser assisted in situ keratomileusis (LASIK) procedures following corneal transplant surgery or cataract surgery when there is:

I. Post-operative regular astigmatism greater or equal to 2.00 dioptres or irregular astigmatism or anisometropia (the difference in optical power between the two eyes) greater or equal to 2.00 dioptres;

AND

II. The patient must be intolerant of spectacles or contact lenses, as assessed by a Corneal Consultant Ophthalmologist (based upon review of symptoms and clinical examination including refraction by an optometrist and corneal topography after a period of spectacle or lens wear).

The Clinician proposing this intervention is required to secure Prior Approval from the Armed Forces Commissioning or Health & Justice Commissioning Team in their area

(Application form and contact details can be found on NHS Internet <http://www.england.nhs.uk/ourwork/d-com/policies/ssp/>)

3. Evidence Base

1. National Institute for Health and Clinical Excellence. *Photorefractive (laser) surgery for the correction of refractive errors*. London; NICE 2006. Available at: <http://www.nice.org.uk/IPG164> [Accessed 19th Sept 2007]

2. 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*. Aberdeen: University of Aberdeen; 2005