

Appendix A: Stakeholder consultation comments table

2025 surveillance of Cataracts in adults: management (2017)

Consultation dates: 08 to 28 April 2025

Stakeholder	Comments	NICE response
University Hospital Coventry and Warwickshire NHS Trust	<p>NO, I do not agree to this amendment being applied in totality. I agree to the change when applied ONLY to people who:</p> <p>need to have general anaesthesia. These patients may be offered a choice of either immediate sequential bilateral cataract surgery or first-eye surgery followed by delayed second eye-surgery to people who:</p> <p>Offering this to ALL those who are at low risk of ocular complications during or after surgery is UNETHICAL as :</p> <ol style="list-style-type: none"> 1. Immediate sequential bilateral cataract surgery takes up same time on theatre lists as 2 individual eye cataract surgeries and it will essentially delay surgery of those waiting for even first eye surgery but lower in the list. 2. It will effectively lead to cataract surgery much earlier than clinically required in many patients, especially those 	<p>Thank you for your comments. We understand your concerns and those of others and have decided that we will not update the guideline around immediate sequential bilateral cataract surgery. Please see the surveillance review section on bilateral simultaneous cataract surgery for further details.</p>

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	<p>being operated on by private-NHS AQPs.</p> <p>3. It stands to require surgeons, who do not believe in the concept of immediate sequential bilateral cataract surgery, to offer it to large number of patient, and some may therefore stop doing cataract surgery in the UK. Across the world, there is NO consensus that is is a better approach.</p>	
Royal College of Ophthalmologists	Yes	Thank you for your support for this change. As noted above, given the concerns raised on this proposed change, NICE has decided that we will not update the guideline for immediate sequential bilateral cataract surgery.
COPES (Royal College of Anaesthetists)	<p>No. We suggest the following wording instead:</p> <p>To people who:</p> <ul style="list-style-type: none"> •are at low risk of ocular complications during and after surgery. •satisfy the point above AND who need to have general anaesthesia for cataract surgery, AND where general anaesthesia carries an increased risk of complications or distress. <p>The first bullet point of our response sets out that it would not be acceptable to offer bilateral surgery to those at high risk of complications – which usually means sight loss. The risks of complications overall are low, but if a high-risk patient is identified, then bilateral surgery is not indicated/advisable.</p>	Thank you for your comments. Given the range of concerns and suggestions made by stakeholders, and previously topic experts, NICE have decided that we will not update the guideline around immediate sequential bilateral cataract surgery.

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	<p>The conditions set out in the second bullet point of our response help ensure that a patient, who might be one of the rare ones at risk of ocular complications, is not subjected to bilateral surgery merely because they 'need' to have a GA. Some patients might be better served by a GA (nervousness, inability to lie still etc) but that's no reason to expose them to the risks of bilateral surgery if they are one of the rare patients deemed to be at high risk. They could simply have 2 separate procedures under 2 separate GAs. There's a second 'and' in this point because simply 'needing to have a GA' is not of itself sufficient justification for bilateral surgery.</p> <p>Bilateral surgery is only advisable if a) the surgery itself is not deemed excessively risky for that patient, b) that the patient for some valid reason 'needs' to have a general anaesthesia (GA) and c) that the risks associated with a GA are sufficiently high that it's best to limit the risk to be only exposing them to 1 GA.</p>	
Mencap (Royal Mencap Society)	<p>We propose there is a need to ensure the guidelines considers the needs of people with a learning disability and others who may have complex support needs.</p> <p>Recently, a lady we support was turned down for cataract surgery on the basis of her support needs, with the surgical team recommending it was in her best interests. We had to enlist specialist support from Seeability, who were able to</p>	<p>Thank you for your comments. These comments are not within scope of this proposed update so we cannot comment further here. Should you wish to suggest this topic to NICE please see the topic suggestion page.</p>

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	<p>make both clinical recommendations to the team about negating the need for eye drops, and also about how to manage the procedure itself and her aftercare (including reasonable adjustments in hospital and aftercare support from her social care team).</p> <p>We would like the guideline to state that in the cases of those with complex support needs where there is doubt over management, that specialist advice should be sought. The hospital consultant had not done so, and just recommended she be supported to live with sight loss.</p> <p>We would be happy to speak to you further on this matter, and also recommend that a conversation with Seeability would be invaluable to firm up an exact recommendation.</p>	
Newmedica Ltd	yes	Thank you for your support for this change. As noted above, given the concerns raised on this proposed change, NICE has decided that we will not update the guideline for immediate sequential bilateral cataract surgery.
Local Optical Committee Support Unit (LOCSU)	<p>Agree with proposed change.</p> <p>The option of sequential surgery and/or delayed second eye surgery should be discussed with all suitable patients and should include the associated risks and benefits. Through this approach, there is potential to streamline the care pathway for these individuals.</p>	Thank you for your support for this change. As noted above, given the concerns raised on this proposed change, NICE has decided that we will not update the guideline for immediate sequential bilateral cataract surgery.

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	<p>NOD should proactively compare outcome data comparing sequential surgery with separate surgeries.</p> <p>However, the introduction of "immediate" and "delayed" introduces a risk in how this is understood by patients. It will be necessary to manage patient expectations, their care will neither be immediate nor delayed as a result of this change.</p>	
The College of Optometrists	<p>The College of Optometrists welcomes the proposed update to recommendation 1.6.3 in the NICE cataract guideline, which rightly supports shared decision making and greater patient choice. Enabling eligible patients to opt for immediate sequential bilateral cataract surgery brings clear benefits, particularly for those with high refractive correction, who can experience marked improvements in visual function and daily living much sooner, reducing the risks and burdens associated with anisometropia and delayed rehabilitation. This change reflects clinical evidence and patient-centred care and is supported by The College of Optometrists.</p>	<p>Thank you for your support for this change. As noted above, given the concerns raised on this proposed change, NICE has decided that we will not update the guideline for immediate sequential bilateral cataract surgery.</p>

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