EXECUTIVE SUMMARY

This Clinical Practice Guideline (CPG) constitutes the 2016 update of the Philippine Academy of Ophthalmology (PAO) to the 2005 CPG on management of cataract among adults. The 2005 CPG in turn updated the 2001 CPG, which at that time was a collaboration between the PAO and the Department of Family & Community Medicine of the University of the Philippines - Philippine General Hospital.

The document provides selected practice recommendations on surgical techniques for cataract (phacoemulsification, extracapsular cataract extraction, manual small incision cataract surgery or laser assisted cataract surgery) and ancillary procedures (routine pre-operative ancillary testing or 'clearance'), routine lacrimal duct irrigation, same sitting vs delayed bilateral cataract surgery, routine peri-operative antibiotic prophylaxis, povidone-iodine antisepsis and Nd:YAG laser capsulotomy for posterior capsular opacification after cataract surgery.

Recommendations are based on the best available evidence and are intended to be used by ophthalmologists and other eye care professionals, clinical staff, policy-makers, program managers, payors, NGOs and others. The guideline development process followed the widely accepted Grading of Recommendations, Assessment, Development and evaluation or the GRADE approach and included 1) identification of critical questions and critical outcomes, 2) retrieval of current evidence, 3) assessment and synthesis of the evidence base for these critical questions, 4) formulation of draft recommendations, 5) assembly of multi-sectoral stakeholder panel to assess the quality of the evidence and strength of the recommendations, and 6) planning for dissemination, implementation, impact evaluation and updating.

The recommendations in this CPG shall hold until such time that technology, patient and provider preferences, or new evidence provides the motivation for revisiting and updating the guidelines once more.

Table 1. Summary of Recommendations.

Recommendations	Strength of Panel Recommendation	Quality of Evidence
1. Pre-operative medical ancillary testing prior to cataract surgery is recommended only if indicated by the patient's medical condition and the physician's assessment.	Strong	Moderate to high
2. Lacrimal duct irrigation as a routine pre-operative procedure in cataract surgery does not reduce the incidence of endophthalmitis but may be performed when indicated.	Strong	Very low
3. Instillation or irrigation of the conjunctiva with 5% povidone iodine solution pre-operatively is recommended to reduce the risk of postoperative endophthalmitis.	Strong	Very low to low
4. The use of peri-operative antibiotic prophylaxis is recommended to reduce the risk of postoperative endophthalmitis in patients who undergo cataract surgery.	Strong	Moderate
5. Delayed Sequential Bilateral Cataract Surgery is preferred over Immediate Sequential Bilateral Cataract Surgery (ISBCS) in the same sitting for patients with bilateral senile cataracts.	Strong	Very low to low
6. MSICS is the preferred technique for cataract surgery over ECCE because of less surgically induced astigmatism.	Strong	Low to moderate
7. Phacoemulsification is the preferred technique for cataract surgery over MSICS because of faster visual improvement and lower risk of adverse events or complications.	Strong	Very low to low
8. Phacoemulsification is the preferred technique for cataract surgery over ECCE because of significant benefits and lower risk of complications	Strong	Low to moderate
9. The choice of FLACS or conventional phacoemulsification for routine cataract surgery will depend on accessibility, surgeon experience, and patient cost preferences.	Weak	Very low
10. Regardless of time elapsed after cataract surgery, Laser (Nd:YAG) Capsulotomy is only recommended in patients who develop symptomatic posterior capsular opacification, because of the risk of macular edema, anterior chamber reaction, retinal detachment and other adverse events which may be associated with the procedure.	Strong	Very low