ACKNOWLEDGMENT

This project would not have been possible without the initiative and financial support from the Philippine Academy of Ophthalmology (PAO) and the Fred Hollows Foundation. The latter provided an unrestricted grant to the PAO for the purpose of developing the CPG. To their credit, neither organization imposed any condition nor exerted any influence in the methodology, in the operations and in the formulation of the final output.

The Asia Pacific Center for Evidence Based Healthcare (APCEBH) provided the extensive technical work in gathering and processing the evidence; in ensuring the adherence to correct procedures for greater objectivity, for rooting out conflicts of interest, and for eliminating bias; in facilitating the panel discussion and Delphi forum; and, in the documentation and writing of the final report.

The PAO Secretariat was indispensable in carrying out the legwork and coordinating between the various individuals, groups, organizations and committees. The CPG Steering Committee of the PAO Committee on Standards was responsible for overall direction and management, and, is ultimately accountable for the quality of the output.

Most importantly, this CPG is invaluable because of the contribution and enthusiastic participation of the panelists, who unselfishly committed much time and effort, sharing their knowledge, experience and expertise, in analyzing the evidence and synthesizing the recommendations into the nuggets of information that will serve as beacons for ophthalmologists in the treatment of adult cataracts for years to come.

DISCLAIMER

While the PAO encourages voluntary adherence to this guideline, it is cognizant of its limitations. The CPG is based on the best evidence available in scientific literature at the time of its formulation, however, certain aspects of management not addressed by clinical studies are therefore not included. Hence, this is not a comprehensive guide.

Like all CPGs, this is not meant to restrict the ophthalmologist, using sound clinical judgement and in concordance with the patient, from considering other modes of management especially when molded according to the patient's particular needs and preferences. Individual patients and their response to treatment cannot be always predicted nor guaranteed. The ophthalmologist must not use the CPG as a substitute for exercising good judgement in making treatment decisions and tailoring them according to each patient's peculiar circumstances.

This CPG can serve to inform policy but it is not meant to serve as a basis for approving or denying financial coverage or insurance claims merely because of nonconformance with recommendations.

Neither are the recommendations supposed to be considered as legal rules for dictating certain modes of action to the exclusion of others.

| АРСЕВН | Asia Pacific Center for Evidence Based Healthcare |
|--------|--|
| COS | Canadian Ophthalmological Society |
| CPG | Clinical Practice Guidelines |
| СТ | Computerized Tomography |
| DSBCS | Delayed Sequential Bilateral Cataract Surgery |
| EBM | Evidence-Based Medicine |
| ECCE | Extracapsular Cataract Extraction |
| FLACS | Femtosecond Laser-Assisted Cataract Surgery |
| GRADE | Grading of Recommendations Assess- ment, Development and Evaluation |
| ICD | International Classification of Diseases |
| ISBCS | Immediate Sequential Bilateral Cataract Surgery |
| MSICS | Manual Small Incision Cataract Surgery |
| Nd:YAG | Neodymium:Yttrium-Argon-Garnet Laser |
| NICE | National Institute for Health and Care Excellence |
| NGO | Non-governmental organization |
| PAO | Philippine Academy of Ophthalmology |
| PCO | Posterior Capsular Opacification |
| PHIC | Philippine Health Insurance Corporation |
| PI | Povidone-Iodine |
| PSCRS | Philippine Society of Cataract and Refractive Surgery |
| RCO | Royal College of Ophthalmologists |

ABBREVIATIONS