

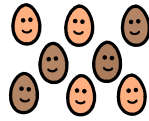


information on eye care and vision  
for people with learning disabilities

## Eye Surgery Support Plan

<b>Name of Individual:</b>		<b>Person responsible for this Action Plan:</b>	
<b>Date Action Plan Form completed:</b>		<b>Date of surgery:</b>	

While this suggested Support Plan covers many of the areas that you should consider when supporting a person with learning disabilities through eye surgery, it should not be regarded as exhaustive. The needs of the individual through the surgery process will obviously vary greatly. This document therefore, should be used flexibly and those of you who know the above named individual well should make additions and alterations to meet his/her unique needs.



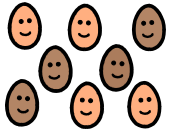
## Significant People

Requirement	Who	How	When	Outcome (if applicable)
Identify a key worker to co-ordinate the action plan and attend all visits to hospital.				
Identify a core group of people to support before/during/after.				
Prepare a rota to cover hospital stay and any extra support necessary after surgery.		(Make this photographed if appropriate to individual)		
Identify external support (Rehab Worker, Community Nurse, District Nurse, etc.)				
Ensure all key people have relevant information regarding individual's eye condition/history. See Appendix 1.				

N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery

Can individual consent to treatment?				
Is best interest meeting required to facilitate this decision ( this will ideally include Consultant Ophthalmologist, and so will probably need to be held at hospital).				
Who needs to be invited to this meeting?				

N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery



## Significant People

Requirement	Who	How	When	Outcome (if applicable)
Inform all significant others involved with individual.				
Identify (if possible) who surgeon and anaesthetist will be.				
Identify (if possible) key nurses who will be working at time of surgery.				
Take photos of key people at hospital if appropriate.				



## Exchanging Information

Requirement	Who	How	When	Outcome (if applicable)
Prepare a comprehensive summary of the individual's care needs. See Appendix 2.				
Key worker to visit hospital initially without individual.				
Identify (if possible) a named nurse in advance.  Ensure the named nurse knows of possible support from Learning Disability Link Nurse (where one is employed)				
Agree how individual's care needs will be met on the ward.				
Find out hospital routine. See Appendix 3.				

N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery



## Exchanging Information

Requirement	Who	How	When	Outcome (if applicable)
Identify best position in ward for individual to be, based on his/her needs.				
Take a photograph of the hospital and the ward if appropriate?				
Establish what the surgical procedure and after care will entail. See Appendix 4.				



## Preparing the individual

Requirement	Who	How	When	Outcome (if applicable)
Prepare the individual for a visit to the hospital in whatever way is meaningful?		(e.g. object of reference, photos, symbolised calendar etc.)		
Key worker to visit hospital with individual (possibly more than once) to meet key people and do some orientation.				
Prepare the visit so that the individual will find it as enjoyable as possible.				
Prepare activities for the individual to do whilst in hospital and on his/her return home.				
Prepare the individual for his/her admission to hospital in whatever way is meaningful?		(e.g. object of reference, photos, symbolised calendar etc.)		

N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery



## Information about the individual's vision

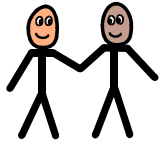
(refer to Look Up factsheet 'Eye tests for adults with learning disabilities')

### Appendix 1

#### This should include:

<ul style="list-style-type: none"><li>• What the eye condition is.</li><li>• Whether the individual was born with it or acquired it.</li><li>• What medication the individual is on.</li><li>• Whether the individual has been seen by any ophthalmic professionals in the past and if so when.</li><li>• Whether the individual wears glasses and if so are they helpful.</li><li>• What are the glasses for and how long has the individual had them.</li><li>• Whether the individual has a hearing loss and if he/she wears a hearing aid.</li><li>• What the individual's expressive and receptive communication skills are.</li><li>• Whether the individual has ever had a severe eye infection or a head injury.</li></ul>	<ul style="list-style-type: none"><li>• Whether the individual has any condition that may affect his/her vision.</li><li>• Whether the individual is at risk of damaging his/her eyes.</li><li>• Whether there has been any change in his/her behaviour.</li><li>• Whether there is any family history of eye conditions.</li><li>• Whether the individual does anything to help them see better.</li><li>• How the individual responds to sensory stimuli – touch, sound, heat, cold, wet, dry, light, colour, taste, smell.</li><li>• What the individual uses his/her sight for.</li><li>• Whether he/she uses their field of vision.</li><li>• Whether the individual vision varies in different environments.</li></ul>
--	--

N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery

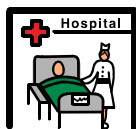


## Care Needs

## Appendix 2

### **This should include the following areas:**

- Support required to understand what people say to them.
- Support required to express themselves.
- Support required to eat and drink.
- Support required to manage any health issues.
- Support required for bathing.
- Support required with dressing.
- Support required for mobility.
- Support required for continence.
- Support required around medication.
- Support required to manage emotional health.
- Support required to manage any 'behaviours' that may present difficulties
- Support required to meet any cultural needs.
- Support required to participate in activities of their choice.



# Ward Routine

## Appendix 3

What is the hospital policy on staff/relatives staying with the individual overnight?	
Where are the toilets?	
What time are baths?	
What time are meals and where will they be served?	
Where is the TV located?	
What time is visiting?	
How many people can visit at any one time?	
What time do the doctors do their ward rounds?	



# Surgical Procedure

## Appendix 4

(refer to Look Up factsheet 'Minimising problems in eye surgery')

How long will the individual be required to stay at the hospital?	
What anaesthetic will be required?	
Can the individual eat or drink before arrival at the hospital?	
What will the procedure entail?	
<i>(For lens transplant op only)</i> What kind of lens will be implanted? (e.g. long distance, mid distance, short distance)	
Will there be any pain or discomfort?	



## Surgical Procedure (Continued)

Will the individual be required to rest or be still following the surgery?	
Will additional sedation be required?	
Will the individual require stitches and if so how will they be removed?	
Will the individual be required to wear a patch or dressings, what sort and is so for how long?	
Is there any post-operative treatment involved? (e.g. drops)	
Who will need to be involved in post-operative care? (e.g. administer drops, change dressings etc.)	

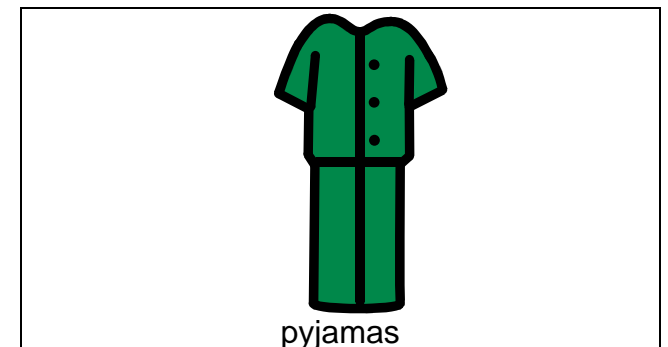
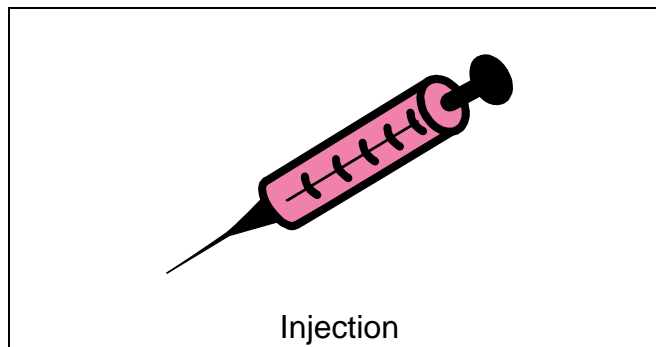
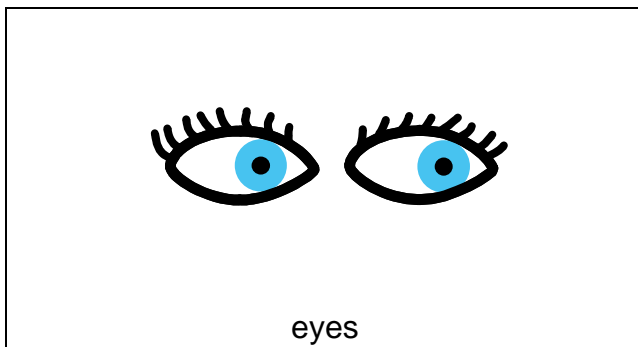
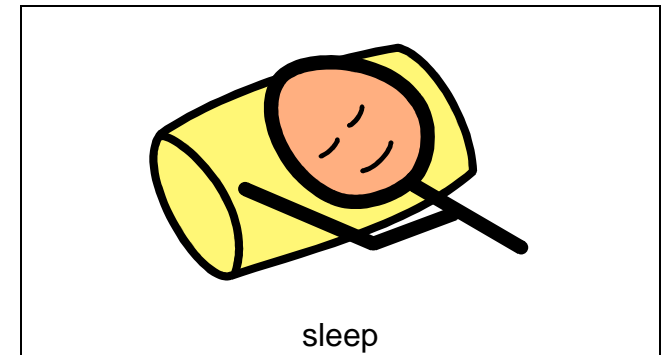
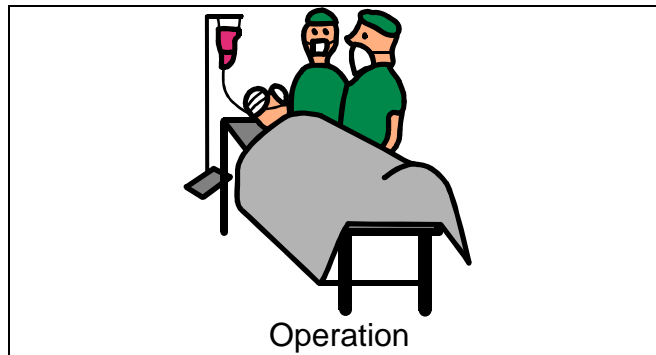
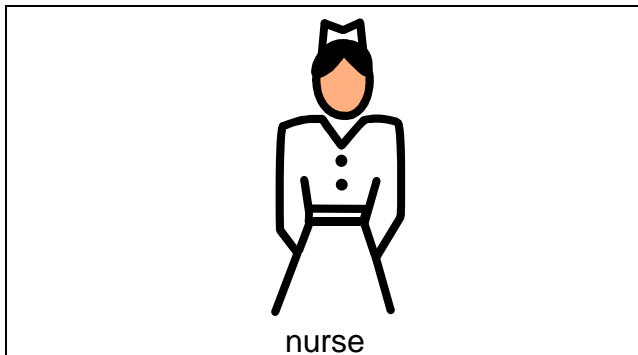
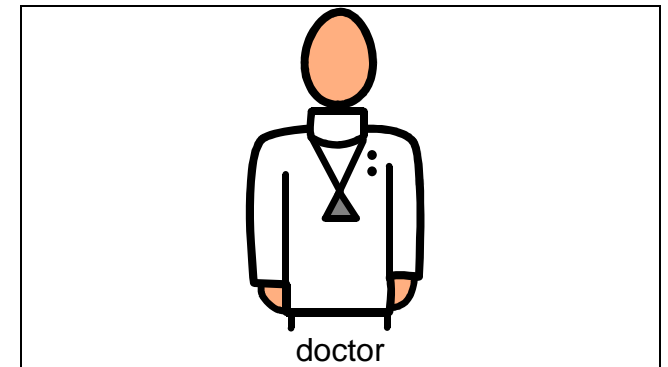
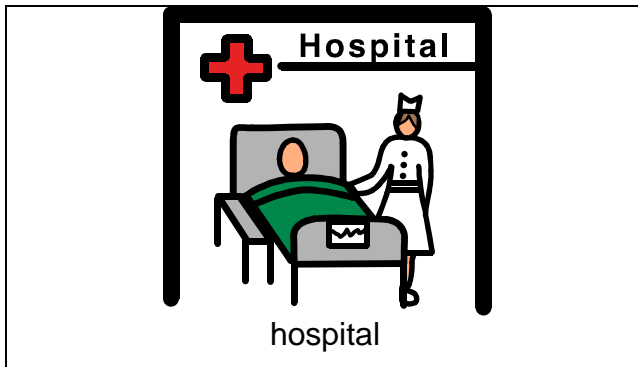


## Surgical Procedure (Continued)

What period of convalescence will be necessary?	
How can the risk of infection be minimised? (e.g. ensuring the individual doesn't try to touch his/her eye, method of hair washing etc.)	
How may the individual's sight be improved? What will it be like long/short term or will it fluctuate?	
Will the individual require glasses after surgery if so what for and when should he/she wear them?	
How could the individual best be supported in his/her environments after the surgery?	

## Appendix 5

If the individual has symbol recognition the following may be useful tools for giving information about a pending hospital visit. These may be photocopied and enlarged as appropriate.



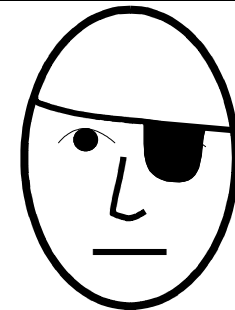
N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery



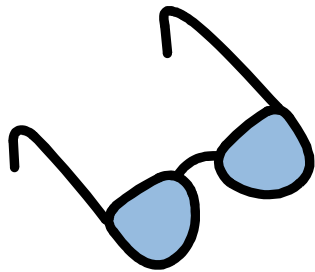
nightgown



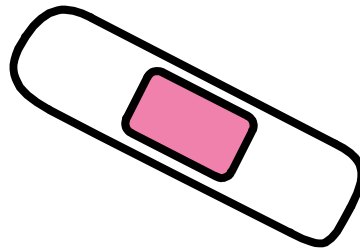
Home



eye patch



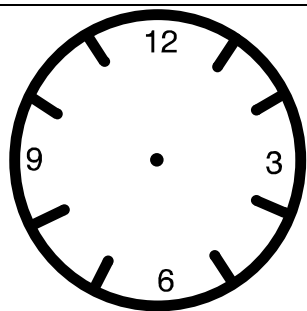
glasses



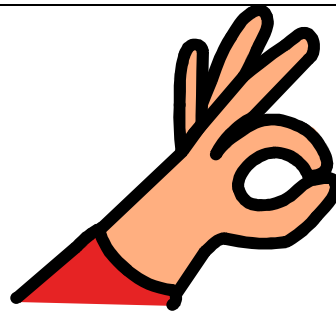
dressing



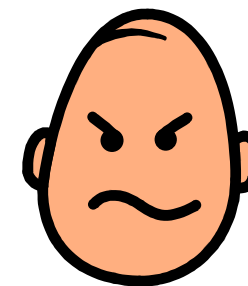
eye drops































time



Ok



not happy

M	Tu	W	Th	F	Sa	Su
						
						
						
						

N.B This document should only be used as a tool to develop an action plan unique to the needs of the individual requiring surgery