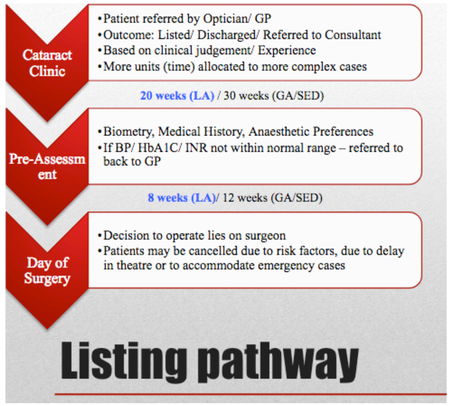
Optimising Cataract Theatre Efficiency, List Scheduling and Cataract Training

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Introduction

- Cataract surgery is one of the most common operations in the United Kingdom with almost 470,000 cases at the end of 2020.
- In East Lancashire Hospital NHS Trust, we serve a population of 700, 000 people across Burnley and Blackburn and we operate on approximately 2,800 cases per year.
- As a dedicated training and teaching centre, junior trainees have the luxury of their own dedicated cataract list with a reduced number. This however causes lists to run slower and trainees also have higher complication rates. Nonetheless, it is important to ensure that trainees get adequate exposure to cataract surgery.
- This improvement work **aims** to optimise theatre efficiency, reduce cancellations and also to improve cataract training opportunities according to grade of surgeon.

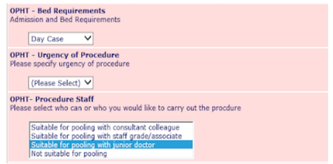


What about cataract training?

- Prospective data collection of 16 randomly selected cataract lists (Total of 85 patients)
- 5 out of 16 lists (26 patients) were junior trainee lists
- 10 out of 25 patients (40%) were deemed inappropriate for junior surgeons due to the risk of complications and complexities of surgery.
- Missed opportunities?

Implementation of a Risk Stratification Proforma

- When listing patients, targeted risk factors i.e. blepharitis should be looked at and managed prior to day of surgery
- Risk stratification proforma implemented to help allocate patients according to seniority of surgeons.
- Once patients are scored, patients will be listed on based on seniority of surgeons on SUNQUEST ICE.



Circle all that applies

Score 1	Score 2	Score 3
Age 70 - 90	Age >90	Only Seeing Eye
High Myope	High Hypermetrope	Posterior Polar Cataract
Narrow AC	Previous Vitrectomy	Previous Trabeculectomy
Alpha Blocker (Doxazosin/Tamsulosin)	Anticipated Movement (Tremors/ Positioning/ Severe COPD/ Dementia)	Zonular Weakness
Glaucoma	Significant Deafness	
Peripheral Corneal Opacity	Claustrophobic / Anxiety	
Diabetic Retinopathy	Central Corneal Opacity	
Small Pupil	No Fundal View	
Deep Set Eye	Fuchs' Endothelial Dystrophy	
No Fundal View	White/ Brunescent Cataract	

Comorbidities:
- ☐ Diabetic (IDDM/ NIDDM)
- ☐ Hypertensive
- ☐ Anti-coagulants
- ☐ Blepharitis

Score>6 - Consultant only
Score 3-6 - Senior to do
Score<3 Junior Teaching List

Conclusions

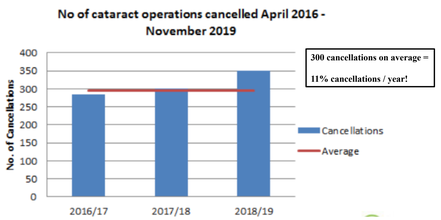
- The risk stratification proforma helps to identify complex patients and acts as a useful aid to help healthcare professionals list patients according to the seniority of surgeon.
- Targeted risk of cancellation such as blepharitis is easily avoided and should be managed at the point of listing.
- Patients if listed according to seniority of surgeons, do not require extra theatre time despite the complexities of surgery.

"Training increases costs of cataract service delivery as lists tend to run slower and trainees have higher complication rates."
(RCOphth – The Way Forward)

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Cancellations – Why?



Reasons for cancellations	Number of patients
Unwell	250
Blepharitis	141
Infection risk	135
Failed to attend	100
To accommodate emergency cases	73
Hypertension	72
High HbA1C/ BM	57
Should be listed as GA/ Sedation	51
Theatre maintenance	40
Other	38
No indication for surgery	33
Refer for second opinion	32
Raised INR	27
Require further investigations	22
Biometry issue	19
Delayed theatre	17
Inappropriate surgeon level	16
Withdrawal of consent	13
Insufficient notes	15
Iritis/ Inflammation	8
Anesthetist not available	8
Raised Heart Rate	7
Requires Translator	6
TOTAL	1180

Following implementation: Do we need to allocate more time for more complex patients?

- Comparison made between **time taken to complete each cataract surgery** vs. **seniority of surgeons.**
- 75 patients
- Theatre time for a Consultant/ Equivalent to complete a complex case (scoring >6) is less than that of a junior trainee

Junior Surgeon	Middle Grader/ Equivalent	Consultant/Equivalent
26 minutes	24 minutes	21 minutes
Score <3	Score 3-6	Score >6

Acknowledgements

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