

Eye removal – is it a skill required of the general ophthalmologist?

Evisceration and enucleation trends over time

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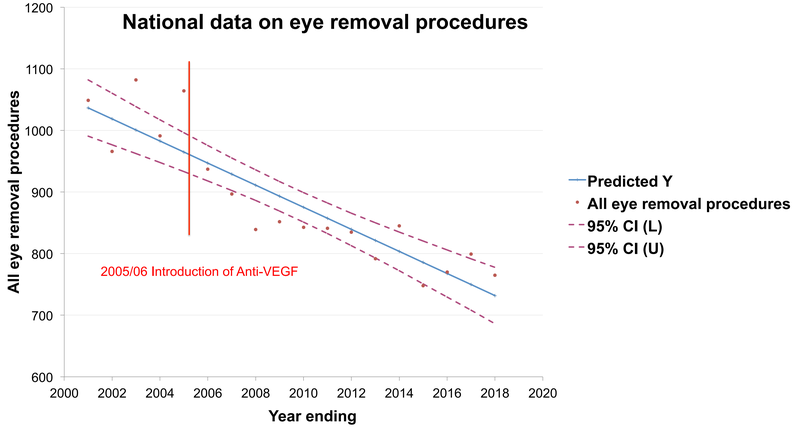
NHS Wessex

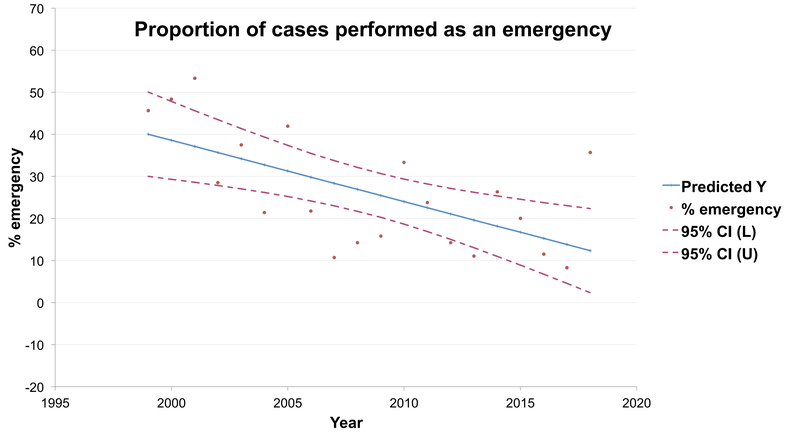
Introduction

The Royal College of Ophthalmology curriculum states that all trainees should 'Be able to perform enucleation and evisceration' (Surgical Skills SS13) and requires them to submit practical assessments on a minimum of two cases. Trainees have reported difficulty in obtaining this competency due to a lack of exposure to suitable cases. This study was performed to determine the number and characteristics of eye removal procedures performed both nationally and locally.

Method

Retrospective data collection using electronic and paper medical records for all eye removal procedures performed nationally 2001-2018 (n=15,915) and at five hospitals in the Wessex training deanery 1999-2018 (n=466, 59.5% Male, Mean age 66.3 years, range 7-99).





Results

- Linear regression analysis revealed a national reduction year-on-year in number of eye removal operations performed (R^2=0.81, p<0.0001)
- Local data for hospitals in Wessex demonstrated a similar pattern (p=0.00035)
- Fewer cases are now performed as an emergency procedure (R2=0.35, p<0.001); 42.7% in the 5 years 1999-2004, reducing to 21.5% in 2014-18
- Almost all operations were performed by a consultant with most being performed by a member of the oculoplastic team

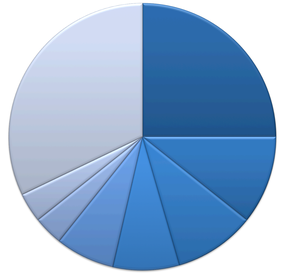
Since 2010

- 95% of procedures (n=183) performed in Wessex were by a consultant, fellow or associate specialist
- 92% were by a member of the oculoplastics team (All procedures since 2014 by oculoplastics)

Conclusion

Enucleation and evisceration has traditionally been seen as a skill required of the general ophthalmologist who may be required to perform such an operation as part of emergency on-call duties. Recent trends in eye removal surgery show a move to fewer eye removal operations being performed and most commonly as a delayed elective procedure by non-trainee doctors with oculoplastic subspecialty expertise. Reasons for this change may include: a move away from operating out of hours following CEPOD, improved car safety legislation, the introduction of Anti-VEGF, improved management of neovascular glaucoma, and a better understanding of sympathetic ophthalmia. These findings were presented to the college curriculum committee as part of work by the OTG resulting in amendments to the new ophthalmology curriculum where trainees will now only need to perform the eye removal practical assessment if they plan to do oculoplastic subspecialty training.

Indication



Key points

1. **Fewer eye removal operations performed each year**
2. **Fewer performed as an emergency**
3. **Majority performed by senior doctors with oculoplastic subspecialty expertise**