

Patient satisfaction with high volume YAG laser Capsulotomy service

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Introduction

Posterior capsule opacification (PCO) is the commonest complication of cataract surgery. It affects up to 30% of patients under going cataract surgery. It can be mild or severely sight impairing. [1,2]

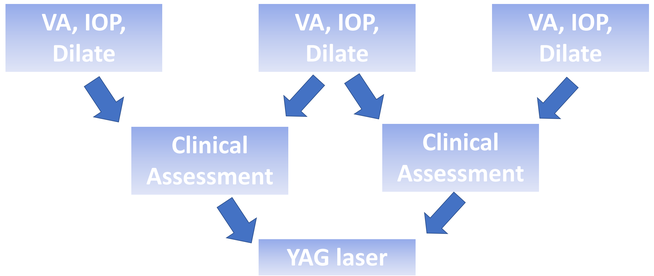
Following the COVID pandemic the waiting list for routine ophthalmic interventions has ballooned and in many hospitals stands at over one year. The disease burden for PCO has therefore increased.

Background

To address this public health issue we devised a high volume YAG laser clinic. Most clinics run between 7-12 YAG laser cases, however we developed a larger clinic that could manage 60-70 cases per day.

We timed a typical YAG laser treatment at around 1 minute for the laser and 5 minutes for the paper work.
Clinical assessment took ten minutes and taking a vision / IOP around 15 minutes for our HCAs.

By dividing up the pathway, and recruiting staff to perform simple tasks we were able to derive considerable efficiencies and financial savings



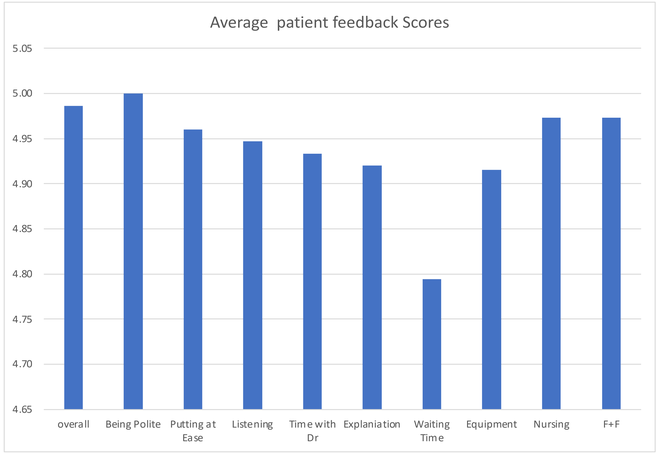
Methods

We wanted to assess the patients experience with the clinic and so used the GMC patient feedback questionnaire to assess the patient experience. The forms were handed to the patient by our reception staff and were collected at the end of the clinic

Results

The patients gave very high satisfaction results during the high volume clinic. In general the patients were seen on time and the waiting room was generally empty.

What was interesting was they felt they had sufficient time with the consultant – even though they were only face to face with them for a few minutes. The friends and family score (F+F) was very high at around 99%.
The waiting time question confused some patients who had been on long waiting lists for their surgery.



Conclusion

Reimagining our treatment pathways in the post-COVID NHS is now of vital importance. Using these methods we can deliver high volume high quality, cost-effective care.

As we plan our treatment pathways it is important to consider those in the community who have not accessed our services. This is particularly true for patients from areas of high social deprivation. This models can be applied to other areas of ophthalmology and help solve our current waiting list crisis.

References

1. Ursell PG, Dhariwal M, O'Boyle D, Khan J, Venerus A. 5 year incidence of YAG capsulotomy and PCO after cataract surgery with single-piece monofocal intraocular lenses: a real-world evidence study of 20,763 eyes. Eye (Lond). 2020 May;34(5):960-968.
2. Karahan E, Er D, Kaynak S. An Overview of Nd:YAG Laser Capsulotomy. Med Hypothesis Discov Innov Ophthalmol. 2014 Summer;3(2):45-50.