Streamlining Cataract Surgery Pathways: The Impact of Same-Day Consent for Delayed Sequential Bilateral Cataract Surgery

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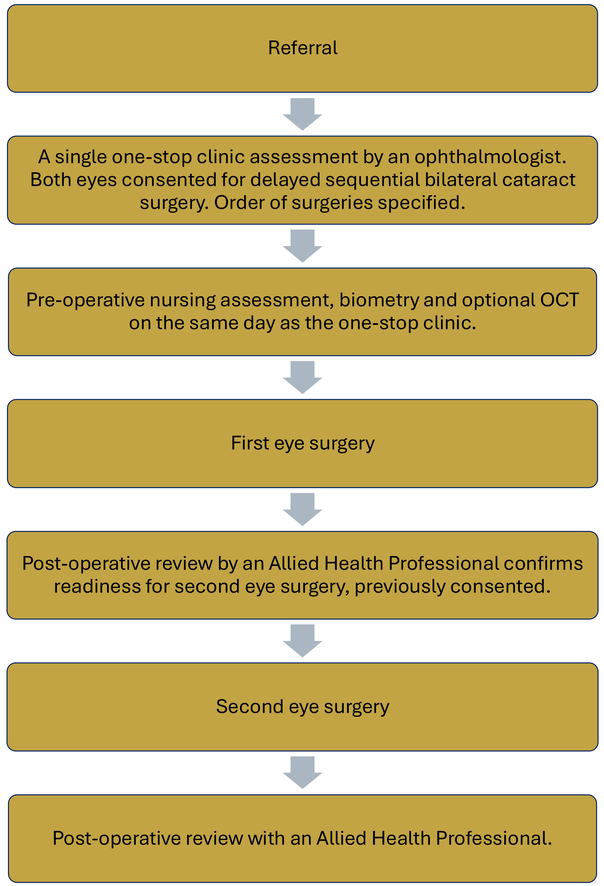
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Introduction

- Cataract remains a leading cause of blindness worldwide, with significant impacts on quality of life and independence.[1,2] In many developed countries, cataract surgery is often performed on both eyes, requiring multiple clinic visits for consent.[3]
- Traditionally at Sheffield Teaching Hospitals, separate clinic appointments were required to consent for each eye to be operated on different days, prolonging the time to complete delayed sequential bilateral cataract surgery (DSBCS).
- To streamline this process, the Northern General Eye Centre (NGEC) introduced same-day consenting for DSBCS.
- This service evaluation examines the impact of this change on patient pathways and clinic efficiency.

Methods

- The new pathway (see flowchart) involves consenting patients for DSBCS during a single one stop clinic visit, eliminating the need for a second appointment solely for second-eye consent.
- A retrospective evaluation of NGEC's local electronic patient record system (Lorenzo) identified patients who underwent second-eye surgery between February 2023 and November 2024.
- Data was extracted from MediSight to determine how many DSBCS second-eye surgeries were performed and how many patients had been consented for this on the same day.



1,385 clinic appointments with an ophthalmologist saved between February 2023 and November 2024.

Results

- From February 2023 to November 2024, 2,430 second-eye surgeries were completed. Of these, 1,385 patients were consented for DSBCS during the initial clinic appointment, eliminating the need for an additional 1,385 appointments solely for second-eye consent.
- These changes reduced patient workload, transport needs, and administrative efforts, while maintaining flexibility for patients to defer their second eye if desired.

Conclusion

- The NGEC model has successfully integrated one-stop clinic efficiencies with patient-centred care, significantly reducing delays and improving service delivery for bilateral cataract surgery.
- This model represents a novel and scalable approach to enhancing cataract care delivery in high-volume settings.
- Similar to efficiency measures described by Van Vliet et al., the NGEC model illustrates how streamlined consent processes can improve patient pathways in high-volume cataract services. Notably, a literature review revealed no prior descriptions of this specific consenting method.
- While the potential financial savings from improved efficiency were not measured in this evaluation, these findings support the value of process innovation in cataract pathways.

References

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Take-home message:

The adoption of same-day consenting for DSBCS has demonstrated substantial improvements in clinical and operational efficiency.

By reducing the need for additional clinic appointments, the new process decreases lead times to DSBCS completion.