Understanding Surgical Complications in Glaucoma Treatment.

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Context:

- Whilst glaucoma surgery is safe and effective complications do occasionally occur.
- Such complications are typically well understood by the clinical community [1&2].
- However, it is not clear how well these are communicated to patients, and whether patients have a clear understanding of surgery risk.
- There may be value is translating what clinicians understand about surgery risk into a language and form that is more accessible to patients.



Method:

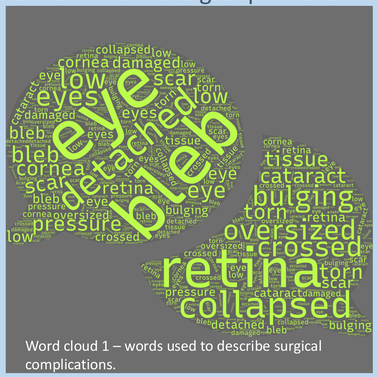
- Qualitative research methods are used to:
  - Explore how patients understand surgical complications in glaucoma treatment.
  - Consider how to present complications in clinical consultations.
- A mix of one-to-one interviews and focus groups are used.
- Data is analysed thematically to identify common experiences and shared viewpoints.



Findings:

- 37 glaucoma patients participated in the research – either taking part in a one-to-one interview or a focus group. Those interviewed (n=10) had direct experience of a surgical complication.
- Participants had limited awareness of surgical complications – word cloud 1 presents some of the words used in this context.
- Participants recognised four important consequences of surgical complications:





Word cloud 1 – words used to describe surgical complications.

- Amongst those who had experienced a surgical complication this was not always recognised:

  "Quite honestly, nobody, until I read this paper today, has ever mentioned complications"

  "I thought it was normal … I understood the pressures would stabilise, I just presumed that … [it] would eventually start and work properly. So I didn't expect it to be a sudden fix."

- Reducing pressure is considered an important outcome, so "low pressure" was not immediately seen as a complication:

  "after the surgery, and they did a pressure test and they said "Oh it's very low" I just thought that was normal … I didn't worry at all."

- Participants wanted to be informed about complications and felt that quantifying risk was an accessible way of doing this:

  "I wonder what percentage of people having complications has risen?"

  "[Be] fair to the patient, provide any kind of complication that could be happening in the future … it's very important"

- Other factors such as employment, lifestyle, age, vision in other eye, and relationship with surgeon also shaped how the risk of complications are viewed.

Discussion:

- As part of the pre-operative and consenting process all patients should be made aware of the potential for complications. If a complication does occur there is a duty of care candour to inform the patient of this.
- Patients were realistic of the consequences of complications recognising the risk of vision loss, the possibility of additional surgery to manage the complication and the possibility of delayed recovery and additional clinical visits.
- Patient awareness of these possibilities suggests that they have been adequately informed about surgery complications.
- There was however several patients who had had complications of which they were unaware or assumed was a standard postoperative occurrence indicating clinicians are not always explicit when a complication occurs.



Conclusion:

- Being more explicit about both the risk and existence of clinical complications will improve clinical communication.
- Focusing upon the consequences of complications may be a more accessible way of discussing these issues with patients.

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Refs

1. Kastner A, Stringa F, King AJ. Reporting Complications in Glaucoma Surgery: A Systematic Review. Ophthalmology. 2020;127(4):550-2.
2. Stringa F, Kastner A, Heuer D, Barton K, King AJ. Postoperative complications in glaucoma surgery: literature review-based recommendations to improve reporting consistency. Br J Ophthalmol. 2021.

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