Bick's Entropion surgery performed by an Advanced Clinical Practitioner; an audit of results



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1 Introduction

- Ophthalmology services are under increasing strain
- Consultant provision fails to meet future requirements for ¾ of ophthalmology departments
- As of September 2024, over 600,000 patents awaited their first ophthalmology appointment
- To address these challenges, we explored the potential of Advanced Clinical Practitioners (ACPs) to contribute to surgical care
- We present a pilot program , the first of its kind in the United Kingdom to our knowledge, involving the training of an ACP in the surgical management of entropion with lateral wedge excision and everting sutures

2 Methods

- We performed a retrospective audit on 21 patients who had entropion surgery with a Bick's procedure (lateral wedge excision) and everting sutures between September 2021 and November 2024
- Patients included were those who were operated on by an ACP with consultant supervision
- These cases were selected at the consultant's discretion
- Re-do entropion surgery or alternative procedures were not included on the ACP list
- We collected our data by reviewing electronic patient records on the Medisight platform
- We recorded patient demographics, date of surgery, duration of time on waiting list, outcome of surgery and any associated complications

Law. K, Mensah, E (2001) Nurse-Led chalazion surgery: are they as good as doctors? Ophthalmic Nursing 5 (1) p17-21
Dunlop. N (2010) Advancing the role of minor surgery for nurses, British Journal of Nursing, Vol 19 No 11
Nursing and midwifery council,(2018) The code: standards of conduct, performance and ethics for nurses and midwives, NMC, London, The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council
NHS England (2024), Consultant-led referral to Treatment Waiting Times Data 2024-2025
Statistics » Consultant-led Referral to Treatment Waiting Times Data 2024-25

3 Results

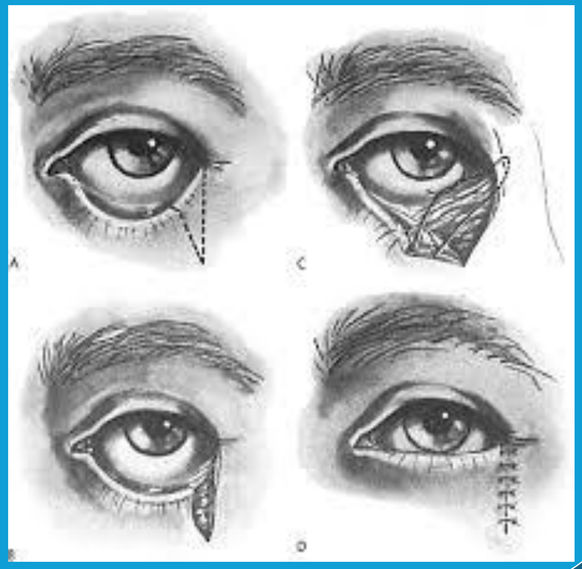
- 21 entropion procedures were performed over a 3-year period
- Average age – 78 years
- Mean duration of time on waiting list – 10.5 months (1 month – 18 months)
- 20/21 patients had a satisfactory lower lid position (95%)
- One patient required a redo procedure due to wound dehiscence

4 Conclusion

- ACP led entropion surgery is safe and effective
- Helps to reduce duration of time patients spend on waiting lists
- Consultants subsequently have more time for complicated cases
- We have created a standard of practice for autonomous Advanced Clinical Practitioner lead entropion surgery

5 Recent developments

- Subsequent to the preliminary audit we have commenced independent ACP lists with indirect consultant support from an adjacent theatre
- 9 procedures have been performed so far on these ACP lead lists
- 7/9 patients had a satisfactory lower lid position
- One patient had a wound dehiscence requiring further surgery
- One patient is awaiting follow-up.
- We continue with an average of 1-2 independent ACP led entropion cases per week
- We plan to continue to audit our results



A) Margins of incision are delineated by a skin marker
B) Lateral cantholysis is made, lid should be transected and free from the globe and excess lid removed. Everting sutures inserted with lid open.
C) Suture is passed into the lateral canthal tendon stump then into the inferior margin of the inferior tarsal plate. A second suture is placed superior to this.
D) Sutures are tied with the knot in the wound. A lateral canthal reforming suture and skin sutures are placed.