On the day cataract cancellations

Celebrating Best Care Conference 2014

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Cataract

- 30% of those over 65 years \(^{(1)}\)
- Commonest elective surgical procedure performed within the NHS \(^{(2,3)}\)
- With an increasingly elderly population, demand on cataract services is predicted to increase \(^{(4)}\).
- Government targets necessitate that time from referral to definitive treatment is within 18 weeks.

Cancellation of surgery on the day prolongs waiting lists and cause dissatisfaction for both patients and clinicians.
Current Standards

- No official guidance on acceptable or normal cancellations rates are available.

- Ideally there would be no avoidable on the day cancellations.

- Previously published data showed 12% of cataract operations due to be performed on that day were cancelled\(^{(5)}\).
AIM

- Quantify the number of cataract operations cancelled on the day of surgery in the QAH Ophthalmology department.
- Look at the reasons for on the day cataract operation cancellations.
- Make improvements to help eliminate avoidable on the day cancellations.
METHODS

- A prospective audit was conducted over a 5 month period from 02/03/2012 to the 30/07/2012.

- Cancellation data was collected by SN Hunter and SN Chandler

- Data collected included
  - Patient name
  - Patient DOB
  - Reason for cancellation
  - Operating surgeon
RESULTS

- 59 on the day cataract operation cancellations.
- 1730 cataract operations were completed during this 5 month period.
- Cancellation rate of 3.41% (low compared to 12%)

<table>
<thead>
<tr>
<th>CAUSE OF ON THE DAY CANCELLATIONS</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other eye problems</td>
<td>18 (30.4%)</td>
</tr>
<tr>
<td>Another medical problem</td>
<td>17 (28.9%)</td>
</tr>
<tr>
<td>High INR</td>
<td>8 (13.4%)</td>
</tr>
<tr>
<td>Inappropriately listed</td>
<td>7 (11.9%)</td>
</tr>
<tr>
<td>IOL not available</td>
<td>4 (6.8%)</td>
</tr>
<tr>
<td>Wrong list / Surgeon</td>
<td>4 (6.8%)</td>
</tr>
<tr>
<td>DNA</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>59 (100%)</td>
</tr>
</tbody>
</table>
RESULTS

- IOL not available (4) 7%
- Wrong list / surgeon (4) 7%
- DNA (1) 2%
- High INR (8) 13%
- Inappropriately Listed (7) 12%
- Other Eye Problems (18) 30%
- Another Medical Problem (17) 29%
Other eye conditions (18 i.e. 30%)
Medical problems (17 i.e. 29%)

- Active infection: 9
- Systemic illness: 5
- High blood glucose: 3
Inappropriate listing (7 i.e. 12%)
Wrong list / surgeon (4 i.e. 7%)

Number of Cancellations

- Needs two slots (dense cataract)
- Previous VR surgery (needs VR list)
- Needs GA list
DISCUSSION

- IOL not available (4, 7%)

  - Nominated staff member to ensure all IOLs are available one week prior to surgery
    - Allows sourcing of IOL elsewhere
    - Allows earlier cancellation, and filling of surgical slots.
DISCUSSION

✶ INR too high (4, 7%)

✶ Currently:
  ✶ POAC emails warfarin clinic advising them of surgery date
  ✶ Warfarin clinic checks INR 1 week prior to surgery

✶ Suggestions for improvement
  ✶ POAC to explain the plan to patient so patient aware
  ✶ Warfarin clinic to inform us of abnormal INR level
  ✶ New surgery date given allowing for stabilisation of INR
DISCUSSION

- Infections
  - Systemic infections (9, 15%)
  - Ophthalmic infections (7, 12%)

- blepharitis, sometimes combined with other anterior segment conditions.
  - Blanket eyelid hygiene for all pre-op patients may cause a reduction in on day cancellations due to blepharitis (6).

- Unlikely to all be acute
  - Continued education of patients to report ill health early.
  - Advice regarding early reporting to be given at time of listing and at POAC
DISCUSSION

- Inappropriately listed (7, 12%)
  - Patients re-listed accidently
    - Importance of filling in referral card correctly
  - Notes could be vetted by the surgeon prior to day of surgery
    - Ensure cases are appropriate
    - Highlight issues that my need addressing early
  - Opinion based
Filling in the card

<table>
<thead>
<tr>
<th>Surname</th>
<th>Unit No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>G.P.</td>
<td>M.F.C.</td>
</tr>
<tr>
<td>Tel. No</td>
<td>Date seen</td>
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<tr>
<td>Consultant</td>
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</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Operation</td>
<td>Urgent / In Turn</td>
</tr>
<tr>
<td>Current spectacle prescription</td>
<td></td>
</tr>
<tr>
<td>Refractive Aim</td>
<td></td>
</tr>
<tr>
<td>Operation Cons./Reg.</td>
<td></td>
</tr>
<tr>
<td>Listed by</td>
<td></td>
</tr>
<tr>
<td>Pupils Dilate Well</td>
<td>Yes/No</td>
</tr>
<tr>
<td>P.O.A.</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Transport</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Ocular Cormobidity:</td>
<td></td>
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<tr>
<td>Other Complications:</td>
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</tr>
<tr>
<td>Diabetes?</td>
<td></td>
</tr>
<tr>
<td>Allergies?</td>
<td></td>
</tr>
<tr>
<td>Steroids?</td>
<td></td>
</tr>
<tr>
<td>Warfarin</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Flomax</td>
<td>Yes/No</td>
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<tr>
<td>2nd Eye</td>
<td>List after 1st</td>
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<tr>
<td>Refer to Clinic</td>
<td>Yes/No</td>
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<tr>
<td>Discharge</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Implementing change

- Member of staff to check availability of IOL 1/52 prior to list.

- Increased education of patients to report illness early – Educated at time of listing and POAC.

- Information leaflets on blepharitis / eye lid hygiene

- Warfarin clinic to inform us of out of range INR values

- Presenting this audit to eye dept. staff including theatre and POAC

- Surgeon to review patient notes 1/52 prior to list
REFERENCES