Interval Between Cataract Procedures
Risk Management Recommendations

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PURPOSE OF RISK MANAGEMENT RECOMMENDATIONS
OMIC regularly analyzes its claims experience to determine loss prevention measures that our insured ophthalmologists can take to reduce the likelihood of professional liability lawsuits. OMIC policyholders are not required to implement these risk management recommendations. Rather, physicians should use their professional judgment in determining the applicability of a given recommendation to their particular patients and practice situation. These loss prevention documents may refer to clinical care guidelines such as the American Academy of Ophthalmology’s Preferred Practice Patterns, peer-reviewed articles, or to federal or state laws and regulations. However, our risk management recommendations do not constitute the standard of care nor do they provide legal advice. If legal advice is desired or needed, an attorney should be consulted. Information contained here is not intended to be a modification of the terms and conditions of the OMIC professional and limited office premises liability insurance policy. Please refer to the OMIC policy for these terms and conditions.

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Ophthalmologists are at times asked by patients who live far from the hospital or surgery center, or those with significant medical co-morbidities, to perform cataract surgery on the same or consecutive days. This risk management recommendation letter will provide information for the physician to consider during the decision-making process.

“Cataract in the Adult Eye” Preferred Practice Pattern
The American Academy of Ophthalmology’s Preferred Practice Pattern (PPP), “Cataract in the Adult Eye,” has a section on “Second-Eye Surgery” that addresses the interval between surgeries, as well as a brief discussion of “Simultaneous Bilateral Cataract Surgery.”

The PPP lists the following as factors that influence the appropriate interval between first- and second-eye surgery:

- The patient’s visual needs
- The patient’s preferences
- Visual acuity or function in the second eye
- The medical and refractive stability of the first eye
- Anisometropia
- The need for binocularity
- Logistical concerns such as the number of visits to the doctor’s office.
Criteria for determining a safe interval between surgeries

According to the PPP, prior to performing second-eye surgery, the following criteria should be met:

- The refractive error of the first eye should be ascertained
- The patient should perceive improved function
- Sufficient time should have elapsed to diagnose and treat any early postoperative complications such as endophthalmitis
  - The PPP notes that endophthalmitis has a peak occurrence of between 4 to 6 days.
- The patient must evaluate the results of the first-eye surgery.

Simultaneous Bilateral Cataract Surgery

The PPP briefly discusses simultaneous bilateral cataract surgery, and states that most ophthalmologists do not perform it for fear of potentially bilateral blinding complications. Indications reported in published reviews of simultaneous bilateral cataract extraction include:

- The need for general anesthetic in the presence of bilateral, visually significant cataract
- Rare occasions where travel for surgery and follow-up care is a significant hardship for the patient
- When the health of the patient may limit surgery to one operation.

The PPP advises that the potential benefits and risks to the patient should be critically considered.

Patient safety concerns

The major patient safety concern with intraocular surgeries on consecutive days is the possible development of endophthalmitis. This concern is substantiated by OMIC claims experience. This catastrophic complication is difficult to diagnose and may not manifest for up to 6 days after the first surgery.

Waiting at least a week between surgeries would not only be prudent, but would be consistent with the AAO PPP. At a minimum, 2 to 3 days should elapse during which time endophthalmitis should be ruled out and the other criteria noted above should be met.

Ideally, it is best to wait several weeks after the first-eye surgery until:

- The above interval criteria have been met, AND
- The eye is quiet
- Drops have been discontinued
- A stable refraction has been obtained
- A new spectacle prescription for the operated eye has been written.

Risk management recommendations

It appears that operating on the same or consecutive days is a risk that is not generally accepted at the present time. If an adverse event were to occur, and the patient sued you for malpractice, it might be difficult to secure supportive testimony from expert witnesses.

The AAO PPP does, however, address the rare need for a short interval between cataract surgeries, including same-day surgery. You will need to use your professional judgment to determine what is in the patient’s best interests, and how to balance the logistical concerns voiced by the patient against the possibility of potentially bilateral blinding complications.
To promote patient safety and decrease your liability exposure, consider implementing the following risk management recommendations:

**PRE-OPERATIVE EVALUATION**
- Determine, disclose, and document that a cataract is responsible for vision loss in each eye, and verify and document that the cataract-induced vision loss has led to an inability to function with the current level of vision.
- If the patient has pre-existing ocular co-morbidities, determine, disclose, and document the impact of cataract-related vision impairment on these pre-existing ocular comorbidities in each eye in order to carefully manage the patient’s expectations about the likely benefits of surgery.
- Determine, disclose, and document any medical co-morbidities that might influence the need for and timing of the second-eye surgery.
- Determine, discuss, and document the patient’s preferences for the timing of the second-eye surgery, and the reasons for those preferences.
- Determine, disclose, and document your professional judgment about what is a safe interval between surgeries for this patient, being careful to document your decision-making process.

**INFORMED CONSENT**
- Personally obtain the patient’s informed consent: this legal duty cannot be delegated.
- Use a procedure-specific consent form. During the informed consent discussion and documentation, it is crucial to explain:
  - The effect on vision and functionality of the cataract in each eye
  - The effect of ocular comorbidities, other known risk factors, and medical comorbidities on the likelihood of complications during and after the procedure, and on the final outcome.
    - Consider circling or underlining the appropriate section of the consent and write in the reasons for the increased risk (e.g., hemorrhage if on anticoagulants that cannot be stopped for medical reasons; rupture of the posterior capsule with dense cataracts).
  - Type or write in, if necessary, any additional information related to the time interval between surgeries, especially the risk of undiagnosed endophthalmitis.
  - Emphasize conditions such as glaucoma, diabetes, and macular degeneration that can impact visual acuity and functionality.
  - Inform the patient that while the acuity evaluation indicates that he/she is likely to benefit from surgery, potential acuity testing may not accurately predict the results. Even though you recommend surgery, no guarantee can be made that visual acuity will improve.
  - To verify patient understanding, ask the patient to explain in his own words what the risks are.

**POSTOPERATIVE CARE**
- Give the patient written instructions about postoperative care, being careful to explain all symptoms of possible complications that should be reported to you, and your contact information.
- Have a prudent follow-up schedule after each surgery, and carefully document the history and physical examination, particularly as it relates to endophthalmitis.
- Instruct your staff to notify you at once if this patient calls with any problems, complaints, or questions postoperatively.
BEFORE THE SECOND-EYE SURGERY

- Prior to proceeding with the second surgery, ensure that the criteria noted above have been met, and document this carefully in the record.
- Once you are satisfied that it is safe to proceed, again obtain and document informed consent for the second-eye surgery.
- Follow the above recommendations for postoperative care.

OMIC policyholders who have additional questions or concerns about practice changes are invited to call OMIC’s confidential Risk Management Hotline by calling (800) 562-6642, extension 641.