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Uncomplicated phacoemulsification and first-day review: The patient's perspective

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PURPOSE. *To evaluate patients' opinions regarding first-day review following uncomplicated phacoemulsification.*
METHODS. *A prospective questionnaire-based survey was conducted on consecutive patients at the time of listing for day-case phacoemulsification. Data collected included demographic details, proposed anaesthetic technique, first or second eye surgery and postcode. Statistical analysis was undertaken with the unpaired t-test, the χ^2-test with Yates' correction for small numbers or Fisher's exact test, and Kendal's rank correlation, as appropriate.*
RESULTS. *100 patients (59% female; mean age 74.2 (12.6) years) were recruited. 87% preferred to return to hospital for their first-day review. This result was not significantly affected by sex, proposed anaesthetic technique, first eye surgery or postcode area. Only patients < 65 years old preferred not to return ($p<0.02$)*
CONCLUSIONS. *In this population, patients preferred to return for first-day review following uncomplicated phacoemulsification. There may be some variance in the opinions of surgeons and patients regarding this issue, and the patient's preferences should be taken into account to provide optimum quality of care. (Eur J Ophthalmol 2005; 221-3)*

KEYWORDS. *Cataract First-day review, Phacoemulsification, Patient questionnaire*

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INTRODUCTION

With the increasing popularity of phacoemulsification, day-case cataract surgery has come of age. Several studies (1-9) have evaluated the clinical need for the first-day postoperative review. These have addressed postoperative complications, particularly a rise in intraocular pressure, uveitis and the need for any clinical intervention (1-8), and the effect on visual outcome and vision related quality of life (9). Some studies have advocated abandoning the first-day review following uncomplicated surgery (1-5), although two utilised same-day review (1, 2) and one directly compared same- and next-day review (9), but other authors suggest retaining this review (6-8).

Whilst increasing demands, both numerical and economic, are placed on the clinician, it is imperative that our practice reflects a balance between clinical need and the patients' requirements. The benefits of first-day review include reassurance and reiteration and clarification of postoperative instructions for patients, many of whom are elderly, thus improving our quality of care. The clinical needs have been addressed already (1-9), and the aim of this study was to assess the patients' opinion of first-day review following uncomplicated phacoemulsification.

METHODS

A prospective questionnaire-based survey was undertaken on consecutive patients listed for routine phacoemulsifi-

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cation under the care of a single consultant (CEH).

The questionnaire consisted of a brief summary of what occurs on the day following uncomplicated surgery (removal of the dressing and cleaning the eye, drop instillation, a follow-up appointment for 2 weeks later and an emergency contact number). Patients were then offered two options; either to perform the first-day dressing themselves and thus avoid having to return to hospital, or to return to the hospital to have this done and allow examination of the eye by the surgeon. The questionnaires were given to the patient immediately after listing for surgery and were completed in the outpatient waiting area and then collected. Half the sample (Group 1) were offered these options in one order (to return or not to return) whilst the other half (Group 2) were offered the reverse sequence (not to return or to return). Other data collected included basic demographic details, proposed anaesthetic technique (general (GA) or local (LA) anaesthetic), and whether surgery was for the patient's first or second eye.

The patient's postcode was also recorded, to act as a substitute for accessibility. No patient was included in this study twice. Results are presented as frequency (%) or mean (SD). Mean values were compared with the unpaired *t*-test and frequencies with the χ^2 -test with Yates' correction for small numbers or Fisher's exact test. Postcodes were analysed with Kendal's rank correlation.

RESULTS

One hundred consecutive patients (59% female) with a mean age of 74.2 (12.6) years were recruited. The first 50 patients comprised Group 1 and the second 50, Group 2.

Table I - PATIENT DEMOGRAPHICS

	Group 1	Group 2	Total
Number	50	50	100
Male / Female	16 / 34	25 / 25	41 / 59
Age (SD) years	73.1 (12.8)	75.2 (12.5)	74.2 (12.6)
1st / 2nd eye	32 / 18	30 / 20	62 / 38
LA / GA*	43 / 7	47 / 3	90 / 10

* = Local anaesthesia / General anaesthesia

Patient details are shown in Table I and their responses in Table II. There were no significant differences between these two groups.Further analysis was then performed on the pooled data. Eighty-seven (87%) patients preferred to return for first-day review. This choice was not affected by sex, first or second eye surgery or proposed anaesthetic technique. Postcode had no effect on the patient's decision whether to return for first-day review or not (τ = 0.327, p>0.1). The only factor that significantly influenced the choice to return or not was age < 65 years (p<0.02).

DISCUSSION

The option to dispense with (1-5, 9) or retain (6-8) the first-day postoperative review following uncomplicated phacoemulsification has been addressed on clinical grounds, in both prospective (2-4, 9) and retrospective (1, 5-8) studies. However, none of these addressed the patients' opinion before surgery and this is the first study to do so, with 87% of patients choosing to return. In contrast, Tinley et al (9), in a prospective comparison of same- versus next-day review, reported that 40% of those who refused to enrol in their study was because they wished to avoid the next-day review.

The major flaw in our study is the lack of randomisation, although this is unlikely to affect patients' decision of

Table II - RESULTS OF QUESTIONNAIRES

	Group 1		Group 2		Total	
	Return	No return	Return	No return	Return	No return
Male	14	2	21	4	35	6
Female	31	3	21	4	52	7
1st eye	29	3	25	5	54	8
2nd eye	16	2	17	3	33	5
LA[a]	38	5	40	7	78	12
GA[b]	7	0	2	1	9	1
<65 yrs	6	3	6	3	12	6
≥65 yrs	39	2	36	5	75	7

[a] = Local anaesthesia; [b] = General anaesthesia

whether to return or not, taken before surgery. The only factor that may influence this choice is previous experience (i.e. second eye surgery). Patients have been noted to prefer the management they have previously experienced (9) when asked after surgery. The only patients who fit this category in our study are second eyes, but these were equally distributed between our study groups. The two groups were also similar for demographic details and preference to return, suggesting that the response order of the questionnaires did not significantly influence the results. Several factors, including accessibility to the Unit and physical disability, may influence patients' choice whether to return or not. Whilst the latter aspect was not addressed, our study did evaluate accessibility, using postcode as a proxy. This did not have any effect on their choice. In a study evaluating day case cataract surgery (10), the majority of patients found day case surgery acceptable and 93% reported no problems with the journey to hospital. Interestingly, the authors make the point that "patients' attitudes to day surgery have not received the same attention as the clinical outcomes" (10), a situation analogous to the current debate about first-day review after uncomplicated phacoemulsification. However, both Ahmed and co-workers (1) and Dinakaran and colleagues (8) have suggested that eliminating the first-day review offers advantages in terms of convenience and travel issues and others (2) have stated there are clear (although undefined) practical benefits to patients. This would appear to be at variance with our findings and indeed those of Davies and Tyers (10). Interestingly, first or second eye surgery did not influence patients' choice of whether or not to return. Intuitively, one might have expected patients undergoing second eye surgery to feel more comfortable managing their own postoperative care based on their previous experience. Alternatively, such patients may assume that their previous management was "correct" and so did not wish to change (9). The fact that patients < 65 years old preferred not to return for review may be related to work issues, but this could not be answered by our study and may warrant further investigation. Undoubtedly, other unidentified factors may influence the results of this study.

In conclusion, our study has shown that the vast majority of patients would prefer to attend first-day review after uncomplicated phacoemulsification, when given the option. Retention of this review has also been proposed on clinical grounds (6-8), although others have suggested that it is unnecessary (1-5,9). Certainly, our study highlights the need to obtain the views of patients, in addition to clinical evidence, when proposing changes, as was suggested in a study on day case cataract surgery (10).

However, alternative means of providing optimum care for our patients, such as using nurses (6) or others to provide the first-day review, may be the way forward.

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REFERENCES

1. Ahmed IIK, Kranemann C, Chipman M, Malam F. Revisiting early postoperative follow-up after phacoemulsification. J Cataract Refract Surg 2002; 29: 100-8.
2. Tufail A, Foss AJE, Hamilton AMP. Is the first day postoperative review necessary after cataract extraction? Br J Ophthalmol 1995; 79: 646-8.
3. Whitefield L, Crowston J, Little BC. First day follow up for routine phacoemulsification? Br J Ophthalmol 1996; 80: 148-50.
4. Tan JHY, Newman DK, Klunker C, Watts SE, Burton RL. Phacoemulsification cataract surgery: Is routine review necessary on the first post-operative day? Eye 2000; 14: 53-5.
5. Allan BDS, Baer RM, Heyworth P, Dugiud IGM, Dart JKG. Conventional routine clinical review may not be necessary after uncomplicated phacoemulsification. Br J Ophthalmol 1997; 81: 548-50.
6. Herbert EN, Gibbons H, Bell J, Hughes DS, Flanagan DW. Complications of phacoemulsification on the first postoperative day: Can follow-up be safely changed? J Cataract Refract Surg 1999; 25: 985-8.
7. Cohen VML, Demetria H, Jordan K, Lamb RJ, Vivian AJ. First day post-operative review following uncomplicated phacoemulsification. Eye 1998; 12: 634-6.
8. Dinakaran S, Desai SP, Sunder Raj P. Is the first post-operative day review necessary following uncomplicated phacoemulsification surgery? Eye 2000; 14: 364-6.
9. Tinley CG, Frost A, Hakin KN, McDermott W, Ewings P. Is visual outcome compromised when next day review is omitted after phacoemulsification surgery? A randomised control study. Br J Ophthalmol 2003; 87: 1350-5.
10. Davies B, Tyers AG. Do patients like day case cataract surgery? Br J Ophthalmol 1992; 76: 262-3.