



A RETROSPECTIVE STUDY ON CAUSES OF POSTPONEMENT OF CATARACT SURGERY

Dr. Doddaka J.L.Pravallika

Junior Resident, Department of Ophthalmology, GGH Guntur.

Dr. V. Vijaya Lakshmi

M.S, Professor, Department of Ophthalmology, GGH Guntur.

Dr. P. Raja Kumar

M.S, Assistant Professor, Department of Ophthalmology.

Dr. B. Chandra Sekhar

M.S, Assistant Professor Department of Ophthalmology.

KEYWORDS :

INTRODUCTION:

Cataract is the primary cause of blindness on a global scale, affecting millions of individuals worldwide. Cataract surgery is widely performed in numerous nations and is known to greatly enhance the quality of life. Despite being a cost-effective technique, the delivery of cataract surgery in underdeveloped nations is nonetheless plagued by various obstacles and challenges.(1,2) The efficient functioning of operation theatres (OTs), which are essential to the hospital's operations, relies on the optimal flow of patients. Postponing or cancelling elective surgeries might result in the mismanagement of services and the underutilization of hospital resources.(3,4) Due to the growing demand for cataract surgery and its numerous benefits, it is essential for ophthalmology trainees to gain valuable experience in performing high-quality cataract extraction (CE) procedures as part of their training. Nevertheless, the occurrence of significant exposure might be prevented due to the elevated frequency of surgical cancellations. This study aims to evaluate the reasons for cancellation of cataract surgeries.

AIMS AND OBJECTIVES:

To evaluate and report the reasons for the cancellation of elective cataract surgeries at Government General hospital, Guntur.

Methodology:

It is a retrospective, observational study conducted on 1000 patients posted for cataract surgery. All patients posted for elective cataract surgery were included from January 2023 to January 2024 at Govt. General hospital, Guntur. All the patients whose surgery was postponed or cancelled have been enrolled and the data pertaining to the reason for postponement was collected. Data were collected in excel sheets and statistical analysis was done using Microsoft Excel 2019. The study abides by the guidelines laid by the declaration of Helsinki.

RESULTS:

The mean age of the study population was 59.2±3.5 years. Of the 1000 surgeries posted during the study period, 100 cases got cancelled. The mean age of the patients whose surgery got cancelled was 61.32±5 years. 63 were men and 37 were women. 34% were left eye cataracts and 66% were right eye cataracts. 86% of them were posted for SICS and 14% were posted for Phaco.

The reasons for postponement of cataract surgery have been enumerated in table no. 1:

Reason	Count	%
ACTIVE DISCHARGE FROM LEFT EYE	1	1
ACTIVE EAR DISCHARGE	3	3
ACTIVE FOOT ULCER	4	4
COUGH WITH EXPECTORATION	3	3
DOG BITE	1	1
DRUG ALLERGIC REACTION TO TEST DOSE OF LIGNOCAINE	5	5
HIGH BLOOD PRESSURE	20	20

HIGH BLOOD SUGARS	21	21
HIGH BODY TEMPERATURE	4	4
HIGH CARDIAC RISK	2	2
HIGH INTRAOCULAR PRESSURE AFTER GIVING LOCAL ANAESTHESIA	6	6
HYPOGLYCEMIC ATTACK	3	3
LEFT EYE CONJUNCTIVAL CONGESTION	1	1
PANIC ATTACK	3	3
PATIENT COMPLAINING SHORTNESS OF BREATH	3	3
PATIENT DID NOT STOPPED USING ASPIRIN	2	2
PATIENT HAD 2 EPISODES OF DIARRHOEA	4	4
PATIENT IS NOT CO OPERATIVE	3	3
RIGHT EYE CONJUNCTIVAL CONGESTION	1	1
SYNCOPEAL ATTACK AFTER GIVING PERIBULBAR BLOCK	1	1
UNREVEALING OF CARDIAC HISTORY	2	2
UNSTABLE VITALS	4	4
2 Episodes of vomiting	3	3
Grand Total	100	100

DISCUSSION:

Cataract surgery, a common and generally safe procedure, can be subject to cancellation for a variety of reasons, each with significant implications for patient health and healthcare systems. Understanding these reasons is crucial for improving surgical planning, patient care, and resource management. The reasons for cancellation can be broadly categorized into medical, administrative, and patient-related factors.

Medical reasons for the cancellation of cataract surgeries are often related to the patient's health status. Preoperative assessments may reveal acute medical conditions such as uncontrolled hypertension, cardiac arrhythmias, or respiratory infections that necessitate postponement until the patient is medically stable. Additionally, undiagnosed or poorly managed chronic conditions like diabetes or anticoagulation therapy may require optimization before surgery can proceed safely. Infections, such as conjunctivitis or blepharitis, directly affecting the eye or surrounding area also mandate rescheduling to prevent postoperative complications. Sometimes, new findings during the preoperative examination, such as issues with the ocular surface or unexpected anatomical challenges, may prompt a deferral of surgery to allow for further evaluation or treatment. Administrative factors also play a significant role in the cancellation of cataract surgeries. These can include scheduling errors, such as double bookings or miscommunication about the availability of operating rooms or surgical staff. Equipment-related issues, such as malfunctioning phacoemulsification machines or a lack of necessary surgical instruments, can lead to unavoidable delays or cancellations. Additionally, cancellations may occur due to logistical challenges, such as an overbooked surgical schedule or inadequate time allocated for each procedure, particularly in high-volume centers where efficient turnover is critical (5,6).

Patient-related factors are another major cause of cancellation. These

include patient non-compliance or changes in the patient's condition that arise on the day of surgery. For instance, patients might fail to follow preoperative instructions, such as fasting or discontinuing certain medications, rendering them unsuitable for anesthesia. Anxiety and fear are common emotional responses that can lead some patients to cancel or postpone their surgery at the last minute. Additionally, logistical issues such as transportation problems, personal emergencies, or lack of support from family or caregivers can also result in cancellations. In some cases, patients may experience a sudden onset of unrelated illnesses, such as colds or flu, necessitating postponement(7).

Understanding and addressing these reasons for the cancellation of cataract surgeries is vital for improving patient outcomes and healthcare efficiency. Medical cancellations can be mitigated through comprehensive preoperative evaluations and optimization of chronic conditions. Administrative issues require robust scheduling systems, adequate staffing, and regular maintenance of surgical equipment (8,9). Enhancing patient education about the importance of preoperative preparation and providing support to address logistical and emotional barriers can reduce patient-related cancellations. By addressing these multifaceted issues, healthcare providers can minimize the incidence of cancellations, thereby improving surgical efficiency, reducing costs, and enhancing patient satisfaction and outcomes.

REFERENCES:

1. Jonas JB, George R, Asokan R, Flaxman SR, Keeffe J, Leasher J, et al. Prevalence and causes of vision loss in Central and South Asia 1990-2010. *Br J Ophthalmol.* 2014;98:592-8. [PubMed] [Google Scholar]
2. Wong TY, Zheng Y, Jonas JB, Flaxman SR, Keeffe J, Leasher J, et al. Prevalence and causes of vision loss in East Asia 1990-2010. *Br J Ophthalmol.* 2014;98:599-604. [PubMed] [Google Scholar]
3. Keeffe J, Taylor HR, Fotis K, Pesudovs K, Flaxman SR, Jonas JB, et al. Prevalence and causes of vision loss in Southeast Asia and Oceania 1990-2010. *Br J Ophthalmol.* 2014;98:586-91. [PubMed] [Google Scholar]
4. Leasher JL, Lansingh V, Flaxman SR, Jonas JB, Keeffe J, Naidoo K, et al. Prevalence and causes of vision loss in Latin America and the Caribbean 1990-2010. *Br J Ophthalmol.* 2014;98:619-28. [PubMed] [Google Scholar]
5. Rao GN, Khanna R, Payal A. The global burden of cataract. *Curr Opin Ophthalmol.* 2011;22:4-9. [PubMed] [Google Scholar]
6. Nirmalan PK, Katz J, Robin AL, Krishnadas R, Ramakrishnan R, Thulasiraj RD, et al. Utilisation of eye care services in rural south India: The Aravind Comprehensive Eye Survey. *Br J Ophthalmol.* 2004;88:1237-41. [PMC free article] [PubMed] [Google Scholar]
7. Gupta SK, Murthy GV. Where do persons with blindness caused by cataracts in rural areas of India seek treatment and why. *Arch Ophthalmol.* 1995;113:1337-40. [PubMed] [Google Scholar]
8. Finger RP. Cataracts in India: Current situation, access, and barriers to services over time. *Ophthalmic Epidemiol.* 2007;14:112-8. [PubMed] [Google Scholar]
9. Vaidyanathan K, Limburg H, Foster A, Pandey RM. Changing trends in barriers to cataract surgery in India. *Bull World Health Organ.* 1999;77:104-9. [PMC free article] [PubMed] [Google Scholar]