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Interval Between Cataract Surgeries

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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 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. Consult an attorney if legal advice is desired or needed. 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.

Version 1/3/19

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. Some patients prefer to have the procedures done the same day. This risk management recommendation document will provide information for the physician to consider during the decision-making process.

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 bilateral cataract surgery done on the same day.¹ The PPP lists the following as factors that influence the appropriate interval between first- and second-eye surgeries:

- Patient's visual needs and preferences
- Visual acuity and function of the second eye

¹ American Academy of Ophthalmology Cataract and Anterior Segment Panel. Preferred Practice Patterns (PPP): Cataract in the Adult Eye 2016, pages 51-52, available at <https://www.aao.org/preferred-practice-pattern/cataract-in-adult-eye-ppp-2016>.

- Medical and refractive stability of the first eye
- Degree of anisometropia

According to the PPP, most ophthalmologists in the United States do not perform immediate sequential bilateral cataract surgery (ISBCS). However, as studies show some cost reduction and short-term functional advantage as well as some patients now request it, the number of ISBCS cases are growing. Indications for ISBCS include “the need for general anesthetic in the presence of bilateral, visually significant cataracts, situations where travel for surgery and follow-up care is a significant hardship for the patient, and when the health of the patient may limit surgery to one surgical encounter.”

Risk management recommendations

Preoperative 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.
- The impact of cataract-related vision impairment on pre-existing ocular co-morbidities in each eye in order to carefully manage the patient’s expectations about the likely benefits of surgery.
- Medical co-morbidities that might influence the need for and timing of the second-eye surgery
- The patient’s preferences for the timing of the second-eye surgery, and the reasons for those preferences
- 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 is required by law in Pennsylvania).
- Use a procedure-specific consent form.
- Explain the effect in each eye of the cataract, ocular comorbidities, other known risk factors, and medical comorbidities on the likelihood of complications during and after the procedure, and on the final outcome.
- Type or write in, if necessary, any additional information related to the time interval between surgeries, especially the risk of undiagnosed endophthalmitis.
- Obtain consent for each cataract procedure.
 - Obtain consent for the second eye after evaluating the outcome of the first surgery. Use either a new consent form or add a second date and signature line to the initial consent form.
 - Carefully evaluate and discuss the risks and benefits of bilateral surgery performed on the same day, and add an addendum to the consent form if the patient chooses this option.²

OMIC policyholders are invited to contact our confidential Risk Management Hotline at riskmanagement@omic.com or at 800-562-6642, option 4.

² See [Sample addendum for same day sequential bilateral surgery](#).