### Complicated cataract surgery: strong leadership protects patients



John Buchan Ophthalmologist: International Centre for Eye Health, London School of Hygiene and Tropical Medicine, London, UK.

It is said that "safety is no accident." This means that safe medical practice does not happen by chance. Careful planning of your operating environment will protect patients, but it requires a holistic approach as surgeons are only as good as the environment they work in and the team that supports them.

### Stock take and procurement

A well-led team will be doing regular stock takes: identifying when stocks are running low and ordering more supplies before the shelf is empty. This is essential if a complication arises and an alternative IOL is needed or a piece of equipment is urgently required (such as an automated vitrector, iris hooks or a certain suture).

### Sterilisation schedules

Standard surgical instruments may be arranged in trays appropriate to the operation being performed. When an additional or unexpected instrument is needed, can it be provided at very short notice? This might require single wrapped items to be held in store, or a tray of additional possible instruments to be sterilised at the start of the theatre list and accessed as needed. Whatever the system, it requires good leadership to ensure it is set up in order to make the surgeon's life as easy as possible when the situation is complex.

# Clinical pathways to success

Much has been written about how checklists and protocols reduce human error and protect patients. For example, the protocol at the start of the surgical day could include discussing patients on the theatre list with potentially difficult cataract operations and then verifying that the equipment is ready and the full operating team is prepared and appropriately trained in any procedures that may be needed.

If you are in a team where other people put patients on the operating list for you, you may only see the



Regular stock-taking is good practice.

patient on the day of surgery. Consider creating a checklist to guide the history taking and eye examination, both of which are essential in order to identify cataract patients with other pre-existing conditions.

A history checklist might include:

- Any history of serious ocular trauma
- Previous eye surgery or laser
- Diabetic status

The examination checklist could include:

- Endothelial guttae
- Pseudoexfoliation
- Extent of dilation
- Eye pressure

## **Teaching trainees to handle** complicated surgery

If you are involved in teaching other surgeons, complicated cases provide excellent opportunities for training. Trainees can be involved in pre-operative planning and discussion of strategies. The next time they encounter the same scenario, they may no longer be a trainee.

### article distributed under the Creative Commons Attribution Non-Commercial License

© The author and Community

Eve Health Journal 2019.

This is an Open Access

#### Address for subscriptions

Anita Shah, International Centre for Eve Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK.

Tel +44 (0)207 958 8336 Email admin@cehjournal.org

#### **Correspondence articles**

We accept submissions of 800 words about readers' experiences.

Contact Anita Shah: correspondence@cehjournal.org

Published by the International Centre for Eye

Health, London School of Hygiene & Tropical

Unless otherwise stated, authors share copyright for articles with the Community Eve Health Journal. Illustrators and photographers retain copyright for images published in the journal.

Please note that articles are published online first and may have been shortened to fit the available space in this printed edition.

Unless otherwise stated, journal content is licensed under a Creative Commons Attribution-NonCommercial (CC BY-NC) license which permits unrestricted use, distribution, and reproduction in any medium for non-commercial purposes, provided that the copyright holders are acknowledged.

ISSN 0953-6833.

#### Disclaimer

Signed articles are the responsibility of the named authors alone and do not necessarily reflect the views of the London School of Hygiene & Tropical Medicine (the School). Although every effort is made to ensure accuracy, the School does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the School in preference to others of a similar nature that are not mentioned. The School does not endorse or recommend products or services for which you may view advertisements in this Journal.

The Community Eye Health Journal is supported by: CONRAD N Sightsavers FOUNDATION













