

ARTICLE

Cataract surgery practices in the United States Veterans Health Administration



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Purpose: To describe current cataract surgery practices within the United States Veterans Health Administration (VHA).

Setting: Veterans Health Administration hospitals in the U.S.

Design: Retrospective data analysis.

Methods: An initial e-mail containing a link to an anonymous 32-question survey of cataract surgery practices was sent to participants in May 2016. Two reminder e-mails were sent to nonresponders 1 week and 2 weeks after the initial survey was sent; the remaining nonresponders were called twice over a 2-week period. The data were analyzed using descriptive statistics.

Results: The response rate was 75% (67/89). Cataract surgeons routinely ordered preoperative testing in 29 (45%) of 65 sections and preoperative consultations in 26 (39%) of 66 sections. In 22 (33%) of 66 sections, cataract surgeons administered intracameral

antibiotics. In 61 (92%) of 66 sections, cataract surgeons used toric intraocular lenses (IOLs). In 20 (30%) of 66 sections, cataract surgeons used multifocal IOLs. Cataract surgeons in 6 (9%) of 66 sections performed femtosecond laser-assisted cataract surgery. In 6 (9%) of 66 sections, cataract surgeons performed immediate sequential bilateral cataract surgery. Forty-nine (74%) ophthalmology chiefs reported a high level of satisfaction with Veterans Affairs ophthalmology.

Conclusions: The survey results indicate that in cataract surgery in the VHA, routine preoperative testing is commonly performed and emerging practices, such as femtosecond laser-assisted cataract surgery and immediate sequential bilateral cataract surgery, have limited roles. The results of this survey could benchmark future trends in U.S. cataract surgery practices, especially in teaching hospital settings.

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Cataract extraction is among the most frequently performed surgical procedures in the United States and can lead to significant improvements in quality of life.¹ However, few cataract surgery guidelines are backed by high-quality evidence, which might contribute to considerable variation in practice patterns at both the individual and hospital levels.² In addition, there is a dearth of information about cataract surgery practice patterns in the U.S. at present, with the most recent comprehensive surveys published in 2006³ and 2012.⁴ This gap is important because of the rapidly changing nature of cataract surgery practice, which is driven by cost, efficiency, and more patient-centered care.^{5–7}

The Veterans Health Administration (VHA) is the largest integrated provider of healthcare and healthcare training in the U.S. and hence plays a significant role in shaping the current and future direction of cataract surgery. Herein, we surveyed all chiefs of ophthalmology to create a comprehensive picture of current cataract surgery practices in the VHA.

MATERIALS AND METHODS

Contact information for the VHA ophthalmology chiefs was obtained from the National Ophthalmology Program Office. An anonymous 32-question survey of cataract surgery practices (Table 1) was formulated through an online survey program.^A Most questions could be answered independently, which resulted in a varying denominator of respondents for each question.

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Table 1. Survey questions and responses.			
Question	Ophthalmology Section (n)	Response	Number (%)
Preoperative Management			
1. Which of the following tests does your section use for routine preoperative testing for cataract surgery patients? [†]	65	a. Section does not order routine preoperative testing	36 (55)
		b. Complete blood count	22 (34)
		c. Chemical analysis	23 (35)
		d. Coagulation studies	11 (17)
		e. Urinalysis	8 (12)
		f. Electrocardiography	24 (37)
		g. Echocardiography	1 (2)
		h. Cardiac stress tests	1 (2)
		i. Chest radiography	7 (11)
		j. Pulmonary function tests	1 (2)
		k. Other (please describe):	
		Certain tests (INR; toxicology screen; EKG; CXR) are ordered based on risk factors	5 (8)
		Section is moving toward reducing number of tests	3 (5)
Testing is determined by other departments	2 (3)		
No response [‡]	2 (3)		
2. Which of the following providers does your section utilize for routine preoperative consultations (other than those with the ophthalmic surgeon(s) or anesthesiologist)? [†]	66	a. Section does not request routine preoperative consultations	40 (61)
		b. Primary care provider	11 (17)
		c. Cardiologist	3 (5)
		d. Pulmonologist	2 (3)
		e. Other (please describe):	
		Nurse or physician assistant	7 (11)
		Preoperative clinic [§]	2 (3)
		Anesthesia service	2 (3)
		Various specialists consulted as needed	2 (3)
		Medical clearance clinic	2 (3)
		Preoperative clearance for managed anesthesia care and/or general anesthesia cases only	1 (2)
		No response [‡]	1 (1)
		3. In your section, who routinely performs the biometry? [†]	66
b. Multiple technicians	44 (67)		
c. Residents	9 (14)		
d. Other (please describe):			
Ophthalmic photographer/technician, physician assistant, or nurse	4 (6)		
Optometrist	1 (2)		
4. In your section, what is the most commonly used method for biometry?	65	Two dedicated technicians	1 (2)
		No response [‡]	1 (1)
		a. Contact ultrasound	1 (2)
		b. Immersion ultrasound	0
		c. Partial coherence interferometry (eg, IOLMaster)	64 (98)
5. In your section, what is the most commonly used method of anesthesia for cataract surgery?	65	No response [‡]	2 (3)
		a. Topical anesthesia with intracameral lidocaine	50 (77)
		b. Topical anesthesia without intracameral lidocaine	2 (3)
		c. Periocular	4 (6)
		d. Retrobulbar	9 (14)
6. In your section, approximately what percentage of cataract surgery cases is performed with general anesthesia?	64	No response [‡]	2 (3)
		a. None	4 (6)
		b. < 1%	40 (63)
		c. 1%	9 (14)
		d. 2%	6 (9)
		e. 3%	4 (6)
		f. ≥ 4%	1 (2)
7. In your section, what is the most common indication for using general anesthesia for cataract surgery? [†]	64	No response [‡]	3 (4)
		a. Mental status, including severe claustrophobia	52 (81)
		b. Patient request	0
		c. Inability to position correctly	5 (8)
		d. General anesthesia is not used in our section	3 (5)
		e. Other (please describe):	
		Mental status or inability to hold still	3 (5)
		Physical health	1 (2)
		No response [‡]	3 (4)
		8. In your section, which of the following medications are routinely administered preoperatively (aside from topical anesthesia, dilation drops and povidone-iodine preparation just prior to surgery)? [*]	65
a. Nonsteroidal drops	34 (52)		
b. No medications are routinely administered preoperatively	24 (37)		
No response [‡]	2 (3)		
Intraoperative Management			
9. Does your section perform FLACS?	66	a. Yes	6 (9)
		b. No	60 (91)
		No response [‡]	1 (1)

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