

Cataract surgery and primary care barriers.

Andrew Urquhart*

Department of Health Technology, Technical University of Denmark, Denmark

Received: 04-Jan-2022, Manuscript No. OER-22-53731; Editor assigned: 06-Jan-2022, PreQC No. OER-22-53731(PQ); Reviewed: 20-Jan-2022, QC No OER-22-53731; Revised: 24-Jan-2022, Manuscript No. OER-22-53731(R); Published: 31-Jan-2022, DOI:10.35841/oe-6.1.105

Introduction

Cataract is a painless slow loss of vision, and many people may not seek treatment even at a neighbourhood health care clinic [1] unless they experience troubling symptoms such as pain or discomfort [2]. Primary care is the forefront and backbone of improving healthcare fairness and efficiency [3]. Patients with serious eye illness who require specialised care will be referred for secondary treatment to the nearest district or state hospital with an ophthalmology service [1]. Most patients will, without a doubt, require prompt identification, effective counselling, and an efficient referral system from primary care physicians in order to gain access to a specialist service for further treatment [4].

Barriers to cataract surgery were characterised in this article as hurdles that inhibit communication or progress toward obtaining and undergoing cataract surgery [5]. Any sort of impediment at the primary care level will keep patients from receiving additional therapy for the vision improvement that can only be achieved through cataract extraction surgery. Lack of standard treatment procedures, inefficient primary eye care interventions, and insufficient research or failure to apply related research findings for future planning are some of the challenges found at the primary care level in developing nations [4]. One of the biggest barriers observed in low and middle-income African nations was inadequate communication with patients and their family members due to language problems or misunderstanding [6]. In Pakistan, an inefficient patient education approach led in delayed presentation, limited surgical acceptance, and noncompliance with follow-up [5]. Inadequate effective on-going medical education among primary care providers resulted in a lack of knowledge and inefficient healthcare practitioners, resulting in a delay in diagnosis and subsequent treatment [5].

Treatment refusal by providers was noted as a barrier in Peru, but not in other Latin American countries.

From the standpoint of individuals with severe cataract blindness, this research investigates the hurdles to cataract surgery at the primary care level.

Barriers

The barriers classified into two major groups

1. Failure to disclose a visual problem
2. Concerns about the patient-provider relationship

The first major roadblock discovered is their refusal to disclose their vision issues, owing to their obligations to

their personal and family demands in daily life. Their tardy needs for better vision, delayed understanding of their visual state, and preserving their social stigma by keeping their visual problem hidden from family members or primary care providers were three subthemes under the first main subject. The patient-provider relationship was the second major focus. Miscommunication and the delay in referral to specialised care are two of the subthemes [4].

Failure to disclose a visual problem

The first obstacle was further divided into three subcategories.

- a. Postponed vision needs
- b. Postponed awareness of their visual status
- c. Social stigma

Postponed vision needs

Most people ignore the fact that they have cataracts as long as they can go about their regular lives, such as cooking and preparing meals for their families, performing housework such as sweeping, going on family vacations, and gardening. Even though the results were imperfect, their impaired eyesight did not deter them from carrying on with their everyday routine. The problems they encountered while doing their daily chores were dealt with in a variety of ways, depending on their ingenuity and aptitude [3].

Postponed awareness of their visual status

One has significant blindness in one eye owing to cataract, but is completely satisfied with better vision in the other eye at an early stage to manage daily life activities. Despite having easy access to the clinic for other conditions, the person stays oblivious and has not expressed any eye problems to the doctor.

Social stigma

The social stigma of being labelled as visually impaired is a big issue for certain people in their families and communities. They make every effort to keep their physical activity and everyday routines hidden from prying eyes.

Concerns about the patient-provider relationship

The patient-provider concerns refer to the issues that participants have when dealing with providers at the primary care level. Patients with cataracts will eventually reach a point where their bad vision becomes more apparent to themselves, and then to others. They were hesitant to notify primary care

Citation: Urquhart A. Cataract surgery and primary care barriers. Ophthalmol Case Rep. 2022;6(1):105

providers until their problem went undiscovered or was not regarded seriously enough to warrant additional action. It was only later, when their problems became more apparent or when they were compelled to contact their primary care provider [4], that they were forced to do so.

Miscommunication

Patients' initial complaints were sometimes overlooked by doctors during routine follow-up for other conditions. It is frequently recognised and checked by doctors only after the patient or a relative has expressed their concerns.

Delayed in referral

All patients suspected or diagnosed with a cataract must be evaluated by an eye expert for adequate evaluation, confirmation of diagnosis, decision-making, and surgical planning in primary health care centres in developing nations.

Conclusion

Specific, quick, and suitable treatments are needed to overcome the hurdles to cataract surgery identified at the primary care level. Primary care professionals may be able to educate and convince patients to have cataract surgery early in order to avoid blindness. More community and healthcare provider awareness might be spread through improved eye health education and promotion, as well as the implementation of routine opportunistic visual acuity screening. The use of a strategic eye care delivery system, such as electronic referral, could encourage elderly people to undergo cataract surgery early and more extensively in order to improve their vision and avoid catastrophic blindness.

References

1. Judith H. Malaysi a Health System Review. Health System in Transition 2013; 3(1): 1-103.
2. Leamon S, Hayden C, Lee H, et al. Improving access to optometry services for people at risk of preventable sight loss: a qualitative study in five UK locations. J Public Health (Oxf) 2014; 36(4): 667-73.
3. Beckman A, Anell A. Changes in health care utilisation following a reform involving choice and privatisation in Swedish primary care: a five-year follow-up of GP-visits. BMC Health Serv Res 2013; 13(1): 452.
4. Irfan FB, Irfan BB, Spiegel DA. Barriers to accessing surgical care in Pakistan: Healthcare barrier model and quantitative systematic review. J Surg Res 2012; 176: 84-94.
5. Ologunde R, Aruthappu M, Arajah SK, et al. Surgical care in low and middle-income countries: Burden and barriers. Int J Surg 2014; 12(8): 858-63.
6. Battle JF, Lansingh VC, Silva JC, et al. The cataract situation in Latin America: Barriers to cataract surgery. Am J Ophth almol 2014; 158(2): 242- 50.

***Correspondence to:**

Andrew Urquhart
Department of Health Technology,
Technical University of Denmark,
Denmark
E-mail: urquhart.a@gmail.com