Commentary on six years after manual small incision cataract surgery-perspective from a secondary level eye hospital in rural India.

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Description

All over the world, the COVID-19 pandemic has dealt a severe blow to eye care, especially with respect to elective cataract surgery [1,2]. Intermittent lockdowns, and prevailing government norms, have resulted in a near halt of community based cataract surgery programmes. Although exact timelines may vary, most epidemiological analyses agree that the COVID-19 is here to stay, for a long time [3]. As regards eye care, the population affected the most from these changes are obviously the rural populations (44% of the world population), where access to healthcare is already not easily available. Not only are such patients unable to undergo much needed cataract surgery for visually significant cataracts, but patients who have been operated before and during the pandemic are unable to come for follow-up visits. To address the latter problem, the current study [4] shows that patient reported outcome collected by telephone correlates well with measured unaided vision, even 6 years after cataract surgery. Therefore, in times when follow-up visits for routine cataract surgery is not possible, telephonic interview with patients can give an indication as to how the patient is doing post-operatively. More importantly, it can alert the treating surgeon to detect possible complications early-on and call the patient for an urgent visit to the hospital.

Immediate sequential bilateral cataract surgery (ISBCS) is one of the measures being recommended and adopted by several eye care centres in India and the world over as a means to reduce long surgical waiting lists, reduce hospital visits and risk of Covid-19 exposure to patients [5-7]. However, ISBCS has its own pros and cons as a result of which it will probably always be a controversial intervention among both surgeons and patients [8,9]. In any case, studies recommending ISBCS state that it is performed in appropriate cases in well-established teaching hospitals [5], a luxury not available in most rural parts of the world.

In the present study [4], the majority of the patients had not undergone cataract surgery of the fellow eye, even 6 years after first eye cataract surgery. This barrier has been reported in numerous other studies as well and has been found to be mostly due to an “attitudinal barrier”. In other words, the patient does not feel the need to undergo fellow eye cataract surgery. Though there have been no studies detailing ISBCS in the rural population, it is the authors impression, that such practice will not be accepted by the majority of the patients in question- that is an aged and marginalized fraction with limited resources and for whom ambulatory vision adequate for independent living is considered the requirement.

In an ideal world, cataract surgery should be performed on all visually significant cataracts, however due to limited resources and now the COVID-19 pandemic; this ideal is far from possible. Keeping in mind the patient’s own motivations and barriers - a targeted approach is more feasible and practical. As this 6-year follow-up study [4] demonstrates, it is the patients with poor outcome in the first operated eye who are in greater need of visual rehabilitation. It is these patients who need to be kept on constant follow-up and encouraged to come for earlier fellow eye surgery.

References

1. Fliotsos MJ, Best MJ, Field MG, et al. Impact of reduced elective ophthalmic surgical volume on U.S. hospitals during the early coronavirus disease 2019 pandemic. J Cataract Refract Surg. 2021;47:345–51.
2. Reddy JC, Vaddavalli PK, Sharma N, et al. A new normal with cataract surgery during COVID-19 pandemic. Indian J Ophthalmol. 2020;68:1269–76.
3. Scudellari M. How the pandemic might play out in 2021 and beyond. Nature. 2020;584:22–5.
4. Sen A. Six years after manual small incision cataract surgery-perspective from a secondary level eye hospital in rural India. Indian J Ophthalmol. 2021;69:590–3.
5. Wang H, Ramjiani V, Raynor M, et al. Practice of immediate sequential bilateral cataract surgery (ISBCS) since COVID-19: a patient and surgeon survey. Eye (Lond). 2021;1–3.
6. Singh R, Dohlman TH, Sun G. Immediately sequential bilateral cataract surgery: advantages and disadvantages. Curr Opin Ophthalmol. 2017;28:81–6.
7. Chen TA, Chen SP, Ahmad TR, et al. Resident-performed immediate sequential bilateral cataract surgery during the COVID-19 pandemic. Indian J Ophthalmol. 2021;69:1579–84.
8. Lee E, Balasingam B, Mills EC, et al. A survey exploring ophthalmologists’ attitudes and beliefs in performing Immediately Sequential Bilateral Cataract Surgery in the United Kingdom. BMC Ophthalmol. 2020;20:210.
9. Shah V, Naderi K, Maubon L, et al. Acceptability of immediate sequential bilateral cataract surgery (ISBCS) in a public health care setting before and after COVID-19: a prospective patient questionnaire survey. BMJ Open Ophthalmol. 2020;5:e000554.

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