

Analyzing the Post-Transitional Intraoperative Complications of Cataract Surgery

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DESCRIPTION

In China, cataract is still one of the main causes of blindness. With medical and technological breakthroughs, Foldable Intraocular Lenses (IOLs) and phacoemulsification with a 2mm to 3mm corneal incision have become common clinical practices and have been shown to be both safe and successful. Because of the potential decreased risk of hospital acquired infections, early rehabilitation, shorter wait times for surgical appointments, increased patient satisfaction, and equal safety profile, the concept of ambulatory day surgery has been introduced and implemented in Europe and the USA since the 1980s. The clinical pathway of ambulatory day surgery for cataract has been advocated to expand accessibility due to the rising demand for cataract surgeries brought on by the big population and rising lifespan. According to the General Office of the State Council's Guidelines on Comprehensive Reform Pilot of Urban Public Hospitals, which were released in May 2015, 20 different types of day surgeries, including age-related cataract surgery, should be covered by social medical insurance. Since then, a lot of eye care institutions have started making the switch from in-patient to outpatient day surgery for cataract treatments. The stated rate of surgical complications and visual results were in line with earlier publications demonstrating comparable costs-effectiveness and advantages. However, switching from the conventional in-patient model to ambulatory day surgery is a difficult procedure that calls for extensive alterations to the hospital's functional regions and medical, logistical, and other associated workflows as well as mental and behavioural shifts. As benchmarks to maintain the safety and quality during the transition, the intraoperative problems related to cataract surgery should be closely evaluated.

During the transition phase, we documented our intraoperative complication rates and the connected risk factors in order to pinpoint the linked risk factors that might affect the security and effectiveness of the ambulatory day cataract surgery and was acquired from the Tianjin Medical University Eye Hospital's Medical Research and Ethic Committee. The Declaration of Helsinki's recommendations were followed in the current study's data gathering. After receiving a thorough explanation of the technique, each patient voluntarily provided their informed consent, with the personal information remaining anonymous. Every intraocular surgical treatment performed in our facility is routinely recorded on film for instructional and learning purposes. One of the hospital regulations encourages the attending surgeons to document any posterior capsular ruptures and complete the self-reporting form in the patient's medical file. Every month, the clinical audit team analysed the reported cases and presented a report on the intraoperative problems at the hospital staff meeting. The hospital's staff meeting and board meeting for safety and quality control will review potential causes of rising intraoperative problems and Polymerisation Chain Reaction (PCR) rates, leading to the development of safety The and procedures. cases of standards planned phacoemulsification throughout a five-year period, from August 2015 to October 2020, were retrospectively analysed in the current study. The study did not include eyes that had had combination trabeculectomy, vitrectomy, and keratoplasty. The following information was recorded for further analysis demographics, ocular comorbidities (such as pseudoexfoliation syndrome, angle closure glaucoma, diabetic retinopathy, and agerelated macular degeneration), intraoperative complications

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