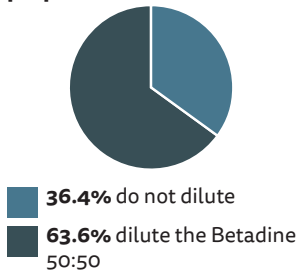
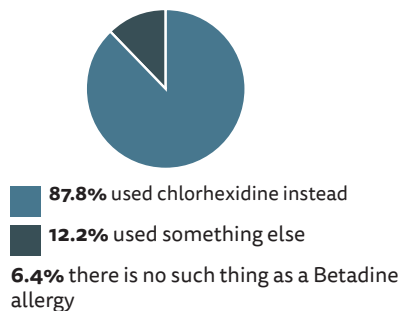


Ophthalmology survey results

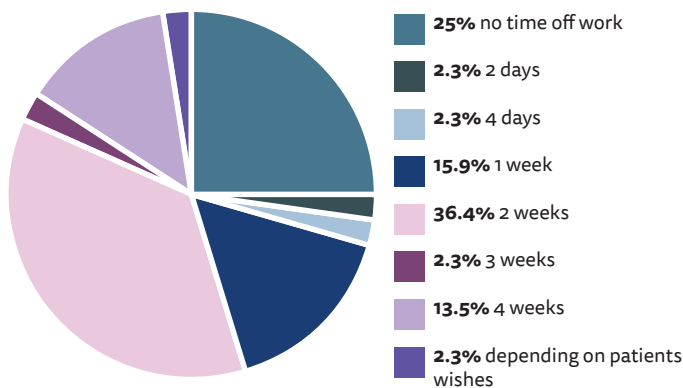
Do you dilute your 10% Betadine for preoperative prep?



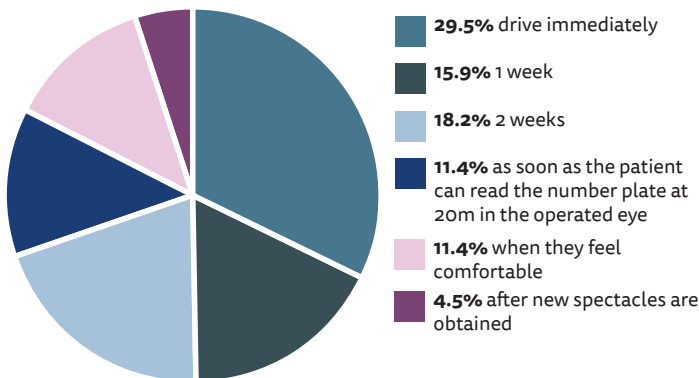
What do you use for pre-op prep if the patient is allergic to iodine?



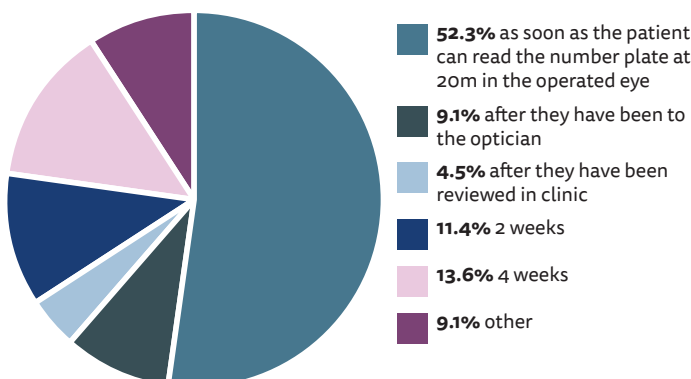
Assuming an office job, how long do you sign people off work for after cataract surgery?



Assuming the other eye reaches the driving visual threshold, how long do you tell patients not to drive for after cataract surgery?



Assuming the other eye does not reach the driving visual threshold, when do you tell patients they are fit to drive after cataract surgery?



I am delighted to see another great response to the practice variance survey. I am extremely grateful to all of you who took part and would encourage those of you who didn't to try this edition's survey. It literally takes mere moments to participate.

Personal reflection

I use 10% povidone iodine (Betadine™) without dilution. I have always done so and have never had any problems with it. I am not sure why some surgeons dilute it but seem to remember something from my training related to the toxicity to the corneal epithelium. The whole point of using the Betadine is for antisepsis and it is not on and around the eye for very long before I dry it off again. The more bugs that are killed the happier I am so I prefer to use the 'full' concentration.

I was fascinated to see the variance in time off work. I usually offer patients a week or two weeks off work to recover. They need to use drops and their eyes tend to water in the early stages and of course they have the foreign body sensation from the corneal wound. I think it's a bit cruel not to give them any time off but equally I think a month is too much. There is no 'correct' amount of time off and of course we need to take into account the individual circumstances of the patient, however, if we work out the difference between units that routinely sign work patients off for a month and other units where the patients are given no time off we can see that this impacts on our workforce. I am not clever enough to work out the costs to the economy of this variance in practice but it could be significant if our patient population were all of working age.

My advice to patients having cataract surgery is that they must be able to read the number plate at 20m without spectacles or with their old spectacles on and be comfortable / adapted to their new vision. I do tell them to leave it for a couple of days to allow themselves a chance to adapt but I do not set hard and fast rules. I worry about anisometropic patients until they have their other eye done as their depth perception will be off and I warn them that the onus is on them to feel safe to drive.

I often get patients who have been told that they are required to take a month off driving and this has a massive impact upon their independence and willingness to undergo the surgery. I am not sure why a patient needs their new spectacle correction if they can already reach the visual requirement for driving unaided.

I look forward to the article in the next edition of *Eye News* which will address these issues and look at the evidence base.

SECTION EDITOR



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Our next survey

- Assuming a sub-Tenon or topical anaesthetic cataract procedure in a treated systemic hypertensive patient: Do you cancel patients on the day if their blood pressure is too high?
 - ☐ Yes
 - ☐ No
- If yes, are you more concerned about the systolic or the diastolic pressure (tick both if appropriate). What is your blood pressure threshold for cancellation / above which blood pressure is it unsafe to proceed?
 - ☐ Systolic: mmHg or no threshold
 - ☐ Diastolic: mmHg or no threshold
- Does this blood pressure threshold vary if the patient is not on antihypertensive treatment?
 - ☐ Yes
 - ☐ No
- If yes, how?

.....
- Assuming a diabetic patient who you have no concerns is in DKA: Is there a blood glucose threshold above which you will not undertake cataract surgery?
 - ☐ Yes
 - ☐ No (I operate regardless of blood glucose level)
- What is that threshold (BM)?

(Number)
- Does this vary with insulin dependant versus non-insulin dependant diabetics?
 - ☐ Yes
 - ☐ No
- If so how?

.....
- Assuming a block anaesthetic cataract procedure do you use a pad and a shield or only a shield immediately postoperatively?
 - ☐ Pad only
 - ☐ Pad and shield
- Assuming a topical anaesthetic cataract procedure do you use a pad and a shield or only a shield immediately postoperatively?
 - ☐ Pad only
 - ☐ Pad and shield

We would welcome questions from the readership which they would like answered. Please email AmarAlwitary@btinternet.com with your suggestions.

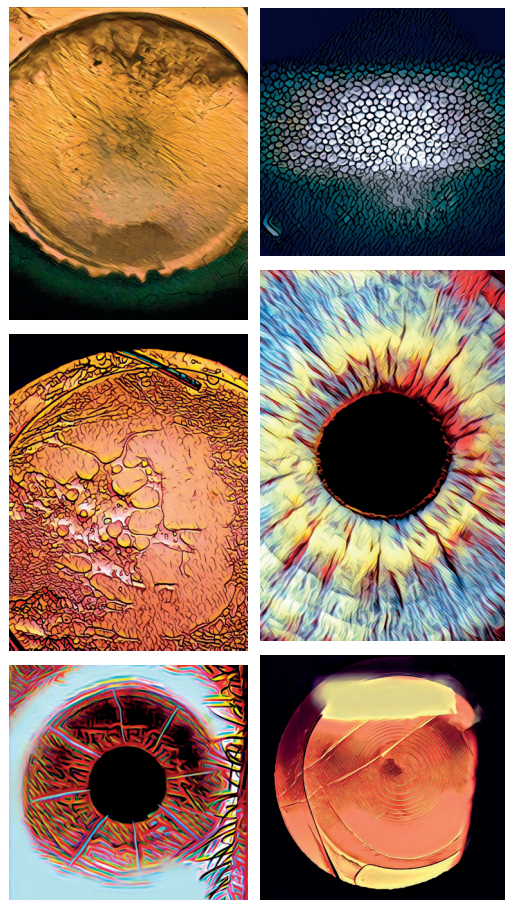
You can complete the survey online here: <https://www.eyenews.uk.com/ophtalmology-survey-august-2019>



Eye News' new cover themes raising funds for Fight for Sight

Our new front cover themes over the next six issues feature the stunning photographic artwork by Steve Thomson from Haag-Streit Diagnostics. Steve has kindly donated the original prints to be auctioned to raise funds for leading charity Fight for Sight at the RCOphth Annual Congress 2020. Keep your eyes peeled for more information about how to take part in the auction.

eyenews® **FIGHT FOR SIGHT**
The Eye Research Charity



"We're delighted to have been chosen as the charity partner for the Eye News photography auction next year at the RCOphth Annual Congress. The funds raised from the auction will be invested in pioneering eye research to help stop sight loss. It's an exciting time in eye research and researchers are on the cusp of so many breakthroughs, yet eye research is woefully underfunded. Thanks to Eye News and readers for supporting this important cause."

Sherine Krause, Chief Executive, Fight for Sight



www.fightforsight.org.uk