Cataract Services in the COVID-19 era: Risk, Consent and Prioritisation

K Cheng, M Anderson, S Vellisaris, R Moreton, A Al-Mansour, R Sanders, S Sutherland, P Wilson, A Blaikie

Background and Aims:

The COVID-19 pandemic resulted in cessation of elective cataract surgery. Biohazard measures created significant clinical and organisational challenges to restarting services. We describe the development of a risk stratification tool to prioritise patients for surgery and report the demographics and comorbidities of patients on the waiting list in NHS Fife.

Methods:

A review of electronic records of patients awaiting cataract surgery was performed. A stratification tool was developed based on available literature on risk factors for poor outcome from COVID-19 infection. Scores derived from the tool were used to generate 6 risk profile groups to call in time order.

Results:

The patients are prioritised based on their total risk score vs need score. The patients are prioritised based on their total risk score vs need score.

Conclusions:

The pandemic presented an urgent challenge to the burden of cataract surgery in the NHS. We present a pragmatic method of risk stratifying patients blending an evidence-based objective assessment of risk and patient need combined with a shared decision-making. This has helped us safely restart cataract service taking into account the number of challenges of the COVID-19 era.