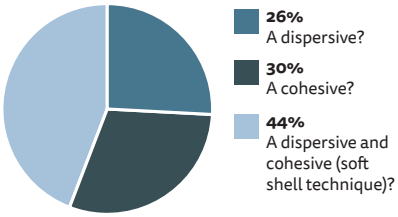
The results* of the last survey

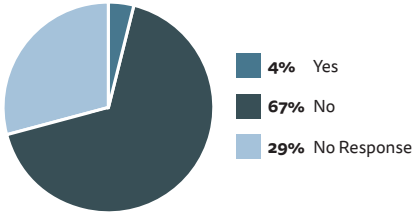
1. Faced with a patient undergoing cataract surgery with a shallow anterior chamber (ACD <2mm), which viscoelastic would you use:



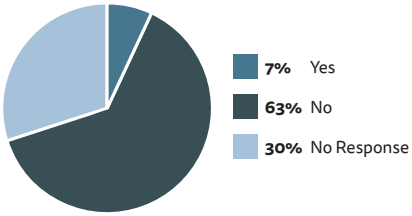
2. You are giving an opinion on a patient. The patient was a "routine" first eye procedure and had no special features of concern. The cataract was documented as "NS+". The cornea was documented as "normal". They underwent "routine" cataract surgery with no documented issues or complications and developed corneal oedema postoperatively which failed to settle. A cohesive viscoelastic was used.

Do you believe:

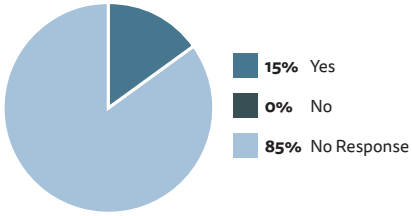
a) The surgeon was negligent in causing corneal oedema?



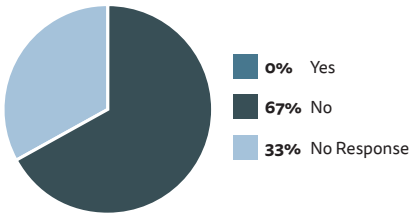
b) The surgeon was negligent in not using a soft shell technique?



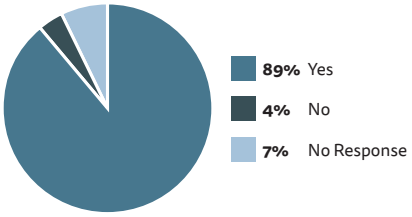
c) The surgeon was negligent for using too much phacoemulsification power?



d) The surgeon must have damaged the eye with the intraocular instruments?



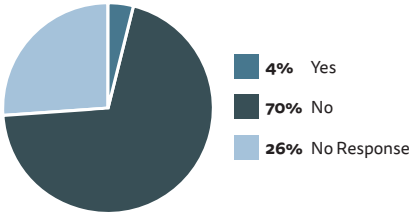
e) These complications happen unexpectedly sometimes and even without specific risk factors corneal decompensation can occur?



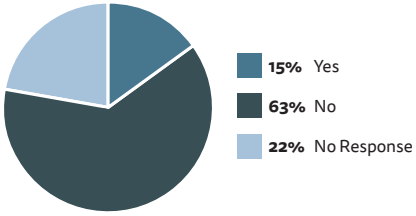
3. You are offering an opinion on the same patient as described in question 2, but this time it is the second eye and the first eye was completed without problem by another surgeon and achieved excellent vision.

Do you believe:

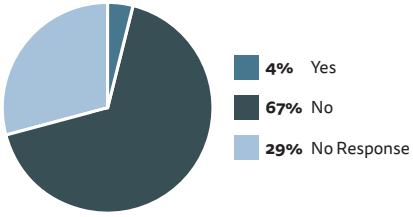
a) The surgeon was negligent in causing corneal oedema?



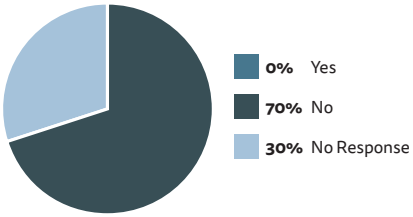
b) The surgeon was negligent in not using a soft shell technique?



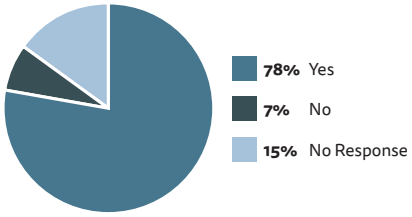
c) The surgeon was negligent for using too much phacoemulsification power?



d) The surgeon must have damaged the eye with the intraocular instruments?



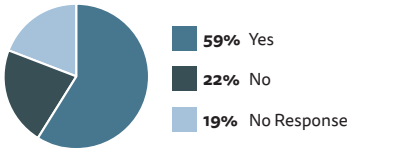
e) These complications happen unexpectedly sometimes and even without specific risk factors corneal decompensation can occur?



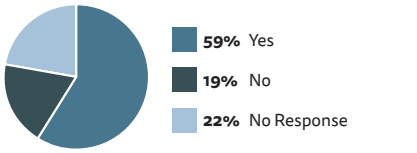
4. You are offering an opinion on the same patient as described in question 2, but this time you examine the unoperated other eye and find significant guttatae consistent with a diagnosis of Fuchs endothelial dystrophy. You question the operating surgeon and they do not examine their patients preoperatively and did not suspect there was a corneal problem.

Do you believe:

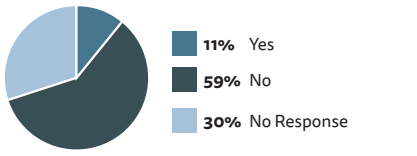
a) The surgeon was negligent in not examining the patient before the operation as they would have detected the corneal problem?



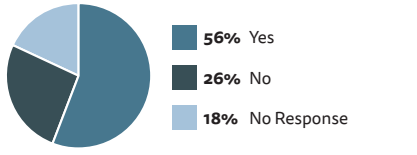
b) The doctor who saw the patient in the clinic and listed them for surgery was negligent for not picking up the corneal problem and documenting it in the notes? On the balance of probabilities had the operating surgeon been warned they would have used a soft shell technique.



c) There is no negligence and the corneal changes in the other eye probably came about after the initial cataract clinic attendance?



d) There was an avoidable complication and the patient achieved a poor outcome due to this?



*Please be aware that this data does not form part of a peer reviewed research study. The information therein should not be relied upon for clinical purposes but instead used as a guide for clinical practice and reflection.

There was a really fascinating response to the last edition's practice variance survey. Strictly speaking, I cheated and this was not really about practice variation, but more about your impressions about what represents negligent practice.

For the first time ever, we had a lot of respondents not answering a part of the question. This finding in itself is fascinating as it demonstrates how difficult the questions were to answer. The topics were complex and require a level of judgment which is not straightforward.

These sorts of issues are faced by medicolegal experts all the time and we are required to give an opinion on them which the Court will take into account. It should be emphasised that our role is to advise the Court and the ultimate decision on whether a clinician is negligent or not is the Court's alone.

So how can we make a judgment?

When I asked you, my learned colleagues, what sort of viscoelastic you would use with a shallow anterior chamber (AC), there was a relatively even spread between cohesive viscoelastic, dispersive viscoelastic or a mixture of both. Who is correct and can we really accuse the 30% of respondents who use a cohesive with a poor clinical outcome of negligence? Their conduct is supported by a reasonable body of medical opinion, so can they be negligent according to the Bolam standard? Furthermore, what if the medical expert is adamant that the way to do it is to use a dispersive viscoelastic and feels doing it any other way will cause problems and represents a breach of duty?

The questions left a lot of the respondents unable to give a definitive answer and I do not blame you. Without watching a video recording of the procedure or being there in person, how can we judge whether the conduct of the surgeon was reasonable? In the scenario I presented, we are faced with a patient with corneal oedema after apparently straightforward cataract surgery. It has certainly happened to me that a patient who I thought was routine and had uncomplicated surgery under me then developed corneal oedema postoperatively which failed to settle fully. Four percent of you feel that I am automatically negligent. Fifteen percent feel that I must have used too much phaco power. Thankfully, none of you feel I managed to directly traumatise the endothelium with my intraocular instruments. A lot of you wisely abstained and gave me the benefit of the doubt. Of note, 89% of you felt that these things happen despite our best efforts and I would tend to agree.

The rest of the questions and responses follow a similar theme, but I give more information to try and sway you one way or another. Despite my trying to tease you into coming off the fence many of you continued to abstain and again I cannot blame you. Such judgment calls are hard.

How can we judge surgical skills and competence of our colleagues? Procedures do not always go to plan, despite our best efforts, and I do not believe we should be fearful of the Sword of Damocles over our heads just because the outcome is not what we wanted. But equally, if our surgical skills are not up to muster then we should be called out and patients deserve compensation for poor surgery.

Whenever I am asked to assess breach of duty related to surgical technique I always caveat my opinion with a comment that I assume the surgeon has a level of competence which can be demonstrated by departmental complication and outcome audits.

How would our answers regarding potential negligence change if we knew that the operating surgeon had a post-cataract corneal oedema rate of 25%? Would this fact cause us to question their competence and skew us to a verdict of negligence?

It is vital that if we are to protect ourselves from allegations of negligence in our surgical technique that we robustly audit our outcomes and can present that data. Ideally, this should be done at a departmental level and form part of our regular appraisal and revalidation. It does not protect us automatically, however, if we genuinely mismanage a patient and make a surgical error, I genuinely believe we should put our hands up and allow the patient their compensation in the interest of justice.

SECTION EDITOR

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Our next survey

1. When undertaking cataract surgery, do you always write the patient details and lens power on the board in your operating theatre?
   - ❑ Yes
   - ❑ No

2. Do you always personally pick the IOL power for patients you are operating on?
   - ❑ Yes
   - ❑ No

3. When is the IOL power picked?
   - ❑ In clinic on listing
   - ❑ At pre-assessment
   - ❑ On the day before the patient comes to theatre
   - ❑ In the anaesthetic room
   - ❑ In theatre

4. Is your biometry printed on paper or viewed electronically on a screen?
   - ❑ Printed
   - ❑ Electronic

5. When is the chosen IOL brought into theatre?
   - ❑ All IOLs are brought in at the start of the operating list
   - ❑ Before the IOL check when the patient is in theatre
   - ❑ After the IOL check when the patient is in theatre

6. How many cataract procedures do you undertake on a routine operating list?
   - ❑ 5
   - ❑ 6
   - ❑ 7
   - ❑ 8
   - ❑ 9
   - ❑ 10
   - ❑ 11+

Complete the next survey online here:
www.eyenews.uk.com/survey
Deadline 30 April 2021