



NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES
ACCREDITATION PROGRAM

Accreditation Standards

Immediately Sequential
Bilateral Cataract Surgery

September 21, 2018



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INTRODUCTION

While evidence of the safety and effectiveness of immediately sequential bilateral cataract surgery (ISBCS) is growing, the Canadian Ophthalmology Society Cataract Surgery clinical practice guidelines (2008) do not recommend the routine performance of simultaneous bilateral surgery. They further advise that ISBCS may be considered in patients for whom the benefits outweigh the risks in the opinion of the surgeon and patient. There is also growing evidence of the safety and effectiveness of ISBCS when standardized surgical guidelines are followed to ensure careful patient selection, surgical expertise and “independent” surgery in each eye.

Only non-hospital facilities that have been accredited to perform ISBCS may perform immediately sequential bilateral cataract surgery.

ISBC1.0 IMMEDIATELY SEQUENTIAL BILATERAL CATARACT SURGERY

ISBC1.1	Patients selected for ISBCS are appropriate and informed of the comparative risks.
ISBC1.1.1	<p>M Cataract surgery is indicated in both eyes. <i>Guidance: The ocular history and ocular physical exam is documented in the health-care record and confirms that cataract surgery is indicated in both eyes. In addition, these patients should be at low risk of ocular complications during and after surgery.</i></p>
ISBC1.1.2	<p>M The consent discussion includes informing the patient of the comparative risks of ISBCS versus delayed sequential bilateral cataract surgery (DSBCS). <i>Guidance: The consent discussion is documented in the patient’s health-care record and includes the nature of the health care proposed, the risks, benefits and alternative(s) discussed with the patient (i.e. delayed sequential bilateral cataract surgery) and any specific additional issues or concerns that arose through the discussion and how they were addressed. The Canadian Ophthalmology Society cataract surgery clinical practice guidelines state that the patient must be informed of the comparative risks of ISBCS versus one eye at a time (DSBCS) and patient uncertainty about ISBCS should be an absolute contraindication. The use of minimally invasive glaucoma surgery (MIGS) devices as an add-on to cataract surgery is not permitted for ISBCS.</i></p>
ISBC1.2	Each cataract procedure is performed as a completely separate procedure.

ISBC1.2.1	<p>M A surgical safety checklist (SSCL) is completed for the first cataract procedure. <i>Guidance: Two completely separate surgical safety checklists are completed: one for the first cataract procedure and one for the immediately sequential cataract procedure. The briefing, time out and debriefing are completed for each eye and documented in the intraoperative (nursing) record. The documentation clearly indicates the SSCL for the first cataract procedure and the SSCL for the immediately sequential cataract procedure.</i></p>
ISBC1.2.2	<p>M The instrument tray(s) including phaco and I/A handpieces used for the first cataract procedure are from a different sterilization cycle from the instrument tray(s) to be used for the immediately sequential procedure. <i>Guidance: Complete separation of the first procedure and the immediately sequential procedure is needed to minimize the risk of post-operative bilateral simultaneous endophthalmitis. The sterilization cycle number of the instrument tray(s) is documented on the intraoperative (nursing) record and clearly indicates the cycle number of the instrument tray(s) used for the first cataract procedure and the cycle number of the instrument tray(s) used for the immediately sequential procedure.</i></p>
ISBC1.2.3	<p>M The intraocular lens implant (IOL) choice for the first cataract procedure is confirmed when passing the IOL to the surgical field. <i>Guidance: The risk for right-left eye errors should be minimized by also listing, at the beginning of each ISBCS case, the surgical parameters (selected IOL, astigmatism, etc.) for both eyes on a board visible to all personnel in the operating room.</i></p>
ISBC1.2.4	<p>M The intraocular lens implant (IOL) choice for the first cataract procedure is confirmed when passing the IOL to the surgeon.</p>
ISBC1.2.5	<p>M Any complications with the first cataract procedure are resolved before proceeding with the immediately sequential cataract procedure. <i>Guidance: The surgeon's operative report documents whether there were any complications with the first cataract procedure and if so, confirms that they were resolved before proceeding with the immediately sequential cataract procedure. In accordance with the Canadian Ophthalmology Society guidelines, if there are significant complications with the first eye, surgery on the second eye should be deferred. Patient safety is the priority in deciding whether to proceed with the immediately sequential procedure.</i></p>
ISBC1.2.6	<p>M All contaminated instruments and supplies used during the first cataract procedure are discarded or removed from the operating room before a sterile field is established for the immediately sequential procedure. <i>Guidance: This includes any sterile items that have been opened but not used during the first cataract procedure. There shall be no cross over of instruments, medications, devices or supplies at any time before or during the surgery of either eye. A double set-up (i.e. two separate tables set up at once) is not used.</i></p>
ISBC1.2.7	<p>M The surgical set-up table(s) and ophthalmic equipment are considered contaminated and are cleaned between the first procedure and the immediately sequential procedure. <i>Guidance: Ophthalmic equipment and surgical set-up requiring low-level disinfection between procedures includes the microscope, phacoemulsification machine, back table, prep table.</i></p>
ISBC1.2.8	<p>M The instrument tray(s), tables, including phaco and I/A handpieces for the second cataract procedures are not opened until after the first cataract procedure is completed. <i>Guidance: There shall be no cross over of instruments, medications, devices or supplies at any time before or during the surgery of either eye. Nothing in physical contact with the first eye shall be used for the second eye.</i></p>

ISBC1.2.9	M	All surgical team members perform a surgical hand scrub prior to gowning and gloving for the immediately sequential cataract procedure.
ISBC1.2.10	M	The instrument tray used for the immediately sequential cataract procedure is from a different sterilization cycle for the instrument tray used for the first eye. <i>Guidance: Complete separation of the first and immediately sequential procedure is needed to minimize the risk of post-operative bilateral simultaneous endophthalmitis.</i>
ISBC1.2.11	M	The ophthalmic viscosurgical devices (OVDs) used for the immediately sequential procedure are from a different manufacturer or lot number from the OVDs used for the first eye. <i>Guidance: OVDs manufacturer and lot number is documented on the intraoperative (nursing) record and clearly indicates which OVD was used for the first cataract procedure and which OVD was used for the immediately sequential procedure.</i>
ISBC1.2.12	M	The ophthalmic medications used during the immediately sequential procedure are from a different manufacturer or lot number from the ophthalmic medications used for the first eye. <i>Guidance: Ophthalmic medication lot numbers are documented on the intraoperative (nursing) record and clearly indicates the lot number(s) used for the first cataract procedure and the lot number(s) used for the immediately sequential procedure.</i>
ISBC1.2.13	M	The balanced salt solution (BSS) used during the immediately sequential procedure is from a different manufacturer or lot number from the BSS used for the first eye. <i>Guidance: The balanced salt solution (BSS) lot number is documented on the intraoperative (nursing) record and clearly indicates the lot number of the BSS used for the first cataract procedure and the lot number of the BSS used for the immediately sequential procedure.</i>
ISBC1.2.14	M	A surgical safety checklist (SSCL) is completed for the immediately sequential procedure. <i>Guidance: Two completely separate surgical safety checklists are completed: one for the first cataract procedure and one for the immediately sequential cataract procedure. The briefing, time out and debriefing are completed for each eye and documented in the intraoperative (nursing) record. The documentation clearly indicates the SSCL for the first cataract procedure and the SSCL for the immediately sequential cataract procedure.</i>
ISBC1.2.15	M	The second eye is re-prepped after the first cataract procedure is completed and a new drape is applied.
ISBC1.2.16	M	The intraocular lens implant (IOL) choice for the immediately sequential procedure is confirmed when passing the IOL to the surgical field. <i>Guidance: The risk for right-left eye errors should be minimized by also listing, at the beginning of each ISBCS case, the surgical parameters (selected IOL, astigmatism, etc.) for both eyes on a board visible to all personnel in the operating room.</i>
ISBC1.2.17	M	The intraocular lens implant (IOL) choice for the immediately sequential procedure is confirmed when passing the IOL to the surgeon.
ISBC1.3		Patients are closely monitored for signs of endophthalmitis.

ISBC1.3.1	M ISBCS patients are assessed by the surgeon in the immediate post-operative period. <i>Guidance: The surgeon or physician designate completes an in-person assessment of the patient either later the same day, the next calendar day or the next business day. In accordance with the Bylaws, the medical director must notify the NHMSFAP within 24 hours of becoming aware of any patient safety incident requiring mandatory reporting.</i>
ISBC1.4	Policies and procedures contain all of the information necessary for the safety of patients, staff and visitors. <i>Intent: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</i>
ISBC1.4.1	M There is policy and procedures for immediately sequential bilateral cataract surgery. <i>Guidance: Policy and procedures outline the parameters for ensuring careful patient selection, consent, “independent” surgery in each eye and assessment following discharge.</i>



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