Preoperative Guidelines for Cataract Surgery in the Ambulatory Surgery Setting

Developed by the OPA Ophthalmology Variation Analysis Committee, in conjunction with Dr. Erik Jensen and Dr. David Myers.

1. The Medical Evaluation performed by the PCP must include:
   - Pertinent medical and surgical history
   - Current problem list
   - Medication list
   - Physical exam
   - Recommendations if any from the primary care provider

2. If the patient has not been evaluated by his/her PCP within the past 6 months, the patient will be instructed to schedule an appointment with their PCP prior to the surgery date.

3. If the patient has a complex medical history and/or is symptomatic at the time of surgical evaluation, the surgeon may request that the patient arrange for a medical evaluation prior to the surgery.

HISTORY AND PHYSICAL

In lieu of obtaining an H&P by a primary care provider (PCP) within 30 days of surgery, a medical evaluation performed by the PCP within 6 months can be utilized in conjunction with a Brief Same Day Medical Evaluation on the day of surgery performed by the surgeon/CRNA/NP/PA or anesthesiologist.

If the Medical Evaluation is over the 30-day period, the surgery may still proceed with the following recommendations:

1. The NP/PA/CRNA/anesthesiologist at the Ambulatory Surgery Center will initially review and update the Medical Evaluation in the pre-operative phone interview with the patient.

2. If the preoperative phone interview and subsequent consultation with the anesthesiologist reveals problems or concerns, a formal updated medical evaluation may be requested by the anesthesiology staff, including labs and diagnostic testing as applicable.

3. Alternatively, the MD/DO who initially performed the Medical Evaluation may write an addendum/update to the pre-existing Medical Evaluation performed by the PCP prior to surgery.

4. The maximum acceptable window for pre-operative PCP Medical Evaluation prior to surgery is 6 months.

5. The Medical evaluation will be supplemented by a Brief Same Day Medical Evaluation:
   - This evaluation will include a history and brief physical exam, review of medications and allergies, and documentation of any changes since the last medical evaluation was completed. (The maximum acceptable window for pre-operative Medical Evaluation prior to surgery is 6 months).
   - The anesthesiologist at the ASC will examine the patient immediately prior to the surgery to evaluate the risk of anesthesia and of the procedure for the patient.
1. Patients undergoing cataract surgery will not routinely require any preoperative laboratory testing, EKG, or imaging for routine cataract surgery.

2. The PCP will decide at the time of Medical Evaluation if any ancillary tests are necessary in order to determine medical optimization.

3. If the surgeon determines that the patient is at high risk for conversion from sedation anesthesia to general anesthesia, he/she may order the appropriate pre-operative testing which may include: CBC, BMP, Chest X-ray and EKG. The following patient characteristics qualify for high risk of conversion to general anesthesia:
   - Significant tremor
   - Inability to lay in supine position
   - Non-English speaking patients
   - Mentally challenged patients
   - Hearing impaired patients

II. CONTRAINDICATIONS TO CATARACT SURGERY IN AN ASC may include but is not limited to:

- MI within 3 months, coronary intervention within 6 weeks
- Patients with pending cardiac intervention
- Uncontrolled/Refractory HTN (>200/110)
- Ejection fraction <30%
- Severe uncontrolled DM (HbA1C>12)
- BMI >50
- Acute CVA within 3 months