TITLE:  Cataract Surgery Performed under Local Anaesthesia: Guidelines

DATE:  05 August 2014

RESEARCH QUESTION

What are the evidence-based guidelines regarding cataract surgery performed under local anaesthesia?

KEY FINDINGS

Three evidence-based guidelines were identified regarding cataract surgery performed under local anaesthesia.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2014, Issue 7), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. The search was also limited to English language documents published between January 1, 2009 and July 23, 2014. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by evidence-based guidelines.

Three evidence-based guidelines were identified regarding cataract surgery performed under local anaesthesia. No relevant health technology assessments, systematic reviews, or meta-analyses were identified.

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OVERALL SUMMARY OF FINDINGS

Three evidence-based guidelines\textsuperscript{1-3} regarding cataract surgery performed under local anaesthesia were identified.

All three guidelines recognize the need for careful monitoring of patients undergoing cataract surgery performed under local anaesthesia.\textsuperscript{1-3} The level of monitoring required depends on the patient’s medical condition and the local anaesthesia techniques used.\textsuperscript{1,3} Patients with co-morbidities or at risk for cardiovascular complications may require additional monitoring techniques, such as electrocardiogram and blood pressure monitoring.\textsuperscript{1}

Monitoring should be performed by a person who remains with the patient throughout the duration of the surgery and whose sole responsibility is to monitor the patient.\textsuperscript{1,3} The guidelines suggest that personnel capable of monitoring patients undergoing cataract surgery with local anaesthesia include the following:

- anaesthetist,\textsuperscript{1,3}
- nurse (including registered nurse),\textsuperscript{1-3}
- operating department practitioner,\textsuperscript{1,3}
- operating department assistant,\textsuperscript{1,3}
- anaesthetic nurse,\textsuperscript{1,3}
- registered respiratory practitioners with anaesthesia assistant training.\textsuperscript{2}
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Guidelines and Recommendations

See: 6.3 Who should administer LA? page 18
   6.4.3 Who should monitor the patient? pages 19 and 20
   6.4.4 Staff and monitoring requirements for each LA technique, page 20
   7 Sedation for ophthalmic procedures; 7.6 Monitoring, facilities and staff, pages 24-25
   9 Clinical Governance (training, audit, clinical incident reporting, indemnity); 9.1 Knowledge and skills required, page 30

See: Section on Anesthesia

See: 4.1 Clinical Responsibility, page 10
   7.2 Organisation of ophthalmic anaesthetic services, page 35
   7.9.2 Level of monitoring required during cataract surgery under LA, page 40
   7.9.3 Level of staffing required during cataract surgery under LA, page 40
   14.2 Causational risk factors for unsafe cataract surgery, page 71 (bullets 6 and 7)

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APPENDIX – FURTHER INFORMATION:

Non-Randomized Studies


Case Series


Qualitative Studies


Clinical Practice Guidelines – Uncertain Methodology
