



Leonie van Dijk-Kool

Daithí O'hAnluain
in London

In one of Holland's most innovative day-case cataract surgery clinics, patients get to watch live surgery while they wait their turn, pre-op and post-op patients all mix in the same room, which is also where the nurses and doctors make their lunch and take their breaks.

The Ambulatory Surgical Centre at the Rotterdam Eye Hospital is a dramatic departure from the standard layout of day-case cataract clinics, but according to Mrs Leonie van Dijk-Kool RN CRNA and team leader at the Ambulatory Centre, the new service is an enormous success.

"When we heard that nurses would work and take their breaks in the same room as pre-operative and post-operative patients we thought, 'they will hang us, it will rain complaints, they will see every little thing we do and it will be a huge problem'. We were wrong. It works very well."

"But when we heard that patients could watch surgeries live while they wait for their turn, we thought 'that's even worse, people will be getting sick everywhere and it will be make them even more nervous.' But no, we were wrong again. The patients are fascinated and they enjoy it. I have seen more scary, bloody, complicated, cataract surgeries on television than I have assisted with in the theatre," said Mrs Van Dijk-Kool, in a presentation to the Moorfields' Bicentenary Scientific Meeting.

Three pillars of practice

The centre started in 1993 and was based on three fundamental pillars of practice: reducing fear and creating transparency for the patient, developing a standard procedure, and creating a short stay, high turnover cataract centre.

"We believed it would be the future, and patients would become more like clients, demanding more and no longer content to do what the doctor ordered," said Mrs Van Dijk-Kool. She said the new clinic was good for

A new model for day surgery in the Netherlands

the hospital, because more surgery is now provided and cataract waiting lists no longer exist.

Now the Ambulatory Centre performs up to 26 cataract operations a day and handles 93% of the 6,000 cataract surgeries performed yearly by the Rotterdam Eye Hospital. Founded in 1874, the hospital has

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350 employees, 40 ophthalmic nurses, 25 ophthalmologists, and 22 residents and fellows. It handles 130,000 outpatient attendances, 11,000 admissions (including cataracts) and has 20,000 A&E attendances.

The patient process begins with pre-assessment at the Rotterdam Eye Hospital and an ophthalmologist decides if surgery is necessary. A nurse discusses the procedure and establishes an ASA (American Society of Anaesthesiologists) rating. ASA 1 and 2 are performed at the ambulatory clinic, and ASA 3 and 4 are inpatient procedures. The rating depends on whether general anaesthetic is required, or if the surgery is complicated.

Cataract patients for the Ambulatory Surgical Centre get a date for the operation at the first visit. There is a two week waiting time for the first visit and a three-to-four week waiting time for surgery. The cataract surgery centre is very compact, so patients and nurses don't spend much time moving from place to place. Surgeries take place three times a week and they are all teaching surgeries.

Making patients feel at home

Patients must bring a companion on the day of surgery to provide security and reassurance. The companion is more likely to understand post-op instructions and can prevent accidents on the way home. It also

reassures patients.

After the reception to the centre, patients are brought to a changing room and then into the main room where all patients are managed. Patients change into a surgical gown, plastic booties and hat, while companions need only wear the booties and hat.

"The patients bring their own dressing gown, it's the one they wear reading the paper on a Saturday morning or when they go to take a bath, so it's reassuring and familiar," said Mrs Van Dijk-Kool.

While they await pre-op drops they chat to their companion, read, drink coffee or watch surgery live.

"Most of them watch the surgery, and nurses can give information about the procedure at the same time," said Mrs Van Dijk-Kool.

She believes that this, combined with nurses taking their breaks in the same room and doctors helping move trolleys, breaks down the barriers between centre staff and the people they treat.

For pre-op drops patients are led to the end of the room to mount the trolley behind a curtain where they get three sets of drops to dilate the pupils and iodine against infection. Then they go to the anaesthesiologist.

"Here's where patients who were putting on a brave front tend to break down, so the anaesthesiologist must be quite empathetic," said Mrs Van Dijk-Kool.

Patients are brought into one of the two theatres. If the patient doesn't speak Dutch the companion can accompany him or her during surgery to act as interpreter. Finally patients are led out for post-op into the main room.

Standardised equipment

All nursing staff are assigned to a specific post, but they are rotated on a regular basis to perform different duties so they are familiar with all stations, and can fill in if necessary. All equipment is standard, which is one of the reasons the centre does not perform complicated surgery.

"Ophthalmologists often have their 'special knife'. They say 'Oh, I don't want to do a surgery with an angle knife!' It is not allowed. If all consultants agree to a specific piece of equipment, that's what they all get. Any extras required for complications are, of course, supplied," said Mrs Van Dijk-Kool.

"Televised" surgery popular with patients and surgeons

Her presentation excited the greatest response at the Moorfields meeting. Were patients really happy with the televisions? What happened when there's a complication? What if they sued, could the surgery footage be used as evidence against?

They were told the television was a great success and that patients never even realised when there was a complication in a surgical procedure. "They can't tell if something's delaying a surgery," said Mrs Van Dijk-Kool, and the television feed is not linked to a video recorder, so there are no litigation or privacy issues.

"Maybe once or twice a year a patient says they don't want their surgery on the television, and we just turn it off," said Mrs Van Dijk-Kool.

The centre continues to innovate. Staff want to find other surgeries that would work in their model. Trabeculectomy is one possible treatment, and the centre is also looking at the potential to treat strabismus.

"But always a complete morning and afternoon of just one type of surgery, that's where you get the benefit. Also, if we could stop the retrobulbar injection and just use drops for the surgery the patients wouldn't need to change their clothing. A big improvement, I think."

The staff also want to make further improvements in the patient experience by negotiating with insurance companies for transportation as well. "And if the patient lives more than 50 kilometres from the hospital they might need a night in the hotel before surgery. One big insurance company has already agreed to this," said Mrs van Dijk-Kool.

It all reflects the Centre's philosophy, which is summed up by a quote from Antoine de Saint-Exupéry that decorates the reception:

"It is only with the heart that one can see rightly; what is essential is invisible to the eye."

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