By Paul McGinn

European ophthalmologists lead 'decade of revolution' in day case surgery

Rates of day case cataract surgery rise above 90% in many countries, but great variations remain

European hospitals and governments should recognise members of the ESCRS for helping lead a surgery revolution over the last decade.

After all, since the mid-1990s, ESCRS members and other leading European ophthalmologists have saved their respective health services billions of euro by performing cataract surgery as a day procedure.

No other specialty group has done so much to change the face of surgical practice In Europe.

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Consider that a decade ago the majority of Europe's cataract patients stayed in hospital for one or even two nights. Today, up to 90% of cataract patients in many European countries arrive, undergo their operation, and leave before the sun sets.

By contrast, European surgeons in virtually every other specialty are still keeping their patients in hospital overnight. In the vast majority of European countries, most operations that could be performed as day cases – including tonsillectomies, laparoscopic cholecystectomies, varicose vein strippings, and hernia repairs – still include an overnight hospital stay for the patient.

There is no doubt that the day surgery revolution has changed the face of European ophthalmic surgery as millions of cataract patients return home within hours of their operations, saving not only time for themselves but also money for their hospitals and governments.

The newest 10-year figures from the world's leading government think tank – the Organisation for Economic Cooperation and Development – graphically illustrate how well ophthalmologists have done over the past decade.

In 1994, Finland reported that ophthalmologists performed only 20.7 % of all cataract operations as day cases. In that same year, the UK reported a day case rate of 31.1%.

By 1996, the year that *EuroTimes* was launched, those day case rates had jumped to 42.4% in Finland and to 52.6% in the UK.

In 2003, the last year for which comparable statistics are available, Finnish surgeons were performing 94.3% of cataract extractions as day cases; UK surgeons were performing 90.9% of cataract extractions as day cases.

Over the same period, ophthalmologists in many European nations followed the Finnish and UK lead. By 2003, at least two other countries – the Netherlands and Denmark – also boasted day case cataract surgery rates of more than 90%.

By 2003, ophthalmologists in most countries were performing a majority of their cataract operations as day cases.

The lead of cataract surgeons in promoting day surgery is clear from a comparison with other surgeons during the same period.

For instance, in 1994 in Finland, all surgeons – including cataract surgeons – collectively performed only 12.4% of their operations as day cases.

In that same year, the overall rate of day case surgery in the UK was already at a relatively impressive rate of 39.1%, significantly higher than the cataract surgery rate.

Almost a decade later, the overall day surgery rate in both Finland and the UK had failed to keep pace with the cataract rate. In 2003, the last year for which comparable statistics are available, Finnish surgeons were performing only 37.8% of operations as day cases; in the UK, the overall day case surgery rate was 53%.

From such statistics, it would seem clear that no other medical specialty has contributed so much to the day surgery revolution, a revolution that has benefited patients and taxpayers alike.

Congratulations to the ESCRS for helping make day surgery a reality.

Political and clinical will key to success of day surgery

It would seem that everyone agrees that day case cataract surgery saves money and time without risking the quality of patient care.

So why do so many European ophthalmologists still not perform the vast majority of their cataract operations as day cases?

According to a leading health policy analyst, the reason is twofold: those surgeons don't want to perform day surgery and managers who let them get away with it.

"The problem is that the health services have grown up as cottage industries," explains Anthony Harrison, a senior health analyst at the UK-based health policy group, the King's Fund.

Like any cottage industry, personalities – not policies – rule.

In the UK, as in many European countries, physicians with dominating personalities ran hospitals with little resistance from any managers or administrators. Although attitudes began to change when the UK government introduced the National Health Service after World War II, much of the resistance to change lingered well into the 1990s. Then, NHS managers – and politicians – began pressing for day surgery reform.

"England has been pretty forceful in telling the doctors what to do," Mr. Harrison says. "No other countries that I know of have had such a centralised day surgery drive."

He also credited the Royal College of Ophthalmologists with helping overcome lingering "clinical intransigence" from those ophthalmologists who opposed day surgery.

While some medical specialties may have grounds to oppose widespread use of day surgery, cataract surgeons really do not, he says.

"I could understand opposition to day surgery if you needed more technology or more highly trained nurses, but you don't, so it is difficult to see what the problem is. In fact, it's so damn simple to organise," he says. "You don't need new technology. All you need to do is move around a few hospital beds and clear way some chairs. Even the operating theatre is the same. It's dead simple"

So why if day surgery is so "dead simple" in theory is it so difficult in practice?

In the UK, at least, the reason dates back to a time when the image of a successful surgeon was very different, Mr Harrison says. "The relative prestige structure was based on having beds and 'owning' waiting lists, so the length of your waiting list was an indicator of your appeal rather than your inefficiency."

Of course, that has, by in large, changed, he adds. "Now, a good ophthalmologist is one who doesn't have a long waiting list."

Ophthalmologists, of course, are not the only ones to blame, Mr Harrison notes. Physicians in other specialties – and even nurses – must share some responsibility.

As an example, he relates his own experience with a recent hernia repair operation. After having the operation in the morning, Mr Harrison told the nurses that afternoon that he was feeling well enough to go home. "The anaesthetics were so brilliant, that there was no need for me to stay," he recalls. The nurse, however, tried to dissuade him from leaving.

"Why were they reluctant to let me go?" he asked. "Because they were losing their role."

Against the nurses' protests, Mr Harrison discharged himself and went home. A few days later, he wrote to the hospital's director of surgery. "I told him it was silly to keep me. He wrote back and told me he wasn't responsible for the nurses. Now that is an example of bad clinical management."

In spite of his experience – and the influence of the cottage industry tradition – Mr Harrison believes that day surgery will ultimately win out in most surgical specialties. "There are always guys who don't want to change, but eventually they die off and new guys take their place," he says, "It's almost a generational thing."