Dutch centre knocks down barriers between doctors and patients

Daithí O hAnluain in London

IN ONE of the most innovative outpatient cataract surgery clinics in Europe, patients get to watch live surgery while they wait their turn, pre-op and post-op patients all mix in the same room.

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 Bart Zijlmans MD, consultant ophthalmologist and coordinator at the centre, it is an enormous success.

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"It's very efficient and it works well. Everything is standardised and everybody knows what he or she is doing. The patients are interested in watching the surgeries in progress. The camera in the operating room didn't make any difference to me as a surgeon. The first time I did an operation with the camera I was vaguely aware of it. By the second operation I forgot completely that the patient's family was watching the surgery as it happened," he said.

"I like that we're doing a series of standard procedures, that it is the same type of surgery, so we don't lose time changing equipment or operating theatres, or waiting for other personnel to arrive. I'd invite any ophthalmologist or ophthalmic nurse to come visit us whenever they want to see for themselves how efficiently the system works," said Dr Zijlmans.

Mrs Leonie van Dijk-Kool, RN, CRNA, team leader at the Ambulatory Centre echoes his thoughts.

"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 make them even more nervous.' But no, we were wrong. The patients are fascinated and they enjoy it," said Mrs Van Dijk-Kool, in a presentation to the Moorfields' Bicentenary Scientific Meeting in London.

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 demanding and no longer be content to do what the doctor ordered," said Mrs. Van Dijk-Kool.

Dr Zijlmans said the new clinic was good for the hospital, because more surgery is now provided and cataract waiting lists no longer exist.

"We used to have waiting lists at the Rotterdam Eye Hospital, but now we can do far more surgeries, and since we moved everything to day-case we've a lot more space because we are not using the wards for inpatient services any more.

"We could even do more surgeries than we do right now, but if I did, then I wouldn't be able to teach as effectively as I can right now. Every operation is a teaching operation and I need time to explain the procedure to the Fellow I'm teaching. And the Fellow can do operations with me watching and advising, said Dr Zijlmans.

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Now the Ambulatory Centre performs up to 26 cataract operations a day in two theatres and handles 59% of the 6,000 cataract surgeries performed yearly by the Rotterdam Eye Hospital. Founded in 1874, the hospital has 350 employees, 40 ophthalmic nurses, 25 ophthalmologists, and 21 residents and Fellows. It handles 130,000 outpatient cases, 11,000 admissions (including cataracts) and has 20,000 emergency room visits.

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

Cataract patients for the Ambulatory Surgical Centre get a date for the operation. There is a two-week waiting time to first visit and a three to four week waiting time to 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.

Insuring patients comfort and safety

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 when the patient loses stereopsis. 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 gowns, 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 live surgery.

"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 and doctors helping move trolleys, breaks down the barriers between the centre's 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.

Flexibility essential

All members of the 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 day care centre does not perform the more complicated cases.

"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. They have two choices, a single bevelled knife or a double bevelled one. 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.

The centre continues to innovate. The staff wants to find other surgeries that would work in their model. Trabeculectomy is one possible treatment or secondary IOL implants, and the centre is also looking at the potential to treat strabismus.

Dr Zijlmans sits on a committee of five ophthalmologists and they discuss new procedures and methods of working. Currently he would like to move to micro-incision cataract surgery (MICS), but he says IOLs need to improve and fit through a 1.5 mm incision before they will change to MICS.

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