EXCHANGING INFORMATION
First experiences with EUREQUO registry show the system provides good assessment of surgical quality
by Roibeard O’Hineachain in Istanbul

Participation in EUREQUO, the European Registry of Quality Outcomes for Cataract and Refractive Surgery, provides cataract and refractive surgeons with a clear indication of how their results compare with their colleagues in their own country and throughout Europe, said Camille Budo MD, Sint Truiden, Belgium.

"EUREQUO is the first step towards developing the exchange of information and experience on good practice. It takes about one minute to complete the forms requested by EUREQUO and can be done by a technician. Then, one can objectively measure the quality of one's own surgery by comparing your results with those of colleagues in your own country and throughout Europe," Dr Budo said at the 15th ESCRS Winter Meeting, where he presented the findings of his first year of participation in the EUREQUO project.

The participating surgeon or their technician provides data regarding a range of parameters, mostly by checking off boxes or using drop-down lists as indicated. The data requested starts with the gender of the patient, whether they had previously undergone cataract surgery, and the name of the surgeon, he noted.

Additional data includes the presence of other eye diseases in general and also in particular those which tend to involve complicated cataract surgery, such as previous refractive surgery, white cataracts, corneal opacity, small pupils or pseudoxfoliation.

“The most important preoperative parameters are visual acuity and the presence and axis of astigmatism, factors which vary between centres and could have a bearing on results,” Dr Budo said.

Intraoperative parameters include whatever complications may have occurred during surgery, such as capsular rupture and vitreous loss. Postoperative parameters include visual acuity and astigmatism findings. The parameters for multifocal and accommodative lenses include for near intermediate and far categories.

“You can compare your results with different IOLs with those obtained by colleagues in your country or across Europe, and you can also compare your corneal and retinal complications.”

**Country-wide and Europe-wide comparison** To illustrate how the EUREQUO registry can enable surgeons to gauge the quality of their surgery, Dr Budo presented a summary of his own centre’s results during its first year of participation in EUREQUO and their comparison to the average findings in centres in Belgium and throughout the 12 European countries currently participating in the EUREQUO project.

The registry data showed that 71.6 per cent of patients treated for cataract at the Sint Truiden clinic had a preoperative uncorrected visual acuity better than 5/12, Dr Budo noted. That compared to a national average for Belgian centres of 62.35 per cent and an average of 39.05 per cent for the entire EUREQUO registry.

The data also showed that there were no co-existing eye diseases in about 82.72 per cent of cataract patients treated at Dr Budo’s centre, in 72.22 per cent of those treated in Belgium, and in 65.58 per cent of those treated in Europe.

All cataract patients treated at the Sint Truiden clinic underwent phacoemulsification and implantation of a posterior chamber IOL, as did 99.38 per cent in Belgium and 99.12 per cent in Europe, Dr Budo said.

Another finding was that surgery was judged as “not difficult” in 98.77 per cent of patients treated at Dr Budo’s centre, in 88.27 per cent of patients treated in Belgium and in 90.74 per cent of patients treated in Europe.

Dr Budo noted that the main type of IOL used at the Sint Truiden centres during the year under study was a hydrophilic acrylic lens, used in 88.89 per cent of eyes. However, that is because in that year the centre was involved in a trial with that lens, he said.

Their current first choice is a hydrophobic lens, which was also the type of lens used for 48.15 per cent of cataract procedures in Belgium and 90.87 per cent in Europe, he added.

Topical anaesthesia was used in all procedures in the Sint Truiden centre and 82.1 per cent of procedures in Belgium but only 5.32 per cent of procedures Europe-wide, he said.

At Dr Budo’s centre, cataract surgery was uneventful in 98.77 per cent of cases, as was the case in 97.53 per cent of cases in Belgium and 98.49 per cent of cases throughout Europe. The rate of posterior capsular rupture was 1.23 per cent (one out of 81 patients) in the Sint Truiden clinic, 0.62 per cent (one out of 162 patients) of Belgian cases and 1.31 per cent (1511 out of 115,694 patients) of cases in the EUREQUO registry.

Postoperative uncorrected visual acuities were 6/6 or better in 37.04 per cent of eyes at the St Truiden clinic, 25.93 per cent in Belgium and 20.25 per cent throughout Europe. In addition, the proportion with visual acuity below 6/12 was 9.88 per cent at Dr Budo’s centre, 10.49 per cent throughout Belgium, but 26.71 per cent throughout Europe.

Best-corrected visual acuities were roughly similar in the different groupings. That is, around half of patients, in Sint Truiden, in Belgium and in Europe achieved 6/6 and around 70 per cent to 80 per cent achieved 6/7.5.

Dr Budo suggested that the addition of a few additional parameters could enhance the value of the EUREQUO registry. For example, when recording details concerning eyes that had undergone previous refractive surgery, the inclusion of the IOL calculation formula used would enable their comparison over wide groups of patients, he said.

Similarly, in eyes that are undergoing implantation of a toric IOL, the inclusion of the techniques used for preoperative marking the axis of cylinder and postoperative axis alignment could also be useful for comparison. That would also make it possible to compare different toric IOLs in terms of their postoperative rotation, Dr Budo added.