

# Preoperative Guidelines for Cataract Surgery in the Ambulatory Surgery Setting

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## HISTORY AND PHYSICAL

In lieu of obtaining an H&P by a primary care provider (PCP) within 30 days of surgery, a medical evaluation performed by the PCP within 6 months can be utilized in conjunction with a Brief Same Day Medical Evaluation on the day of surgery performed by the surgeon/CRNA/NP/PA or anesthesiologist.

**1.** The Medical Evaluation performed by the PCP must include:

- *Pertinent medical and surgical history*
- *Current problem list*
- *Medication list*
- *Physical exam*
- *Recommendations if any from the primary care provider*

**2.** If the patient has not been evaluated by his/her PCP within the past 6 months, the patient will be instructed to schedule an appointment with their PCP prior to the surgery date.

**3.** If the patient has a complex medical history and/or is symptomatic at the time of surgical evaluation, the surgeon may request that the patient arrange for a medical evaluation prior to the surgery.

If the Medical Evaluation is over the 30-day period, the surgery may still proceed with the following recommendations:

- 1.** The NP/PA/CRNA/anesthesiologist at the Ambulatory Surgery Center will initially review and update the Medical Evaluation in the pre-operative phone interview with the patient.
- 2.** If the preoperative phone interview and subsequent consultation with the anesthesiologist reveals problems or concerns, a formal updated medical evaluation may be requested by the anesthesiology staff, including labs and diagnostic testing as applicable.
- 3.** Alternatively, the MD/DO who initially performed the Medical Evaluation may write an addendum/update to the pre-existing Medical Evaluation performed by the PCP prior to surgery.
- 4.** The maximum acceptable window for pre-operative PCP Medical Evaluation prior to surgery is 6 months.
- 5.** The Medical evaluation will be supplemented by a Brief Same Day Medical Evaluation:
  - *This evaluation will include a history and brief physical exam, review of medications and allergies, and documentation of any changes since the last medical evaluation was completed. (The maximum acceptable window for pre-operative Medical Evaluation prior to surgery is 6 months).*
  - *The anesthesiologist at the ASC will examine the patient immediately prior to the surgery to evaluate the risk of anesthesia and of the procedure for the patient.*



## PRE-OPERATIVE TESTING

**1.** Patients undergoing cataract surgery will not routinely require any preoperative laboratory testing, EKG, or imaging for routine cataract surgery.

**2.** The PCP will decide at the time of Medical Evaluation if any ancillary tests are necessary in order to determine medical optimization.

**3.** If the surgeon determines that the patient is at high risk for conversion from sedation anesthesia to general anesthesia, he/she may order the appropriate pre-operative testing which may include: CBC, BMP, Chest X-ray and EKG. The following patient characteristics qualify for high risk of conversion to general anesthesia:

- *Significant tremor*
- *Inability to lay in supine position*
- *Non-English speaking patients*
- *Mentally challenged patients*
- *Hearing impaired patients*



## CONTRAINDICATIONS TO CATARACT SURGERY IN AN ASC may include but is not limited to:

MI within 3 months, coronary intervention within 6 weeks

Patients with pending cardiac intervention

Uncontrolled/Refractory HTN (>200/110)

Ejection fraction <30%

Severe uncontrolled DM (HbA1C>12)

BMI >50

Acute CVA within 3 months



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