

In 2013/14 there were 26 wrong lens implant 'Never Events' across the NHS in England, making it the most frequent such wrong implant 'Never Event'. Our aim is to have none at Bolton NHS Foundation Trust. Following this protocol is important towards achieving that quality goal.

STANDARD WORK SHEET

<u>Intraocular Lens Selection and Intraocular Lens Theatre Checks Prior to Intraocular Lens Insertion</u>		TO BE UNDERTAKEN BY
<u>Intraocular Lens (IOL) Selection by Clinician</u>		
1	No IOL/lens selection to be made or indicated on biometry print out by the listing clinician in OPD unless there is requirement for a specific type/diopetre implant to be ordered prior to surgery that is not routinely available and/or stocked. If so this should be noted in the blue clinical ophthalmology notes and not on the biometry print out. <u>The operating surgeon will make a decision on intraocular lens diopetre selection on the day of surgery.</u>	Listing Clinician in OPD
2	<u>Do not</u> handwrite any IOL power onto the biometry print out in numeric – this must be written in longhand and printed i.e. TWENTY	Operating Clinician on Ward
3	Mark or circle or highlight the IOL power required on the biometry print out on the day of surgery <u>before transfer of patient into theatre</u>	Operating Clinician on Ward
4	If patient is having second eye cataract surgery, the 1 st biometry is to be crossed through i.e. X	Operating Clinician on Ward
<u>Intraocular Lens Theatre Checks Prior to Intraocular Lens Insertion</u>		
1	'Time Out' to take place as per Surgical Safety WHO Checklist for all patients following transfer of patient into theatre from anaesthetic room	Operating Clinician Scrub Nurse Circulating Nurse Anaesthetist Recovery Nurse

		ODP
2	Time out will involve scrub nurse, recovery nurse or ODP and the surgeon. The scrub nurse will verbalise the chosen IOL and the proposed refractive outcome as written on the biometry	Operating Clinician Scrub Nurse Recovery Nurse ODP
3	The Surgeon/Operating Clinician will verbally confirm the intraocular lens power diopter and type required and the proposed refractive outcome target. (e.g. 21.5 Dioptre, target minus 0.37)	Operating Clinician
4	The Intraocular lens power choice will be written on the white board (this board will also contain the patient's name/RMC identification number and the eye to operated upon. (LEFT/RIGHT)	Recovery Nurse
5	The circulating nurse in theatre will then go and get the indicated dioptre power intraocular lens and bring it into theatre	Circulating Nurse
6	The circulating nurse will confirm the IOL power, type and expiry date with the surgeon and scrub nurse, showing the sealed box containing the IOL to the surgeon and scrub nurse	Circulating Nurse Operating Clinician Scrub Nurse
7	<u>There will be no other intraocular lens present in the theatre</u>	Circulating Nurse
8	The circulating nurse on handing the chosen intraocular lens to the scrub nurse will <u>again</u> confirm the IOL power and expiry date	Circulating Nurse Scrub Nurse
9	At the time point during surgery where the IOL is required to be inserted the nurse hands the injector containing the IOL to the surgeon, the lens power will <u>again</u> be confirmed by the scrub nurse to the surgeon	Operating Clinician Scrub Nurse
10	Following completion of surgery and when writing up case notes the surgeon will check that the IOL power inserted matches that indicated on the biometry	Operating Clinician

Deviation from this protocol will be reported as a clinical incident