Cataract surgery: Protecting patients and professionals during COVID-19

This guidance has been developed by the United Kingdom & Ireland Society of Cataract & Refractive Surgeons [UKISCRS] and the RCOphth COVID-19 Review Team in response to the pandemic and may be subject to change.

The Royal College of Ophthalmologists (RCOphth) has produced guidance as a pragmatic approach to maintain care for those patients who need it while deferring care for those patients who can wait. The aim is to manage the risks to patients of permanent sight loss or serious illness/death due to delays in treating eye conditions against the risks to patients and their families of contracting COVID19 through attendance at health care facilities.

During the COVID-19 pandemic, resources and personnel have been limited and rapidly changing, requiring new approaches to the care offered. Non-urgent elective cataract and refractive surgery has been suspended due to the risks associated with COVID-19 infection, while necessary urgent and emergency eye services continued to operate. Active planning is underway for a phased return to elective surgery; this guidance seeks to assist safe and effective resumption of redesigned cataract care pathways, in keeping with the most up to date guidelines.

Healthcare workers are known to be at increased risk of COVID-19, and there is uncertainty over whether ophthalmic staff are more prone to this infection, possibly through prolonged close contact with patients' faces. Furthermore, many ophthalmic staff are at increased risk by virtue of their Black, Asian and Minority Ethnic (BAME) heritage. It is essential that risks confirmed by evidence, potential risks and staff concerns are all well managed, to allow provision of safe, effective and efficient cataract care to patients when surgery restarts.

Our previous guidance acknowledged the existing uncertainties and recommended, where possible, that surgeons and scrub nurses use filtering face piece respirator masks [FFP3] and eye protection when performing phacoemulsification cataract surgery in compliance with the current Public Health England (PHE) guidance for aerosol generating procedures (AGP's) which references surgery using high speed devices being AGP's. We still await guidance from PHE (or equivalent bodies in the rest of the UK) on whether phacoemulsification fulfils their criteria for AGP in relation to Covid transmission, and what personal protective equipment (PPE) is required. Therefore, this advice document may change over time.

Updated Recommendations

- Reassess the patient remotely; consider deferring surgery following discussion about COVID-related and surgical risks, versus benefits of cataract surgery
- Phacoemulsification produces an aerosol, but current evidence suggests that this aerosol is unlikely to pose a risk of COVID-19 due to minimal (possibly negligible) viral load. Therefore, phacoemulsification may not be an *infective* AGP for the purposes of PPE selection.
- At this point, we recommend that units are not required to treat phaco as an AGP. However, they should continue to observe all other recommended infection control practices, including testing and patient self-isolation pre-operatively as required, in compliance with PHE and NHS national body guidance for elective surgery.
- We recommend that surgeons and other theatre staff are allowed to wear filtering face piece respirator masks [FFP3] and eye protection when performing phacoemulsification and

other forms of eye surgery, if they wish to do so for their own additional safety or reassurance.

- Further steps to mitigate against risk or intraoperative aerosol generation should continue to be employed including:
    - patients should be required to wear a fluid-resistant surgical mask while in hospital, though this should be removed for the operation, whilst under a drape
    - perform surgery under local anaesthetic where possible, as general anaesthesia is an AGP for which appropriate PPE, airflow and decontamination precautions must be observed by all staff in theatre
    - use of additional drapes +/- suction to reduce or redirect flow from the naso-pharynx
    - steps should continue to be taken to minimise the length of the operation
    - staff in the theatre should be reduced to a minimum and non-essential staff should not enter the operating theatre during the operation.

All COVID-19 guidance is subject to change. Please visit the RCOphth COVID-19 web page for regular updates.

RCOphth COVID-19 REVIEW TEAM and UKISCRS

References

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4. https://www.rcophth.ac.uk/wp-content/uploads/2020/05/RCOphth-UKISCRS-COVID-cataract-surgery-restoring-services-070520.pdf