RCOphth / WHO Surgical Safety Checklist: for Cataract Surgery ONLY

Instructions

Cataract surgery should use a cataract specific WHO checklist.

Local adaptation of this checklist is encouraged to ensure it is effectively integrated into clinical practice. This may mean that some of the interventions are moved to a different step in the checklist, for example from 'Time Out' to 'Sign In'.

Some interventions may also be moved to the Preoperative team brief.

Any adaptations should be undertaken in accordance with your organisation's governance scrutiny process.

Note: *ODP- this stands for operating department practitioner but this role can be delivered by operating department assistant, health care assistant or other nominated theatre staff. The checklist below can be edited for individual trust use to reflect the workforce within the eye theatre.

RCOphth / WHO Surgical Safety Checklist: for Cataract Surgery ONLY

order in treda out road by obt with		
patient and ward nurse)		
Before start of anaesthesia		
ODP with patient and ward nurse:		
Check against wristband and records for		
identity and allergy:		
□ "Hello my name is… I am your… Can you		
please tell me your name and date of		
birth?"		
□ "Do you have any allergies?"		
Check against consent form and		
marking record for correct procedure		
and side signed by patient and surgeon:		
□ "Can you tell me what operation you are		
having and which eye we are operating		
on?"		
□" Is the correct surgical site marked?"		
ODP with ward nurse:		
Check against biometry & IOL choice		
documented in the records:		
☐ "Is the biometry in the records and does it		
have the correct patient details?"		
☐ "Is lens power and model documented		
and/or counter-signed by the surgeon?"		
, ,		
"Is the patient taking warfarin or other		
anticoagulants?"		
□ No □ Yes, last INR available		
"Is the patient taking tamsulosin or other		
alpha blocker?" □ No □ Yes, surgeon notified		
<u> </u>		
For cases under GA or sedation only ODP with anaesthetist:		
"Is the anaesthetic machine and medication		
check complete?"		
□ "ASA grade?"		
□ "Any special monitoring requirements or		
anaesthetic concerns?"		
□ "Is the VTE risk assessment +/- treatment		
complete?"		

SIGN IN (read out loud by ODD* with

TIME OUT (read out loud by ODP* to whole team)

Before start of surgical intervention

To patient:

"We are going to check your details again."

Check against wristband, records, mark
and consent with the scrub nurse:

To team:

"Patient is..."

- □ "There are no allergies/ they are allergic to..."
- ☐ "We are performing 'name of procedure' on the right/left/both eyes."
- ☐ "This matches the consent and the surgical mark. The consent form is signed by the patient and the surgeon."

If intraocular lens to be implanted:

Scrub nurse and surgical team to confirm against the biometry and records (2+ person check):

- □ "The lens is a 'n' diopter 'type of lens' for the right/left eye, matches the side and patient identity for: the mark on the patient; the biometry; the IOL selection sheet; theatre list; consent form; whiteboard. This matches the ONLY lens selected and available in theatre."
- □ "Is an alternative lens available if needed?"
 If applicable: check the lens power and type is written and signed on the 'IOL selection sheet'/source biometry data/EPR document
- □ "Are there anticipated variations, equipment or medication requirements, or patient-specific needs?"
- □ "Do we have any specific equipment or medications discussed in the team brief?"

→ SIGN OUT (read out loud by ODP* to whole team)

Before any member of the team leaves the operating room

To surgeon:

- □ "Please confirm what procedure has been performed and which site/side.
- □ "Are there any variations to standard recovery and discharge protocol for this patient?"

To scrub:

□ "Are the instrument, swabs and sharps count complete (or not applicable)?"

If applicable: Have any equipment issues been identified?"

PATIENT DETAILS	
Last name:	
First name:	
Date of birth:	
NHS Number*	
or hospital	
number	
Procedure:	

The checklist is for <u>Cataract</u> Surgery ONLY

This modified checklist must not be used for other surgical procedure