

**SOCIETY FOR SAMBA**  
ANESTHESIA  
Outpatient • Office Based • Non-Operating Room

**2022 SAMBA ANNUAL MEETING**  
MAY 11 - 14, 2022

## Preoperative Care of the Cataract Patient

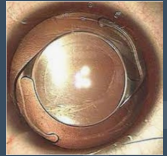


Dawn Schell, MD  
Director of Anesthesia  
Cole Eye Institute  
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Cleveland, OH

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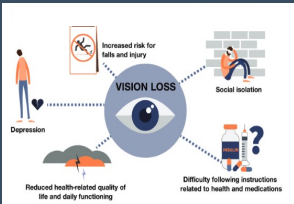
## Frequency of Cataract Surgery

- Most common procedure performed in Medicare patients
- 2-4 million cataract procedures annually in US
- 28 million cataracts annually worldwide
- 60,000 cataract surgeries performed each day worldwide



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## Vision impairment is associated with many adverse consequences



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## Safety of Cataract Surgery Well-known: Mortality is 0.014%

Despite documented safety and risks of delaying cataract surgery, there are still many obstacles to patients accessing timely surgery



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The New England Journal of Medicine

### THE VALUE OF ROUTINE PREOPERATIVE MEDICAL TESTING BEFORE CATARACT SURGERY

OLIVER D. SCHEIN, M.D., M.P.H., JOANNE KATZ, Sc.D., ERIC B. BASS, M.D., M.P.H., JAMES M. TIELSCH, Ph.D., LISA H. LUBOMSKI, Ph.D., MARC A. FELDMAN, M.D., M.P.H., BRENT G. PITT, M.D., AND EARL P. STENBERG, M.D., M.P.H., FOR THE STUDY OF MEDICAL TESTING FOR CATARACT SURGERY\*

- Published **2000 NEJM**
- No difference in outcomes when preoperative testing (labs, ECGs) was eliminated
- **No preoperative testing is indicated for cataract surgery!**

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### Preoperative Medical Testing in Medicare Patients Undergoing Cataract Surgery

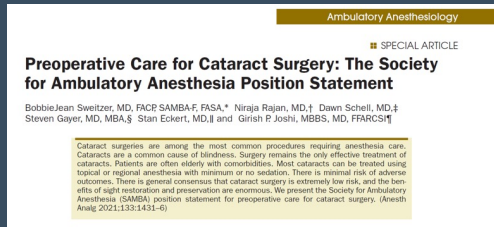
Catherine L. Chen, M.D., M.P.H., Grace A. Lin, M.D., M.A.S., Naomi S. Bardach, M.D., M.A.S., Theodore H. Clay, M.S., W. John Boscardin, Ph.D., Adrian W. Gelb, M.B., Ch.B., Mervyn Maze, M.B., Ch.B., Michael A. Gropper, M.D., Ph.D., and R. Adams Dudley, M.D., M.B.A.

Follow-up article in NEJM 2015 assessed whether costs of pre-op testing had decreased in the 10 years following publication of sentinel article

- 53% of patients still had at least one pre-op test done
- expenditures on testing 42% higher the month of cataract surgery

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## SAMBA Position Statement



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## Is There Ever a Reason to Cancel/postpone Cataract Surgery?

- MI within the past 30 days
- Percutaneous coronary interventions
  - Without stenting 14 days
  - With stenting 30 days
- Arrhythmias with hemodynamic compromise
- Decompensated CHF
- Acute serious pulmonary conditions
- CVA or TIA within the past 3 months
- Acute HTN with end organ dysfunction
- Diabetic ketoacidosis/hyperosmolar coma



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## Does Acute HTN Warrant Cancellation of Cataract Surgery?

- HTN most common reason surgery is postponed
- Little evidence to support that HTN increases risk of perioperative adverse events
- BP on DOS is not reflective of baseline
- Patients should take their anti-hypertensives the DOS
- SAMBA recommends that cataract surgery should be delayed only for patients with malignant hypertension defined as elevated blood pressures with acute end-organ damage



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## Should BP Be Treated the Day of Surgery to Normalize?

- Accuracy and reliability of preop BP readings have been questioned by many
- Increasing evidence that acute correction of BP perioperatively may be more harmful
- Postoperative Quality Initiative-insufficient data that altering preop BP lowers perioperative risk
- SAMBA recommends against lowering BP preoperatively



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## Do Anti-Platelet and Anti-Coagulants Need to Be Stopped Before Surgery?

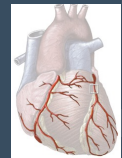
- Several studies confirm safety of continuing these medications peri-operatively
- Topical and sub-tenon's anesthesia are safe in anti-coagulated patients
- If you are using retro-bulbar block for cataract surgery, need to consider bleeding risks
- SAMBA recommends continuation of anti-platelet and anticoagulant meds peri-operatively in cataract surgery



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## When Can Patients with Recent Coronary Stents Undergo Cataract Surgery?

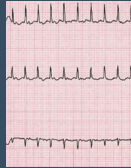
- ACC/AHA recommend 30 days for bare metal stents and 6 months for DES
- Most agree these times can be liberalized if patients continue DAPT peri-operatively
- SAMBA recommends that patients can have cataract surgery 30 days after stent placement as long as DAPT is continued uninterrupted throughout the perioperative period



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### Does Newly Discovered Atrial Fibrillation Warrant Cancellation of Cataract Surgery?

- Atrial fibrillation is not an ischemic rhythm
- If rate is controlled, and patient does not have clinical compromise, no indication to cancel surgery
- SAMBA recommends that cataract surgery not be delayed in patients with newly discovered atrial fibrillation as long as the patient is asymptomatic with stable hemodynamics



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### Can Patients with Cardiac Implantable Electronic Devices (CIEDs) Be Safely Cared for in a Free-Standing ASC?

- CIED's should be interrogated within 6 months for ICDs and 12 months for PPMs
- Cataract surgery does not interfere with CIEDs
- SAMBA recommends familiarity with CIED functionality and against reprogramming or using a magnet during cataract surgery



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### Does Hyperglycemia Warrant Cancellation of Cataract Surgery?

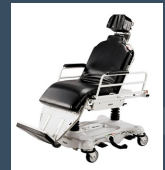
- No evidence to support delaying surgery for any specific blood glucose or HgA1c
- SAMBA Guidelines for Perioperative Glucose Management
- SAMBA recommends delaying cataract surgery only in patients with ketoacidosis or hyperosmolar hyperglycemic non-ketotic syndrome or significant hypoglycemia



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### Should There Be a Weight Limit for Cataract Surgery in a Free-Standing ASC?

- The weight limitations for cataract surgery should be based on the weight limit of the stretcher at each individual center
- SAMBA recommends that providers establish and follow institutional guidelines for obese patients at their individual centers



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### Can a PS-IV Patient Undergo Cataract Surgery at a Free-standing ASC?

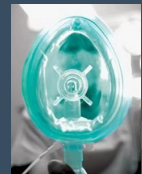
- Cataract surgery is extremely low risk and requires minimal sedation
- Similar stress to dental procedures
- SAMBA recommends that PS-IV patients can safely undergo cataract surgery with minimal to no sedation in a free-standing ASC



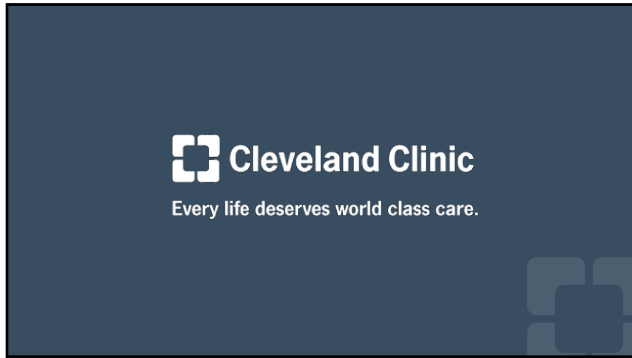
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### Does the Need for GA Alter the Risks of Cataract Surgery?

- No available studies comparing risk of GA with MAC for cataract surgery
- Overall risks for most procedures are unchanged by type of anesthesia performed, so unlikely that there is increased risk with GA with currently available airways and drugs
- SAMBA recommends weighing risks of medical comorbidities in deciding when to use GA



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