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Cancellation Protocol for Routine Cataract Surgery Patients

For patients undergoing *routine topical anaesthetic cataract surgery* current evidence supports the continuation of anticoagulant therapy including warfarin[1,2,3].

The following guidelines should be considered upper safe limits for patients undergoing cataract surgery. Patients who exceed these limits may be considered for postponement of surgery until these levels are optimised.

INR <3.5 (tested 1 week before and on the day of surgery)*

BM <20 mmol/l

BP max 220/110

* Patients with anticipated complex surgery (e.g. small pupils / posterior synechiae), or the minority who require needle anaesthesia (sub-tenons or perbulbar) should be discussed with the operating surgeon at pre-assessment, in particular with regard to anti-coagulant therapy.

For patients on warfarin, the INR should be checked one week before and on the day of planned surgery. Liaison with the anticoagulant nurses should be arranged if necessary.

BP should be tested in the ward area – there is no need to repeat this in the anaesthetic room for routine local anaesthetic cases[4].

Patients taking antibiotics for an active acute infection will usually be cancelled.

ECG monitoring of patients peri-operatively may not be necessary[4], but is performed at the discretion of the consultant. Pulse oximetry should be performed for all patients[4].

References

1. Benzimra JD et al. The Cataract National Dataset electronic multicentre audit of 55 567 operations: antiplatelet and anticoagulant medications. Eye. 2008 Feb 8. [Epub ahead of print]
2. Kumar et al. Subtenons anaesthesia with aspirin, warfarin and clopidogrel. *J Cataract Refract Surg* 2006; 32:1022-5
3. Patwardhan A et al. To postpone or not to postpone? UKISCRS 2006, Free paper presentation
4. NHS Insititute for Innovation and Improvement. Focus on: Cataracts, May 2008. Available at: http://www.institute.nhs.uk/quality_and_value/high_volume_care/cataracts.html

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