

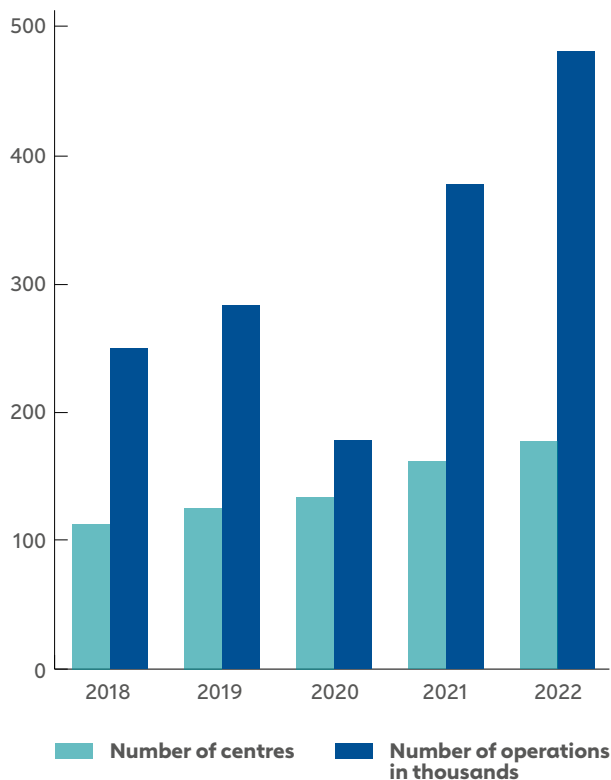
National Cataract Audit

Key Findings Summary 2022-2023

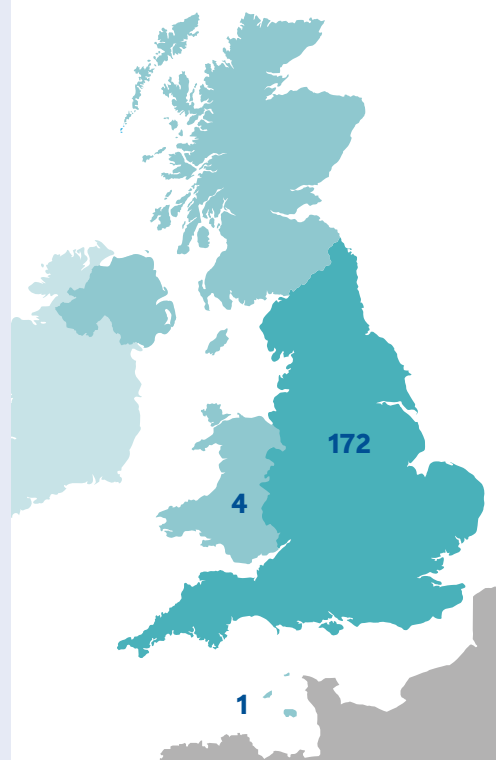
Key findings

Participation in NOD Cataract Audit

Participating centres and their continued growth



Distribution of participating centres

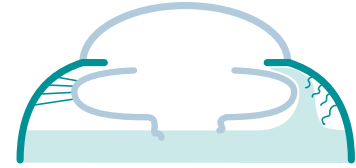


PCR

PCR – fell to a new low for all surgeons of 0.79%. Approximately 58% lower than in 2010 equating to approximately 7,000 fewer patients experiencing posterior capsular rupture (PCR) events annually, saving >£3.5 million for the NHS.

PCR is the main complication of interest as it gives a:

- 20 x risk of a retinal detachment in the year following surgery
- 17 x risk of acute intra-operative supra-choroidal haemorrhage
- 16 x risk of losing ≥ 0.6 LogMAR from pre- to postoperatively
- 7 x risk of post-operative endophthalmitis
- 6 x risk of losing ≥ 0.3 LogMAR from pre- to postoperatively



Since 2010
PCR has reduced by approximately

58%



Vision Gained and Lost

For the 251,961 eyes with both a preoperative and postoperative visual acuity (VA):

Risk of Vision Loss (loss of ≥ 0.3 LogMAR) fell to a new low of 0.48% (approximately 31% lower than 2010)

Risk of Severe Vision Loss (loss of ≥ 0.6 LogMAR) 0.21%

~1:500

Risk of losing ≥ 0.6 LogMAR

Since 2010

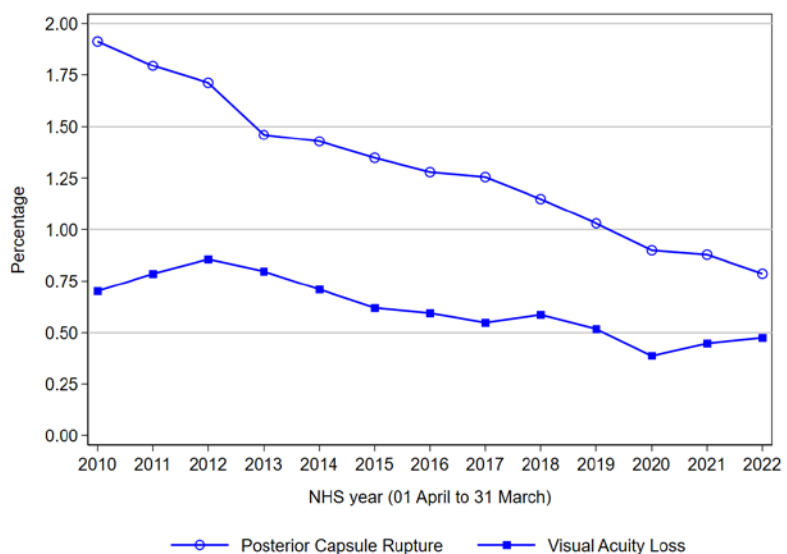
Risk of vision loss after surgery has reduced by

31%



Median preoperative VA	Median postoperative VA	Median change	Postoperative VA ≥ 0.3 LogMAR
0.40 LogMAR (6/15 Snellen)	0.10 LogMAR (6/7.5 Snellen)	0.30 LogMAR	91.8% of eyes

Unadjusted PCR and VA Loss rates for each NHS year



Data Quality

PCR reporting	Preoperative VA	Postoperative VA	Pre- and postop VA
100% of eyes	85.5% of eyes	69.0% of eyes	64.4% of eyes

Increased discharge to community optometry follow-up and patient initiated follow up (PIFU) have continued to make postoperative data collection a challenge. Ophthalmic Electronic Medical Record providers offer solutions with portals for data submission from community optometrists – which will also bring in a lot more refractive outcome data.



Data quality for PCR is

100%

Action Points

1. Centres to ensure robust mechanisms for postoperative data collection.

This will allow us to be more confident in the seemingly excellent outcomes we are seeing. If constructing better processes to capture postoperative data on complications and visual acuity can be combined with collecting refractive outcome data, and also with Patient Reported Outcome Measures (e.g. CatPROM5) the NOD could start to report the quality-of-life gains from cataract surgery.

2. Use your data to drive quality improvement processes locally.

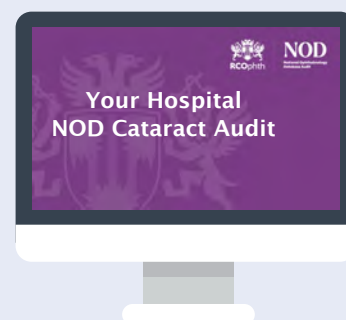
Surgeons can create a login to the NOD Audit website to view their personal audit data over years of participation in the NOD cataract audit. This facilitates reflection for annual appraisal. Centres should use the NOD PowerPoint presentation, available to download from nodaudit.org.uk, to present your centre-specific results to departmental audit meetings, to encourage continuous quality improvement processes for cataract services and data collection.

3. Use NOD outcomes in the consent process.

Clinicians could incorporate a discussion of NOD key outcome measures as part of the informed consent process.

Funding

The National Cataract Audit is funded through participation fees from centres as well as unrestricted contributions from Alcon Eye Care UK Limited and Bausch + Lomb.



Download a **Departmental NOD Audit presentation** template to present at your next audit meeting.

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