

Vision Eye clear Corneal Cataract Surgery with Topical Anesthesia: A Systematic Review

Wan Qi*

Department of Ophthalmology, Eye and Ear, Nose, and Throat Hospital, Fudan University, FenYang Road, Shanghai, China

Abstract

Aim: To assess patient recall of intraoperative pain, anxiety, fear, and sensory perceptions during second eye clear corneal cataract surgery are using assisted topical anaesthesia (ATA), in comparison with first eye cataract surgery using the same technique.

Methods: This prospective, consecutive, observational study was conducted in a free-standing dedicated ophthalmic day surgery centre. A voluntary questionnaire was distributed to 129 consecutive patients who underwent clear corneal cataract surgery using ATA. Two patients had to be converted to block anaesthesia, and were excluded.

Patients were asked to rate intraoperative pain, anxiety, and fear using a visual analogue scale (VAS), and recollection of intraoperative visual and auditory perceptions. Results were analyzed using the Mann–Whitney U and Spearman correlation tests.

Results: There were 70/127 (55%) patients undergoing first eye cataract surgery and 57/127 undergoing second eye surgery. There was no significant difference in mean pain, anxiety, and fear scores between those

perceptions experienced by patients between the first eye and second eye surgeries. We recommend that preoperative counselling for a patient's second eye be as comprehensive as for the first eye surgery.

Correspondence: Qi W (2023) Vision Eye clear Corneal Cataract Surgery with Topical Anesthesia: A Systematic Review. *Optom Open Access* 8: 186. doi:10.4172/2476-2075.1000186

Practical Application

Eye Care Professionals should be aware of the importance of preoperative counselling for patients undergoing second eye cataract surgery with topical anesthesia, ensuring comprehensive information is provided to manage expectations and reduce anxiety.

Conclusion

There was no significant difference in mean pain, anxiety, and fear scores between those perceptions experienced by patients between the first eye and second eye surgeries.

Correspondence: Qi W (2023) Vision Eye clear Corneal Cataract Surgery with Topical Anesthesia: A Systematic Review. *Optom Open Access* 8: 186. doi:10.4172/2476-2075.1000186

Received: 02-Jan-2023, Manuscript No: omoa-23-86569, **Editor assigned:** 04-Jan-2023, PreQC No: omoa-23-86569 (PQ), **Reviewed:** 18-Jan-2023, QC No: omoa-23-86569, **Revised:** 24-Jan-2023, Manuscript No: omoa-23-86569 (R), **Published:** 30-Jan-2023, DOI: 10.4172/2476-2075.1000186

Citation: Qi W (2023) Vision Eye clear Corneal Cataract Surgery with Topical Anesthesia: A Systematic Review. *Optom Open Access* 8: 186.

Copyright: © 2023 Qi W. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Clear corneal cataract surgery (CCS) is a minimally invasive surgical approach for the treatment of cataracts. It involves the removal of the natural lens and replacement with an artificial lens through a small incision in the cornea. This technique is preferred for its quick recovery and minimal postoperative discomfort. However, the use of topical anesthesia (ATA) during CCS has become a common practice, particularly for second eye surgeries. This systematic review aims to evaluate the patient recall of intraoperative pain, anxiety, fear, and sensory perceptions during second eye CCS with ATA, comparing it to first eye surgery.

30
 (0.02%) 5
 3 2%
 1-2 5
 1
 6. A
 A 2.6
 5.5
 H
 A
 A

R

167
 159
 : 106
 53

I
 129
 A A ALA,
 127 7
 70/127 (55%)
 57/127 (45%) A A
 82/127 (65%) 45/127 (35%)

0.80,
 0.74
 1.10,
 1.05
 0.42 0.63,
 8.

3.6
 3.4
 9.

D

F
 N

H
 A B B
 10. M
 MA

D

A A 11.

F
 B
 A A
 C

H
 12. I

H

13.

Citation

MA

MA

Citation

References

References

1. Ahn JM, Lee SY, Yoon JS (2010) Health-related quality of life and emotional status of an ophthalmic patient in Korea. *Am J Ophthalmol* 149: 1005- 1011.

2. Moshfeghi DM, Moshfeghi AA, Finger PT (2000) Enucleation. *Surv Ophthalmol* 44: 277–301.

3. Chaudhry IA, Alkuraya HS, Shamsi FA, Elzaridi E, Riley FC, et al. (2007) Current indications and resultant complications of evisceration. *Ophthalmic Epidemiol* 14: 93–97.

4. Rahman I, Cook AE, Leatherbarrow B (2005) Orbital exenteration: a 13 year Manchester experience. *Br J Ophthalmol* 89: 1335–1340.

5. Custer PL, Reistad CE (2000) Enucleation of blind, painful eyes. *Ophthalmic Plast Reconstr Surg* 16: 326–329.

6. Rasmussen ML, Prause JU, Johnson M, Kamper-Jørgensen F, Toft TB, et al. Review of 345 eye amputations carried out in the period 1996–2003, at Rigshospitalet, Denmark. *Acta Ophthalmologica* 88: 218–221.

7. Rose GE, Wright JE (1994) Exenteration for benign orbital disease. *Br J Ophthalmol* 78: 14–18.

8. Rasmussen MLR (2010) The eye amputated-consequences of eye amputation with emphasis on clinical aspects, phantom eye syndrome and quality of life. *Acta Ophthalmologica* 88: 1–26.

9. Shoamanesh A, Pang NK, Oestreicher JH (2007) Complications of orbital implants: a review of 542 patients who have undergone orbital implantation and 275 subsequent peg placements. *Orbit* 26: 173–182.

10. Rasmussen MLR, Prause JU, Ocularist MJ, Toft PB (2009) Phantom eye syndrome: types of visual hallucinations and related phenomena. *Ophthalmic Plast Reconstr Surg* 25: 390–393.

11. Nicolodi M, Frezzotti R, Diadori A, Nuti A, Sicuteri F, et al. (1997) Phantom eye: features and prevalence. The predisposing role of headache. *Cephalalgia* 17: 501–504.

12. Soros P, Vo O, Husstedt IW, Evers S, Gerding H, et al. (2003) Phantom eye syndrome: its prevalence, phenomenology, and putative mechanisms. *Neurology* 60: 1542–1543.

13. Soros P, Vo O, Husstedt IW, Evers S, Gerding H, et al. (2005) Enucleation and development of cluster headache: a retrospective study. *BMC Neurology* 5: 1-5.