Deferral of first day postoperative review for cataract surgery

Review information

Authors

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Citation example: [Empty name]. Deferral of first day postoperative review for cataract surgery. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

[Empty name]

Dates

Assessed as Up-to-date:	
Date of Search:	
Next Stage Expected:	
Protocol First Published:	Not specified
Review First Published:	Not specified
Last Citation Issue:	Not specified

What's new

Date / Event	Description

History

Date / Event	Description

Abstract

Background

Objectives

Search methods

Selection criteria

Data collection and analysis

Results

Authors' conclusions

Plain language summary

[Plain language title]

[Summary text]

Background

Description of the condition

Description of the intervention

How the intervention might work

Why it is important to do this review

Objectives

Methods

Criteria for considering studies for this review

Types of studies

9) Timing of post-operative controls

P: patients with age-related cataract undergoing cataract surgery

I: No controls (but able to contact hospital/surgeon in case of need) versus standard control regime

C: Loss of visual function due to untreated post-operative complications and patient satisfaction

O: 1) serious adverse events (including loss of visual acuity (final visual acuity <0.8 in patients without pre-existing ocular comorbidity)) **Kritisk**

2) overall subjective satisfaction **vigtig**

3) number of post-operative visits **vigtig**

Types of participants

Types of interventions

Types of outcome measures

Primary outcomes

Secondary outcomes

Search methods for identification of studies

Electronic searches

Searching other resources

Data collection and analysis

Selection of studies

Data extraction and management

Assessment of risk of bias in included studies

Measures of treatment effect

Unit of analysis issues

Dealing with missing data

Assessment of heterogeneity

Assessment of reporting biases

Data synthesis

Subgroup analysis and investigation of heterogeneity

Sensitivity analysis

Results

Description of studies

Results of the search

Included studies

Excluded studies

Risk of bias in included studies

Allocation (selection bias)

Blinding (performance bias and detection bias)

Incomplete outcome data (attrition bias)

Selective reporting (reporting bias)

Other potential sources of bias

Characteristics of studies

Characteristics of included studies

Chatziralli 2012

Methods	RCT comparing postoperative a) postoperative visual acuity (BCDVA) b) number of unscheduled visits c) complication rates in patients receiving first day versus delayed (2 weeks) postoperative review
Participants	Country and clinic: General Hospital of Veroia, Greece Patients with age-related cataract undergoing phacoemulsification Demographics of Group 1: age (mean (SD)) 75.4 (7.2), 50.0% female, preop logMAR BCVA (mean (SD)) 0.59 (0.13) Demographics of Group 2: age (mean (SD)) 75.8 (7.0), 45.5% female, preop logMAR BCVA (mean (SD)) 0.63 (0.14) Randomization procedure: random number allocation was used No of patients excluded after randomization: 3/149 in Group 1 and 5/150 in Group 2 No of patients lost to follow-up: not reported Blinding of patients: not possible Blinding of outcome assessment: postop reviews were performed by the same team having performed the surgery and by two independent examiners
Interventions	Group 1: examination on the first postoperative day and day 14 and 28 Group 2: deferral of postoperative controls until day 14 and 28
Outcomes	a) BCDVA was 0.06 (0.08) in Group 1 and 0.06 (0.06) in Group 2 b) Number of unscheduled visits was 3/146 in Group 1 and 2/145 in Group 2 c) Rate of any postoperative complication rate was 9/146 in Group 1 and 10/145 in Group 2 d) Rate of serious complications was 0/146 in Group 1 and 1/145 in Group 2
Notes	Email sent to author to clarify BCDVA postop Funding of study was not disclosed. No conflict of interests reported

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	"Patients were randomly selected from the grand pool of phacoemulsification procedures taking place in the Department; the random selection was based on random numbers allocation, so as to eliminate any selection bias."
Allocation concealment (selection bias)	Unclear risk	"…and were randomized to one of the two postoperative follow-up groups" No further description provided
Blinding of participants and personnel (performance bias)	High risk	Not possible to blind patients or personnel as to whether the patients received first day postoperative review or not

Blinding of outcome assessment (detection bias)	Unclear risk	"All patients were evaluated by the same team having performed the phacoemulsification procedures and specifically by two indpendent examiners". Not described how disagreement between assessors was handled or if those performing the statistical analyses were blinded
Incomplete outcome data (attrition bias)	Unclear risk	Number of drop-outs or patients lost to follow-up not described
Selective reporting (reporting bias)	Low risk	Important outcomes were reported
Other bias	Low risk	Not likely to have occured in this study

Saeed 2007

Methods	RCT comparing a) postoperative visual acuity b) number of unscheduled visits (deduced by reviewer from the number of complications between discharge and the 2 week review) c) postoperative complications in a group receiving 2 hour postop review and in a group where review was deferred 2 weeks
Participants	Country and clinic: Waterford Regional Hospital, Ireland Patients undergoing phacoemulsification for age-related cataract Demographics of Group 1: age (mean (SD)) 75 (9), 56% women Demographics of Group 2: age (mean (SD)) 74 (10), 64% women Randomization procedure: an independent member of staff randomized patients, no details on procedure provided No of patients excluded after randomization: 0 in Group 1 and 2 No of patients lost to follow-up: not reported Blinding of patients: not possible Blinding of outcome assessment: outcome assessors were masked
Interventions	Group 1: examination 2 hours postop + 2 weeks postop Group 2: examination was deferred until 2 weeks postop
Outcomes	a) Postoperative VA was 0.27 (0.3) in Group 1 versus 0.24 (0.22) in Group 2 b) The number of unscheduled appointments was 7 in Group 1 and 9 in Group 2 c) Rate of any postoperative complication was 35/115 in Group 1 and 11/118 in Group 2 d) Rate of serious postoperative complications was 0 in both Group 1 and 2
Notes	Funding of study was not disclosed. No conflict of interests reported.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	"…an independent member of the staff in the eye day-ward randomized patients to ….". No further description provided
Allocation concealment (selection bias)	Unclear risk	Not described in study

Blinding of participants and personnel (performance bias)	Low risk	"All ophthalmologists performing a review, whether scheduled or unscheduled, were masked to whether patients had an ophthalmic review in the immediate postoperative period"
Blinding of outcome assessment (detection bias)	Low risk	"All ophthalmologists performing a review, whether scheduled or unscheduled, were masked to whether patients had an ophthalmic review in the immediate postoperative period".
Incomplete outcome data (attrition bias)	Unclear risk	Number of drop-outs or patients lost to follow-up was not reported
Selective reporting (reporting bias)	Low risk	Important outcomes were reported
Other bias	Low risk	Not likely to have occured in this study

Tinley 2003

Methods	RCT comparing a) visual outcome b) number of unscheduled appointments c) complication rates in patients randomized to first postop day review or deferral of review 2 weeks postop
Participants	Country and clinic: Southhampton University Hospitals Trust, UK Patients with age-related cataract undergoing phacoemulsification Demographics of Group 1: age (mean) 75, 60% women Demographics of Group 2: age (mean) 76, 64% women Randomization procedure: computer generated randomization list for patients having first or second eye surgery No of patients excluded after randomization: 38 patients (10%) No of patients lost to follow-up: not reported Blinding of patients: not possible Blinding of outcome assessment: investigators were not masked
Interventions	Group 1: examination on the first postop day and 2 weeks postop Group 2: deferral of examination to 2 weeks postop
Outcomes	a) Postoperative VA (logMAR) was 0.29 (0.44) in Group 1 and 0.28 (0.36) in Group 2 b) Number of unscheduled appointments was 6/174 in Group 1 and 12/188 in Group 2 c) Rate of any postoperative complication was 39/174 in Group 1 and 16/188 in Group 2 d) Rate of serious postoperative complications was 2/174 in Group 1 and 2/188 in Group 2
Notes	Reviewer calculated VA based on information in the paper. VA was best unaided or best with pinhole. Unscheduled appoints were deduced from paper by summarizing complications detected at time points where no postop visit was planned. Complication rate includes complication before 2 weeks and detected at the 2 week postop examination Funding of study or conflict of interests was not reported.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	"Two separate block randomised allocatoin lists were generated by computer. One list was for first eye cataract operatoins and the other for second eye operations. The separate allocations were then sealed inside opaque envelopes"
Allocation concealment (selection bias)	Low risk	"The contents (allocation lists) were unknown to all staff and investigators who dealt with patients"
Blinding of participants and personnel (performance bias)	High risk	"Once the envelped was opened, the patients, care providers, and investigators were no longer masked to the allocation"
Blinding of outcome assessment (detection bias)	Unclear risk	Not described in paper
Incomplete outcome data (attrition bias)	Unclear risk	10% withdrew consent after randomisation. It appears that no patients were lost to follow-up. No comparison of drop-outs to remaining population, thus it is not possible to assess whether the high number of drop-outs could have affected the result
Selective reporting (reporting bias)	Low risk	Important outcomes were reported
Other bias	Low risk	Not likely to have occured in this study

Footnotes

Characteristics of excluded studies

Ahmed 2002

Reason for exclusion	Retrospective, observational study

Allan 1997

Reason for exclusion	Retrospective, observational study

Cohen 1998

Reason for exclusion	Retrospective, observational study

Dinakaran 2000

Reason for exclusion	Retrospective, observational study

Herbert 1999

Reason for exclusion	Retrospecitive, observational study

Tan 2000

Reason for exclusion	Observational study

Thirumalai 2003

Reason for exclusion	Observational study

Tranos 2003

Reason for exclusion	Observational study

Whitefield 1996

Reason for exclusion	Observational study

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Chatziralli 2012

[Other: BMC Research Notes; 5: 333]

[Empty]

Saeed 2007

[Other: J Cataract Refract Surg; 33: 1591-1596]

[Empty]

Tinley 2003

[Other: Br J Ophthalmol; 87: 1350-1355]

[Empty]

Excluded studies

Ahmed 2002

[Other: J Cataract Refract Surg; 22: 100-108]

[Empty]

Allan 1997

[Other: Br J Ophthalmol; 81: 548-550]

[Empty]

Cohen 1998

[Other: Eye; 12: 634-636]

[Empty]

Dinakaran 2000

[Other: Eye; 14: 364-366]

[Empty]

Herbert 1999

[Other: J Cataract Refract Surg; 25: 985-988]

[Empty]

Tan 2000

[Other: Eye; 14: 53-55]

[Empty]

Thirumalai 2003

[Other: J Cataract Refract Surg; 29: 504-507]

[Empty]

Tranos 2003

[Other: J Cataract Refract Surg; 29: 508-512]

[Empty]

Whitefield 1996

[Other: Br J Ophthalmol; 80: 148-150]

[Empty]

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

1 Complication rates

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Rate of serious postoperative complications	3	886	Risk Ratio (M-H, Fixed, 95% CI)	1.33 [0.27, 6.64]
1.2 Rate of any postoperative complication rate	3	886	Risk Ratio (M-H, Fixed, 95% CI)	0.43 [0.30, 0.61]

2 Final postop visual acuity

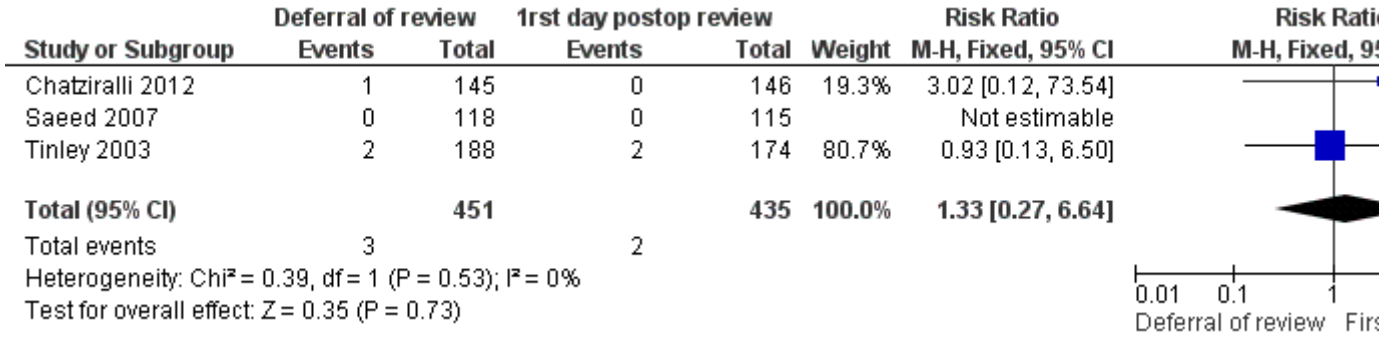
Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
2.1 Postop visual acuity (logMAR)	3	886	Mean Difference (IV, Fixed, 95% CI)	-0.00 [-0.02, 0.01]

3 Number of unscheduled visits

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
3.1 Number of unscheduled visits	3	886	Risk Ratio (M-H, Fixed, 95% CI)	0.74 [0.40, 1.37]

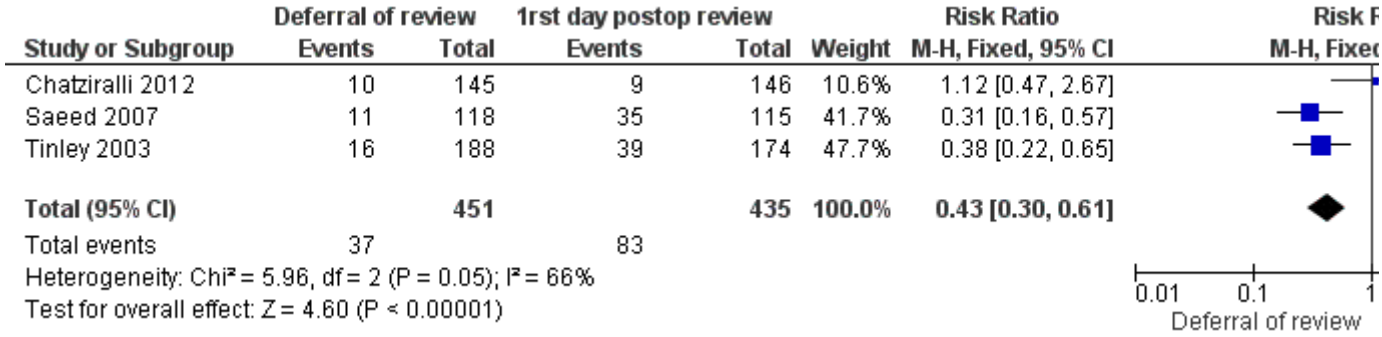
Figures

Figure 1 (Analysis 1.1)



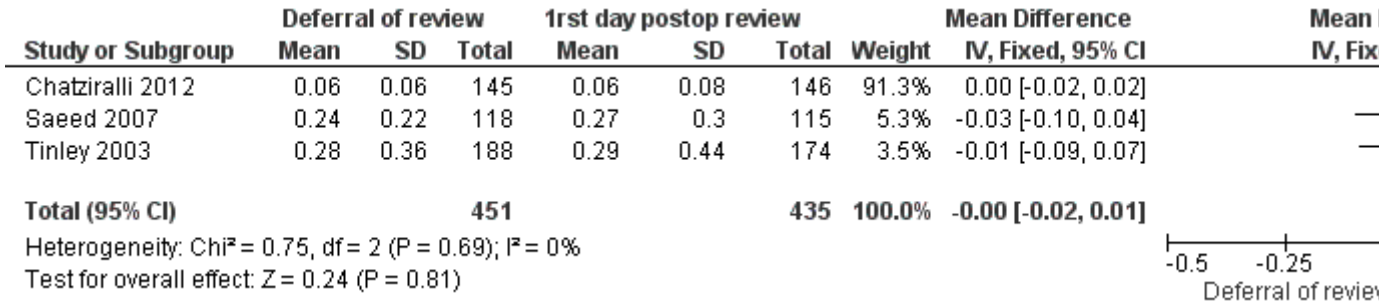
Forest plot of comparison: 1 Complication rates, outcome: 1.1 Rate of serious postoperative complications.

Figure 2 (Analysis 1.2)



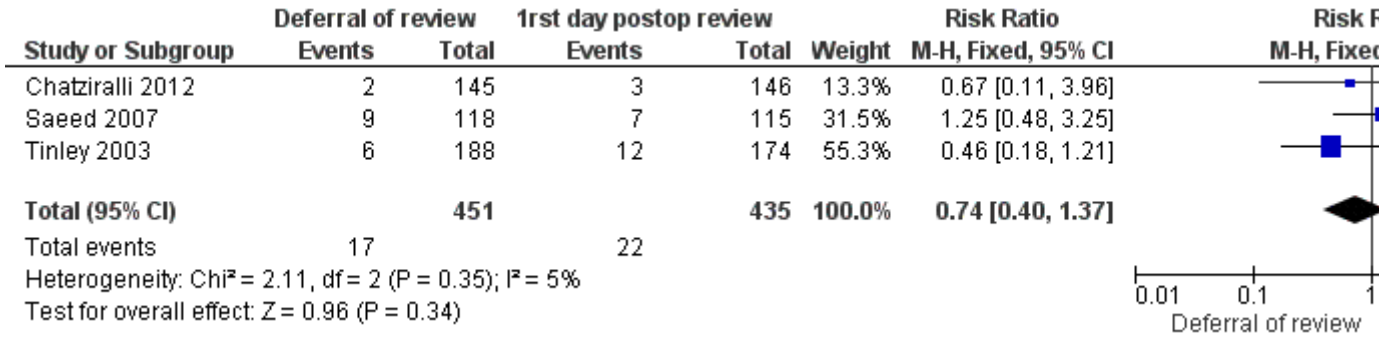
Forest plot of comparison1: Complication rates in patients receiving first day postop review versus patients whose postop review was deferred 2 weeks. Complications were assessed at the first postop review, at 2 weeks postop or in the intervening period if patients came back because of complications.

Figure 3 (Analysis 2.1)



Forest plot of comparison 2: Visual acuity (logMAR) at 2 weeks postop.

Figure 4 (Analysis 3.1)



Forest plot of comparison 3: Number of unscheduled visits between surgery and 2 weeks postop.

Sources of support

Internal sources

- No sources of support provided

External sources

- No sources of support provided

Feedback

Appendices