



NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES
ACCREDITATION PROGRAM

Accreditation Standards

Immediately Sequential Bilateral Cataract
and Immediately Sequential Bilateral
Refractive Lens Exchange Surgery

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Immediately Sequential Bilateral Cataract and Immediately Sequential Bilateral Refractive Lens Exchange Surgery

INTRODUCTION

The non-hospital facility must be specifically accredited to perform immediately sequential bilateral cataract surgery (ISBCS) and/or immediately sequential bilateral refractive lens exchange surgery (IMS-RLE).

The Canadian Ophthalmology Society has developed a guidance document outlining the advantages, concerns and logistical considerations for immediately sequential surgery⁵. While the Canadian Ophthalmology Society endorses the immediately sequential surgery considerations document from the Association of Canadian University Professors of Ophthalmology (ACUPO), in its disclaimer, the ACUPO states its document should not be viewed as advocating widespread adoption of immediately sequential procedures⁷.

As a condition of accreditation to perform immediately sequential procedures, the medical records of the first ten immediately sequential (IMS) cases performed by each surgeon must be submitted for review to verify conformance with NHMSFAP accreditation standards.

STANDARDS

No.	Criterion Criterion descriptor	Reference	Change
ISBC1.0	IMMEDIATELY SEQUENTIAL BILATERAL CATARACT AND/OR REFRACTIVE LENS EXCHANGE		
ISBC1.1	Patients selected for immediately sequential surgery are appropriate and informed of the comparative risks.		
ISBC1.1.1	M Cataract or refractive lens surgery is indicated in both eyes. <i>Guidance: The ocular history and ocular physical exam is documented in the health-care record and confirms that cataract or refractive lens surgery is indicated in both eyes. In addition, these patients should be at low risk of ocular complications during and after surgery.</i>	3, 6, 7	
ISBC1.1.2	M The consent discussion includes informing the patient of the comparative risks of immediately sequential versus delayed sequential surgery. <i>Guidance: The consent discussion is documented in the patient's health-care record and includes the nature of the health care proposed, the risks, benefits and alternative(s) discussed with the patient (i.e. delayed sequential surgery) and any specific additional issues or concerns that arose through the discussion and how they were addressed. The ACUPO document, endorsed by the Canadian Ophthalmology Society states that the patient must be informed of the comparative risks of immediately sequential procedures versus one eye at a time (delayed sequential procedures) and patient uncertainty about immediately sequential procedures should be an absolute contraindication. The use of minimally invasive glaucoma surgery (MIGS) devices as an add-on to cataract surgery is not permitted for ISBCS.</i>	2, 3, 5, 6, 7	
ISBC1.2	The first eye procedure and the immediately sequential eye procedure are performed as completely separate procedures.		
ISBC1.2.1	M A surgical safety checklist (SSCL) is completed for the first procedure. <i>Guidance: Two completely separate surgical safety checklists are completed—one for the first procedure and one for the immediately sequential procedure. The briefing, time out and debriefing are completed for each eye and documented in the intraoperative (nursing) record. The documentation clearly indicates the SSCL for the first procedure and the SSCL for the immediately sequential procedure.</i>	7	

No.	Criterion Criterion descriptor	Reference	Change
ISBC1.2.2	<p>M The instrument tray(s) including phaco and I/A handpieces used for the first procedure are from a different sterilization cycle from the instrument tray(s) to be used for the immediately sequential procedure.</p> <p><i>Guidance: Complete separation of the first procedure and the immediately sequential procedure is needed to minimize the risk of post-operative bilateral simultaneous endophthalmitis. The sterilization cycle number of the instrument tray(s) is documented on the intraoperative (nursing) record and clearly indicates the cycle number of the instrument tray(s) used for the first procedure and the cycle number of the instrument tray(s) used for the immediately sequential procedure.</i></p>	3, 6, 7	
ISBC1.2.3	<p>M The intraocular lens implant (IOL) choice for the first procedure is confirmed when passing the IOL to the surgical field.</p> <p><i>Guidance: The risk for right-left eye errors should be minimized by also listing, at the beginning of each immediately sequential case, the surgical parameters (selected IOL, astigmatism, etc.) for both eyes on a board visible to all personnel in the operating room. The second lens does not enter the operating room until after changeover from the first procedure is complete.</i></p>	3, 6	
ISBC1.2.4	<p>M The intraocular lens implant (IOL) choice for the first cataract procedure is confirmed when passing the IOL to the surgeon.</p>	3	
ISBC1.2.5	<p>M Any complications with the first procedure are resolved before proceeding with the immediately sequential procedure.</p> <p><i>Guidance: The surgeon's operative report documents whether there were any complications with the first procedure and if so, confirms that they were resolved before proceeding with the immediately sequential procedure. In accordance with the Canadian Ophthalmology Society guidelines, if there are significant complications with the first eye, surgery on the second eye should be deferred. Patient safety is the priority in deciding whether to proceed with the immediately sequential procedure.</i></p>	3, 6	
ISBC1.2.6	<p>M All contaminated instruments and supplies used during the first procedure are discarded or removed from the operating room before a sterile field is established for the immediately sequential procedure.</p> <p><i>Guidance: This includes any sterile items that have been opened but not used during the first procedure. There shall be no crossover of instruments, medications, devices or supplies at any time before or during the surgery of either eye. A double set-up (i.e. two separate tables set up at once) is not used.</i></p>	6, 7	

No.	Criterion Criterion descriptor	Reference	Change
ISBC1.2.7	M The surgical set-up table(s) and ophthalmic equipment are considered contaminated and are cleaned between the first procedure and the immediately sequential procedure. <i>Guidance: Ophthalmic equipment and surgical set-up requiring low-level disinfection between procedures includes the microscope, phacoemulsification machine, back table, prep table.</i>	7	
ISBC1.2.8	M The instrument tray(s), tables, including phaco and I/A handpieces for the second procedures are not opened until after the first procedure is completed. <i>Guidance: There shall be no crossover of instruments, medications, devices or supplies at any time before or during the surgery of either eye. Nothing in physical contact with the first eye shall be used for the second eye.</i>	3, 6	
ISBC1.2.9	M All surgical team members perform a surgical hand scrub prior to gowning and gloving for the immediately sequential procedure.	3, 7	
	M The intraocular lens implant (IOL) choice for the immediately sequential procedure does not enter the operating room until after changeover from the first procedure is complete.	7	NEW
ISBC1.2.10	M The instrument tray used for the immediately sequential procedure is from a different sterilization cycle for the instrument tray used for the first eye. <i>Guidance: Complete separation of the first and immediately sequential procedure is needed to minimize the risk of post-operative bilateral simultaneous endophthalmitis.</i>	3, 6, 7	
ISBC1.2.11	M The ophthalmic viscosurgical devices (OVDs) used for the immediately sequential procedure are from a different manufacturer or lot number from the OVDs used for the first eye. <i>Guidance: OVDs manufacturer and lot number is documented on the intraoperative (nursing) record and clearly indicates which OVD was used for the first procedure and which OVD was used for the immediately sequential procedure.</i>	3, 6, 7	
ISBC1.2.12	M The ophthalmic medications used during the immediately sequential procedure are from a different manufacturer or lot number from the ophthalmic medications used for the first eye. <i>Guidance: Ophthalmic medication lot numbers are documented on the intraoperative (nursing) record and clearly indicates the lot number(s) used for the first procedure and the lot number(s) used for the immediately sequential procedure.</i>	3, 6, 7	
ISBC1.2.13	M The balanced salt solution (BSS) used during the immediately sequential procedure is from a different manufacturer or lot number from the BSS used for the first eye. <i>Guidance: The balanced salt solution (BSS) lot number is documented on the intraoperative (nursing) record and clearly indicates the lot number of the BSS used for the first procedure and the lot number of the BSS used for the immediately sequential procedure.</i>	3, 6, 7	

No.	Criterion Criterion descriptor	Reference	Change
ISBC1.2.14	M A surgical safety checklist (SSCL) is completed for the immediately sequential procedure. <i>Guidance: Two completely separate surgical safety checklists are completed—one for the first procedure and one for the immediately sequential procedure. The briefing, time out and debriefing are completed for each eye and documented in the intraoperative (nursing) record. The documentation clearly indicates the SSCL for the first cataract procedure and the SSCL for the immediately sequential cataract procedure.</i>	7	
ISBC1.2.15	M The second eye is re-prepped after the first procedure is completed and a new drape is applied.	3, 6, 7	
ISBC1.2.16	M The intraocular lens implant (IOL) choice for the immediately sequential procedure is confirmed when passing the IOL to the surgical field . <i>Guidance: The risk for right-left eye errors should be minimized by also listing, at the beginning of each immediately sequential case, the surgical parameters (selected IOL, astigmatism, etc.) for both eyes on a board visible to all personnel in the operating room.</i>	3, 6	
ISBC1.2.17	M The intraocular lens implant (IOL) choice for the immediately sequential procedure is confirmed when passing the IOL to the surgeon .	3	
ISBC1.3	Patients are closely monitored for signs of endophthalmitis.		
ISBC1.3.1	M Immediately sequential patients are assessed by the surgeon in the immediate post-operative period. <i>Guidance: The surgeon or physician designate completes an in-person assessment of the patient either later the same day, the next calendar day or the next business day. In accordance with the Bylaws, the medical director must notify the NHMSFAP within 24 hours of becoming aware of any patient safety incident requiring mandatory reporting.</i>	3, 7	
ISBC1.4	Policies and procedures contain all of the information necessary for the safety of patients, staff and visitors. <i>Intent: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.</i>		
ISBC1.4.1	M There is policy and procedures for immediately sequential bilateral cataract and/or immediately sequential bilateral refractive lens exchange surgery. <i>Guidance: Policy and procedures outline the parameters for ensuring careful patient selection, consent, “independent” surgery in each eye and assessment following discharge.</i>	2, 3, 6	



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