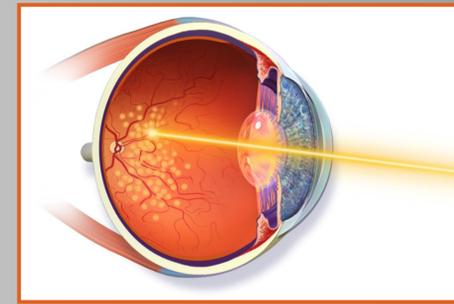
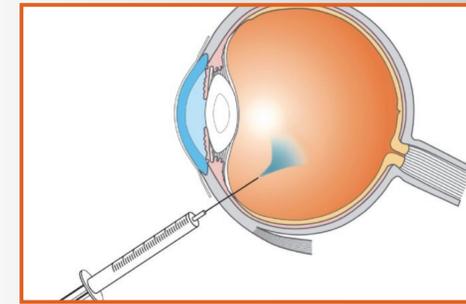
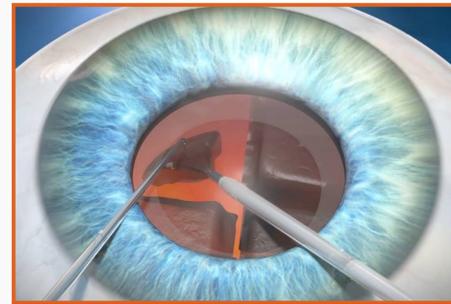
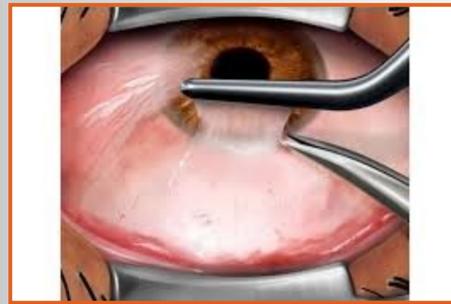


Eye Operations: Do patients remember them?

By Stephen Copeland, Lions Outback Vision, Broome WA. (2021)



Introduction

Taking a case history is routine in optometric consultations. For the author, the number of people denying past ophthalmology-performed procedures seemed conspicuous, prompting a formal survey.

Method

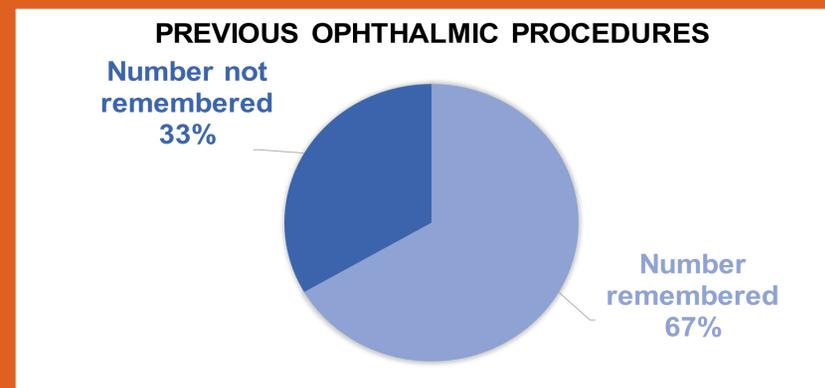
All optometry patients presenting for a comprehensive optometry consultation over a 12-month period were asked, ***'In the past, has anything ever happened to your eyes such as an injury, accident, operation, surgery or treatment?'***

Patients presenting for their first post-operative eye examination since their procedure were excluded from the survey.

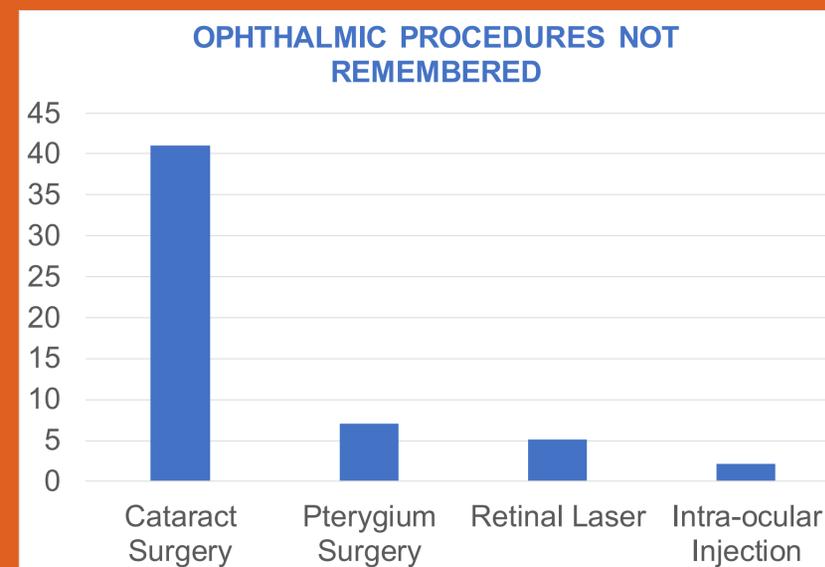
A tally of who did and who did not remember a past ophthalmic procedure was recorded.

Confirmation of a positive past ophthalmic procedure was identified either by clinical examination and/or reviewing historical case notes. For those not remembering a positive, past ophthalmic procedure the type of procedure not remembered was also recorded.

Results



Of the 165 past ophthalmic procedures confirmed, 1 in 3 were not remembered by people.



The two most common ophthalmic procedures not remembered by people were cataract (75%) and pterygium (13%) surgeries.

Take-home Messages



The ophthalmic procedures listed are performed to preserve or restore sight. Everyday utilisation of this sight is not an apparent reminder of these past procedures for one third of patients.



The 2 most common forgotten ophthalmic procedures are cataract and pterygium surgery, despite both being multi-step procedures involving pre-operative workup, a day theatre session where anaesthetic is administered, scalpel incisions are made and both antibiotic and anti-inflammatory eye drops are advised to be instilled over several weeks.



This research highlights the shortcomings in relying on patient memory alone when taking case histories or when conducting survey research as self-reporting underestimates the true situation. Physical patient examination and/or retrospective clinical record evaluation yields a more accurate result or better available data.