4.9. Cataract surgeries

In the past 20 years, the number of surgical procedures carried out on a day care basis has steadily grown in OECD countries. Advances in medical technologies, particularly the diffusion of less invasive surgical interventions, and better anaesthetics have made this development possible. These innovations have improved effectiveness and patient safety. They also help to reduce the unit cost of interventions by shortening the length of stay. However, the overall impact on cost depends on the extent to which any greater use of these procedures may be offset by a reduction in unit cost, taking into account the cost of post-acute care and community health services.

Cataract surgery provides a good example of a high volume surgery which is now carried out predominantly on a day care basis in most OECD countries. It has now become the most frequent surgical procedure in many OECD countries.

The number of cataract procedures per capita ranges from a low of 59 per 100 000 population in Mexico to a high of 1 722 per 100 000 population in Belgium (Figure 4.9.1). Both demand factors (including an older population structure) and supply factors (such as the capacity to perform the intervention in hospital and outside hospital) provide explanations for these cross-country variations. However, the comparability of data is also limited by registration problems, particularly the lack of registration of day surgeries carried outside hospitals in some countries, which explain the low rates in Ireland and Poland. The very high rate in countries such as Belgium may be explained partly by the registration of more than one procedure per surgery.

The volume of cataract surgeries has grown over the past decade in most OECD countries. Population ageing is one of the factors behind this trend rise, but the proven success, safety and cost-effectiveness of cataract surgery as a day care procedure has probably been a more important factor (Fedorowicz *et al.*, 2004).

Cataract surgeries are now predominantly performed on a day care basis in most OECD countries. Day surgery accounts for 90% or more of all cataract surgeries in a majority of countries for which data are available (Figure 4.9.2). However, the diffusion of day surgery is still relatively low in some countries, such as Poland and Hungary. This may be explained by more advantageous reimbursement for in-patient stays, national regulations, and obstacles to changing individual practices of surgeons and anaesthetists (Castoro *et al.*, 2007), together with limitations in data coverage. In France, the share of cataract surgeries carried out on a same-day basis has increased rapidly over the past decade, from 19% in 1997 to 63% in 2007, but it still remains below that of many other OECD countries. In several OECD countries, there may still be room to increase the share of operations carried out on a same-day basis.

In Sweden, there is evidence that cataract surgeries are now being performed on patients suffering from less severe vision problems compared to five or ten years ago. This raises the question of how the needs of these patients should be prioritised relative to other patient populations (Swedish Association of Local Authorities and Regions and National Board of Health and Welfare, 2008).

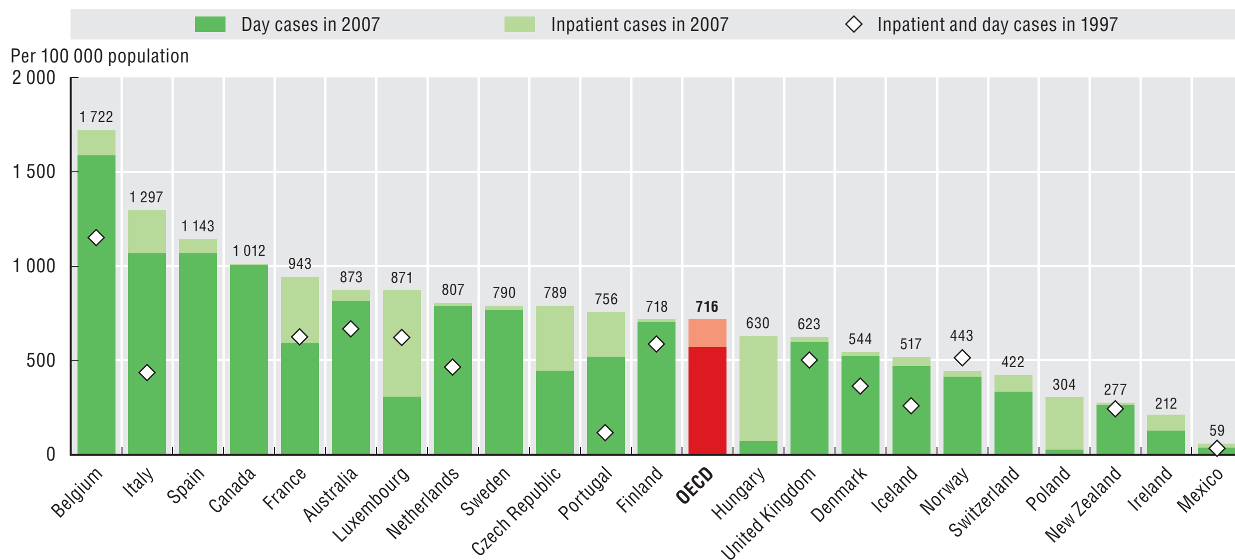
Definition and deviations

Cataract surgeries consist of removing the lens of the eye (because of the presence of cataracts which are partially or completely clouding the lens) and replacing it with an artificial lens. The surgery may be carried out as day cases or as in-patient cases (involving an overnight stay in hospital). Same-day interventions may either be performed in a hospital or in a clinic. However, the data for most countries only include interventions carried out in hospitals. Caution is therefore required in making cross-country comparisons of available data, given the incomplete coverage of day surgeries in several countries.

Denmark only includes cataract surgeries carried out in public hospitals, excluding procedures carried out in the ambulatory sector and in private hospitals. In Ireland too, the data cover only procedures in public hospitals (it is estimated that over 10% of all hospital activity in Ireland is undertaken in private hospitals). The data for Spain only partially include the activities in private hospitals.

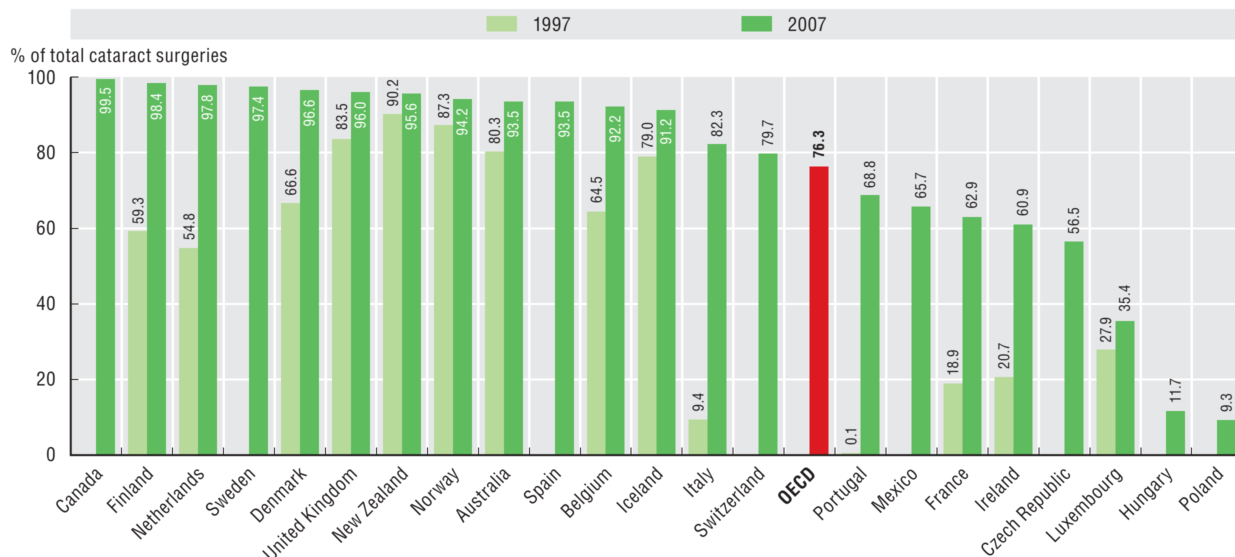
Classification systems and registration practices for cataract surgeries also vary across countries, for instance whether they are counted as one intervention involving at least two steps (removal or the lens and replacement with an artificial lens) or as two separate interventions.

4.9.1 Number of cataract surgeries, inpatient and day cases, per 100 000 population, 1997 and 2007 (or nearest year)



Note: Some of the variations across countries are due to different classification systems and recording practices.

4.9.2 Share of cataract surgeries carried out as day cases, 1997 and 2007 (or nearest year)



Source: OECD Health Data 2009.

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