

iSBCS General Principles for Excellence in ISBCS 2009

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1. Cataract or refractive lens surgery should be indicated in both eyes.
2. Any concomitant relevant ocular or periocular disease should be managed.
3. The complexity of the proposed ISBCS procedure should be easily within the competence of the surgeon.
4. The patient should provide suitable informed consent for ISBCS, being free to choose ISBCS or DSBCS.
5. The risk for Right – Left eye errors should be minimized by listing all surgical parameters (selected IOL, astigmatism, etc.) for both eyes on a board visible to all in the operating room (OR), at the beginning of each ISBCS case. The WHO operative checklists should also be used if possible.¹
6. Intraocular lens power errors are minimized by having OR personnel familiar with the calculation methods used. The original patient charts should be available in the OR, and everybody passing the IOL to the surgical table should confirm the IOL choice. ISBCS nursing staff should be specifically trained and experienced.
7. Complete aseptic separation of the first and second eye surgeries is mandatory to minimize the risk of post-operative bilateral simultaneous endophthalmitis (BSE).
 - a. Nothing in physical contact with the 1st eye surgery should be used for the 2nd.
 - b. The separate instrument trays for the two eyes should go through complete and separate sterilization cycles with indicators.
 - c. There should be no cross-over of instruments, drugs or devices between the two trays for the two eyes at any time before or during the surgery of either eye.
 - d. Different OVDs, and different manufacturers or lots of surgical supplies should be used, whenever reasonable (where the device or drug type has ever been found to be causative of endophthalmitis or toxic anterior segment syndrome) and possible (if different lots or manufacturers are available) for the Right and Left eyes.
 - e. Nothing should be changed with respect to suppliers or devices used in surgery without a thorough review by the entire surgical team, to assure the safety of proposed changes.
 - f. Before the operation of the second eye, the surgeon and nurse shall use acceptable sterile routines of at least re-gloving after independent preparation of the second eye's operative field.
 - g. Intracameral antibiotics have been shown to dramatically reduce the risk of post-operative endophthalmitis. Their use is strongly recommended for ISBCS.
8. Any complication with the first eye surgery must be resolved before proceeding. Patient safety and benefit is paramount in deciding to proceed to the 2nd eye.
9. ISBCS patients should not be patched. Post-operative topical drops are most effective immediately post-operatively and should be begun immediately post-op, in high doses, which can be tapered after the first few days. Other ophthalmic medications (e.g. for glaucoma) should be continued uninterrupted.
10. ISBCS surgeons should routinely review their cases and the international literature to be sure that they are experiencing no more than acceptable levels of surgical and post-operative complications. Membership in the *International Society of Bilateral Cataract Surgeons* (www.iSBCS.org) is highly recommended to keep abreast of the latest ISBCS information.

¹ Haynes AB, Weiser TG, Berry WR, et al. A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. N Engl J Med 360; 5: 491-499 (Jan. 29, 2009).