

## Results

How good is Mr Radford?

Over **85%** of patients have vision at or better than driving standard **without** the need for **glasses** after cataract surgery

**99.9%\*** of people have driving standard vision or better with glasses after their eye surgery

\*if no pre existing retinal problems

**99.9%** of patients would recommend **Mr Radford** to friends or family for their eye surgery

The commonest words from patients to describe care by **Mr Radford** are “relaxed, kind, pleasant, safe, reassuring excellent”

## Results

Questionnaire results from patients show that being treated by Mr Radford reduced the anxiety from **6 (range 2 - 10)** preop to **1.4 (range 1 - 2)** for their eye surgery

Friends and family recommendations independent survey



Mr Radford is often chosen and trusted by colleagues to treat their own family

Surgical time  
Average is <10 minutes  
Range is 6-20minutes

100%  
Daycase surgery  
go home same day

## Results

### Comfort of surgery

**99% felt  
no or minimal discomfort  
with just drops**

**1% benefitted from additional  
anaesthetic, quickly given**

## Results

### Details

### How is success measured for cataract patients ?

There are 4 ways this can be measured by vision outcome(above) as above, or with refractive result compared to aim of the biometry machine, or by looking at surgical factors.

*Vision and refraction measures depend on 2 factors -*

## Results

First is the biometry machine accuracy which is 85% within 0.5D and 97% within 1D of aim, which is excellent meaning most people can see well without glasses after a new clear lens implant. This is a factor of the biometry machine.

Second is the health of your eye. If there is diabetic changes or age related macula change the result may not be as good. Retinal problems can cause blur that might not improve fully even with new glasses. That said if there is significant cataract and macula disease some improvement is usually noted by people after cataract surgery.

*Complications can be analysed by 2 more factors-*

Third success factor are **posterior capsule rupture rates(PCR)** can be measured. This tends to be higher in training doctors and less experienced surgeons or with more complex or challenging cases. The range is 0.1 to 8%. the National Cataract data base shows an average of 1.1%. **Mr Radford** uses techniques learnt from experience that make this complication very rare and means **less than 0.1% rate for PCR for Mr Radford.**

Fourth is by looking at **reoperation rates.** Occasionally a cataract or lens can become unstable and drops into the back chamber of the eye. This will need specialist Vitreo retinal surgery in another hospital. Mr Radford will always seek additional surgical expertise if this is required and has quick referral routes if this is required. In 2019-21 there were no reoperations required. In 2017-2019 3 were needed. Over the last decade the rate of reoperation has reduced with increasing experience and is very rare even when dense mature cataracts are operated on. A small number of patients have very weak zonules or a fragile capsule that can mean the cataract lens can drop at the very start of surgery. Studies show it is safest to get specialist surgery for these patients and not to try to continue surgery. Such patients usually still have a good result eventually.

Rarely a small piece of the cataract lens that is broken up can be hidden behind the iris or stubborn few outer fibres of the cataract lens can be left that may need to be removed later on if these cause inflammation or clouding of vision. This is usually very quickly done with full recovery. 4 patients had this happen in the last 6 years.

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### Analysis of surgery

Studies and national audit shows that complications are reduced when surgeons have more experience and in particular when they are performing higher volume surgery. Constant and repeated familiarity with a technique improves ability and so efficiency naturally improves. The result for patients is quicker safer surgery. Reduced time for surgery reduces the risks of inflammation, corneal swelling and post operative pressure problems.

Time for procedure make a clock or timer 6-15 minutes

Average 8.5 minutes surgical time

Comfort during surgery 99% felt no discomfort 1% were aware of some discomfort or pressure sensation which was relieved by additional anesthetic around the eye

100% daycase surgery

## Results

# CMO

CMO cystoid macula oedema 1% risk overall

50% cases spontaneously improve within a few weeks and are very mild

typically presents with blur at around 4 to 6 weeks post operation

95% cases respond to first course of additional eye drops

less than 2% of treated need additional treatment and resolve after second course

4 persistent cases in last 10 years that need 6 months treatment

1 case of raised eye pressure with treatment for CMO

