

In-patient Protocol- Cataract Surgery

Aravind Eye Care System

Standard Precautions to be Followed by All (Employees, Patients and Attenders)

- Hand hygiene
- Physical distancing
- Surface disinfection and minimal contact of surfaces
- Mask at all times
- To use protective equipment as per the risk level
- To provide all equipments that have a chin/head rest, with breath shield
- Minimal communication

Pre-Op- Ocular

- With all standard precautions, patients will be examined after refraction
- Patients diagnosed with cataract and advised surgery will undergo IOP measurement by icare tonometry or applanation tonometry
- To do fluorescein dye disappearance test (Nasolacrimal duct syringing will be done only by authorized personnel with PPE)
- Biometry ideally by optical method with all necessary precautions and to be cleaned after each patient. If ultrasound/ immersion biometry is to be done, to follow all precautions

Pre-Op- Systemic

- BP - with electronic apparatus; follow additional disinfection protocols between patients
- Blood sugar as per the current protocol
- ECG as per current protocol
- If cardiac, pulmonary, renal, uncontrolled DM, HT etc., are there, physician fitness should be taken
- Pulse oximetry for all patients (Normal ≥ 96)
- X Ray Chest, CBC, Bleeding time and Clotting time to be done as advised by physician/ anesthetist
- COVID 19 test as per Governmental guidelines need not be done, unless there is a suspicion and advised by the ophthalmologist/ physician/ anesthetist. If +ve, patient to be referred to a COVID treatment centre and scheduled after recovery and a -ve RT- PCR test

Counselling

- With standard precautions, counselling of patient and attender is done
- Special COVID 19 consent form from patient with seal date and time
- Scheduling is done in batches (eg 7am, 8am, 9am etc)
- Points to be discussed
 - About the condition and surgery
 - Only one attender to accompany on the day of surgery
 - Day care surgery is preferred and to come only at specified time
 - Instruction regarding need for hand hygiene, mask, physical distancing, minimal contact
 - To bring their topical and systemic medication in a transparent plastic cover
 - To bring fitness certificate if advised and relevant investigation reports
 - Not to bring any unnecessary items to hospital
 - To wear clean and washed clothes on day of surgery (avoid jeans/ lungi etc)
 - To stay away from any social gathering before and after surgery (15 days)
 - If there is history of fever to call and inform the counsellor/ hospital before surgery
 - Digital payment method (credit card/ online) is preferred

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To be confirmed through phone call on previous day that there is no h/o contact and fever

On the Day of Surgery on arrival

To reduce overall time in hospital and OT

- Ensure patients and attenders are wearing their mask
- Hand wash (patient and attender)



Separate Entrance
for In-Patient



Thermal Screening & Hand sanitizer station

Receiving the patient



- COVID history of fever/contact form
 - COVID consent form filled



- Case sheet checking

Admission and Payment



- Admission counter
- Prefer online money transfer



- Tying wrist band

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Note: After payment patient advised to have breakfast (if not taken)

Dilation and Eye Marking

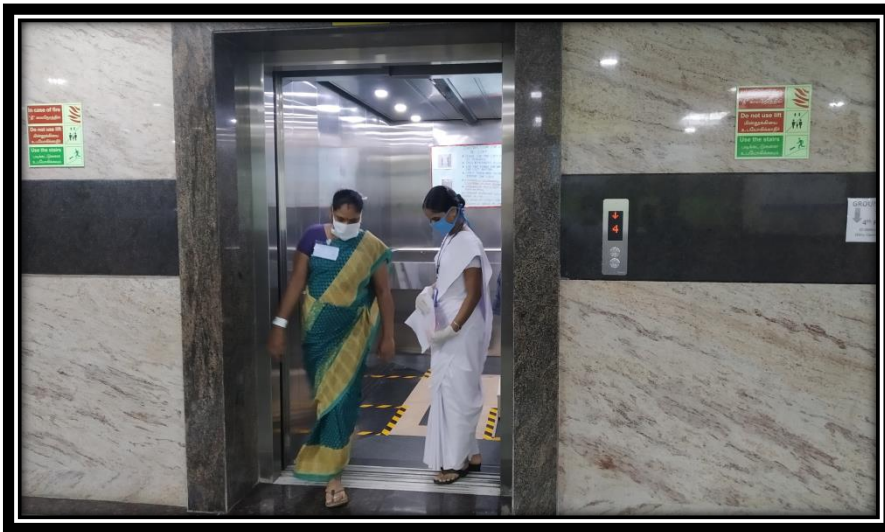


- In-patient dilatation drops applied
 - Patient holds lower lid



- Attender applying eye sticker (with RE/LE marked)
- Or use cotton bud with ink

Patient shifted to OT



Shifting patient to OT – 4th floor



@ Day Care
Case sheet checking
BP, Pulse and Pulse Oxymetry

In Day Care/ Ward

- Doctor to examine with torch light, doubtful cases slit lamp
- All eye medications applied with no touch technique. Instruct patient to pull lower eyelid down by themselves while drop is being instilled. An alternate is to use a cotton bud to pull the lower lid
- Dilation is started 30 minutes before shifting to OT
- Avoid any contact investigations

Before entering Block Room



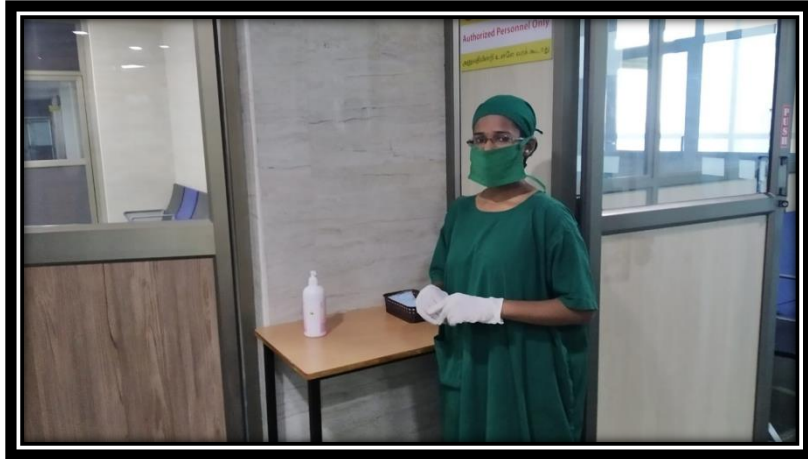
Patient Waiting area in front of block room



- Patient to dispose mask



- Before entering into block room
Face, Hands and Legs to be washed



Hand rub & Surgical Mask station



New mask given to be worn by patient



Hand rub applied

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To don cap, shoe cover and OT gown on patient



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In Block Room



- Case Record checking
- Confirm eye marking
- Dilatation checking



- Instill topical anesthetic drop
- 5% povidone iodine eye drops (3 minutes contact time)
- 10% PI for periorcular cleaning

Care to prevent spillage of body fluid on staff or floor

In Block Room

- If the number of patients is limited, block may be administered directly on the operating table
- If any type of block is given in the block room, to monitor with pulse oxymeter



- Give Sub-tenons block using eye towel



- Collecting lens from OT Store
- Case sheet and consumables (IOL, CTR etc) to be handled only by staff, not to hand over to patient
 - Hand hygiene while handing case sheet

In OT

- One staff posted for patient transport from block room to IOL store
- 1 from IOL store to OT waiting area
- Hands cleaned with Aurorub before entering OT
- **Only 1 Patient at a time**



- Topical anaesthetic application
- Povidone iodine (5%) 3 minutes contact time on conjunctival surface



- Povidone Iodine (10%) periocular cleaning by scrub nurse using cotton swabs

In OT- patient preparation



- BP and pulse oximetry monitoring
- To continue wearing the mask in OT as well. If patient is uncomfortable or needs airway, to lower the mask to expose the nose alone



- As patient is wearing a coat, the top sheet is not required
- Make sure drape near nasal side is strictly secured with adhesive sticking. The bag has to be secured well, so all the fluid waste is collected without spill

During Surgery

- Surgical safety checklist is to be administered. Case record verified. No unnecessary talking
- Complete sterile set for each case. Only one trolley is prepared
- All sterile items and consumables should be shifted into OT before surgery is started, to avoid unnecessary opening of door during surgery
- For each surgery, surgeon, one assisting sister and one circulating sister to stay inside OT



Surgery in progress



Completion of surgery

In OT

- Surgery as per protocol is undertaken. To choose techniques that are safe, quick and effective based on each case. Cataract surgery, including phacoemulsification are low risk procedures
- Avoid spillage of body fluid or blood particularly when squirting ringer lactate/ viscoelastic from syringes. Ensure that all the fluid is collected in the pouch and not spilt on the floor
- A sterile phaco tip and sleeve to be used for each case (ongoing protocol)
- If there is a PCR or zonular dialysis, vitrectomy to be undertaken with precaution by a senior surgeon and in minimal time
- Phaco hand piece and adjacent tubing to be cleaned after each surgery with alcohol soaked pads (Aurorub). Same cassette, tubing and RL/BSS to be used for subsequent procedures.
- At the conclusion of surgery, discard used disposables following existing biomedical waste policy.

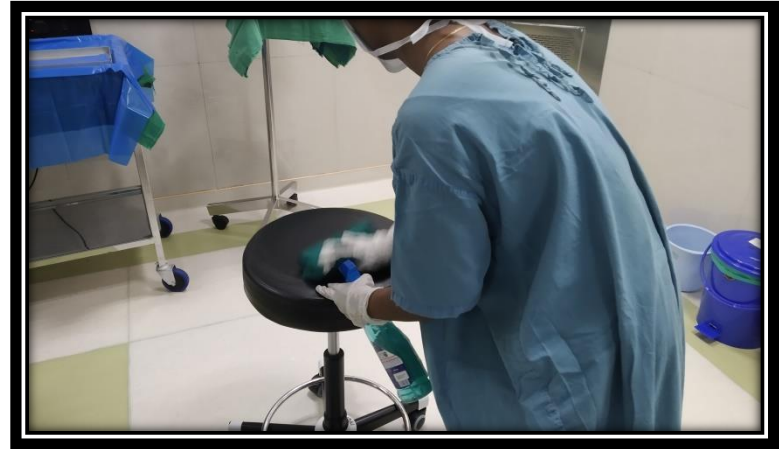
To apply tape under the mask and use handrub right after



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To clean OT after every procedure

- Patient table, computer table, bin rack, surgeon chair, door knobs and other surfaces disinfection with Lysol.
- MLOP to cleaning these surfaces with Lysol spray



- Rexin sheet on the table, to be cleaned after each case
- Separate cloth for patient table and head rest (as it may be soiled)

In Between Cases

- OT floor to be cleaned with Lysol by Cleaners
- To also clean foot pedal (microscope and table)
- Wheelchair to be cleaned after each use
- Surgeon and staff double gloves, to change the outer glove, taking care not to touch the inner glove
- BMW to be removed as per SOP





At the completion of surgery

Remove cap & Shoe

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Remove coat



Post op rest in Daycare

- To clean Rixin sheet after every patient
- Counselling, medication instructions given and safety measures adviced
- Appointment for postoperative day1 review is spaced out based on volume

- Pulse oximetry in ward thrice a day until discharge, in day care room on receiving and before patient is sent home

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Post Operative counselling

Patients Room

- Proper sanitization and cleaning, twice a day
- To be done including emptying bins
- Before admission and after discharge to clean floor and all surfaces

What Remains Same

- Peri-operative Antibiotics
- Autoclaving Protocols
- Validations & Surveillance
- Linen Management
- BMW Management with Segregation at Source and Colour Coding

Staff Cadre	Donning (putting on PPE)	Doffing (taking off PPE)
Surgeon Regular Case	Hand Wash Change to OT dress Cap Respirator/ 3 Ply Surgical Sandals/ Foot Cover Hand scrub Sterile Gown Double Gloves	Double Gloves Sterile Gown Hand Wash Respirator/ 3 ply surgical Cap Sandals/ Foot Cover OT dress to street dress Hand wash
Block room doctor	Cap Sandals/ Foot Cover Respirator/ 3 Ply Surgical Mask Sterile Gown Gloves Goggles	Hand Wash Respirator/ 3 ply surgical mask Cap Sandals/ Foot Cover OT dress to street dress Hand wash
Assisting Sister	OT dress Sandals/ Foot Cover Cap Respirator/ 3 Ply Surgical Mask Sterile Gown Double Gloves	Double Gloves Sterile Gown Hand Wash Respirator/ 3 ply surgical Cap Sandals/ Foot Cover OT dress to street dress Hand wash

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Circulating/ block room sister	Hand wash OT Dress Sandals/ Foot Cover Cap 3 Ply Surgical Mask Unsterile Gloves	Gloves Hand Wash 3 Ply Surgical Cap Sandals / Foot Cover OT dress to street dress Hand wash
CSSD	Hand wash OT Dress Sandals/ Foot Cover Cap 3 Ply Surgical Mask Unsterile Gloves	Gloves Hand Wash 3 ply surgical Cap Sandals / Foot Cover OT dress to Street Dress Hand wash
MRD staff	Hand wash OT Dress Sandals/ Foot Cover Cap Mask Unsterile Gloves	Hand Wash Mask Cap Sandals / Foot Cover OT dress to street dress Hand wash
OT store staff	Hand wash OT Dress Sandals/ Foot Cover Cap Mask Unsterile Gloves	Hand Wash Mask Cap Sandals / Foot Cover OT dress to street dress Hand wash

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Good Luck!