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Post-operative Day 1 versus Day 0 follow-up for Uncomplicated Cataract Surgeries: A comparison of post-operative outcomes and managements

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Post-operative Day 1 versus Day 0 follow-up for Uncomplicated Cataract Surgeries:

A comparison of post-operative outcomes and managements

Harsh Parekh BS¹, Shibandri Das MD², Vaama Patel MD², Ryan Freedman MD², Sabba Mansoor BS³, Amanda Ismail MD², and Faisal Ridha Al-Timimi MD².

Purpose: To compare the postoperative outcomes and management of uncomplicated cataract surgery (CEIOL) patients seen on post-operative day zero (POD 0) versus post-operative day one (POD 1).

Methods: A retrospective chart review of 533 patients who had CEIOL at the Kresge Eye Institute from December 2017 to September 2019 was performed. Visual acuity (VA) and intraocular pressure (IOP) were collected from the pre-operative visit, and the first and second post-operative day visits. In addition, changes in management were recorded from the first post-operative day visit. Patients were excluded if they had a complex cataract procedure, had combined glaucoma filtering surgery, or did not complete two follow up visits within 14 days of surgery.

Results: The pre-operative demographic data between patients seen on POD 0 (n=119) versus POD1 (N=414) were equally distributed. By unpaired t-test, the average VA of patients seen on POD 1 was significantly better than those seen on POD 0 (P<0.0001). However, by the second postoperative visit there was no significant difference in mean VA. Patients seen POD 0 versus POD 1 did not have significantly different IOP at the first or second post-operative visits. The most common changes in postoperative medication regimen were related to IOP or inflammation control and did not significantly differ between groups (p>0.50).

Conclusion: There was no significant difference in management between POD 0 and POD 1 patients having undergone uncomplicated cataract surgeries. Therefore, surgeons can safely consider POD 0 or POD 1 evaluations for uncomplicated cataract surgeries and improve healthcare cost efficiency for CEIOL.

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