Intra-operative Precautions

- A drop of Beta-dine before starting the surgery.
- Minimal handling of tissues
- Instruments used for extra ocular manipulation not to be used inside eye
- No wick left into anterior chamber-uvea/capsule/vitreous and complete removal and formation of anterior chamber with irrigating fluid/Air
- No foreign material to be left in surgical area.

POST OPERATIVE

- Sub-conjunctival Antibiotics, single Drops of 5% Betadine in the conjunctivital Sac after completion of surgery.
- Systemic antibiotics only if adnexal infections present.
- Topical antibiotics to be given post operatively with anti-inflammatory-steroidal/non steroidal agents.
- Dilating drops once daily to keep pupil mobile.
- Personal hygiene to be emphasized.
- Avoid dust, smoke and sunlight.
- Wear protective dark glasses outdoors.

- Routine weekly/ if necessary, more frequently postoperative visits should be ensured.
- Frequent instillation of Eye drops to be ensured.

Emergency Consultation

- Excessive pain & Redness.
- Watering/discharge
- Sudden Blurring of vision/Decreased or loss of vision
- Floaters/Flashes
- Excessive photo phobia

POINTS TO REMEMBER

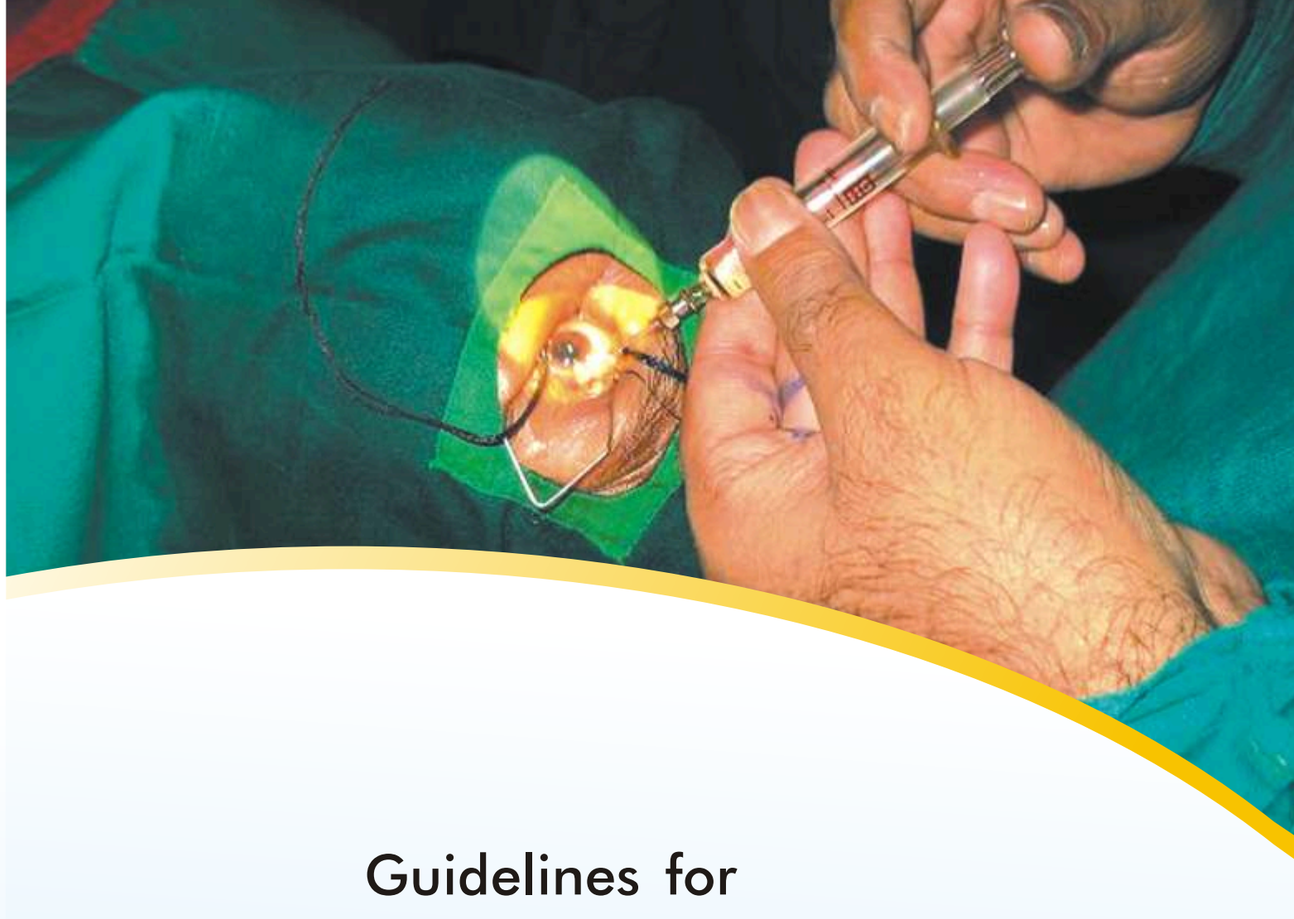
Pre-opeartive, Operative Precautions

- Preoperative antibiotic drops for 24 Hrs.
- Bath for patients/ Head wash/Face wash.
- Special note of eye brow/medial canthus area/nasal area.
- Eye to be washed with BSS and Betadine 5%.
- Sharps - Keratomes/blades/needle not to be reused unless sterilization procedure undertaken.
- Intraocular instruments and canulas not be reused if possible unless properly sterilized Disposables wherever possible.
- All Doctors and staff (Medical & Paramedical) should receive formal training in Biomedical waste Management.
- **OT to be washed** /scrubbed before use and surfaces carbolized.
- A drop of Beta-dine before starting the surgery.

Post Operative Precautions

- Sub-conjunctival Antibiotics, single Drops of 5% Betadine in the conjunctivital Sac after completion of surgery.
- Systemic antibiotics only if adnexal infections present.
- Topical antibiotics to be given post operatively with anti-inflammatory-steroidal/non steroidal agents.
- Personal hygiene to be emphasized.
- Avoid dust, smoke and sunlight.
- Wear protective dark glasses outdoors.
- Routine weekly/ if necessary, more frequently postoperative visits should be ensured.
- Frequent instillation of Eye drops to be ensured.
- Dilating drops once daily to keep pupil mobile.

Cataract formation cannot be prevented by any means. Blindness due to cataract can and must be avoided through timely surgical intervention.



Guidelines for

Pre-operative, Operative and Post operative precautions for Eye surgery

National Programme for Control of Blindness

Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, Nirman Bhavan, New Delhi - 110 011

Developed in Collaboration with:

World Health Organisation (WHO)

PRE-OPERATIVE PRECAUTIONS

Preoperative

General Exam :

Thorough checkup (Physician's referral)

Investigations

- BP - At least 3-4 readings at different timing.
- ECG - (especially of cardiac and hypertensive cases).
- Haemogram
- Urine (R/M, Albumin)

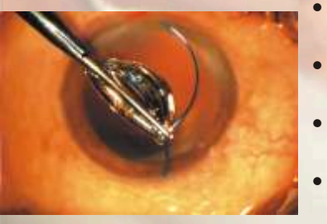
Check up for systemic illness

- Diabetes
- Chronic Pulmonary Conditions (COPD)
- Hypertension & Cardio vascular Condition
- Renal condition etc.

Ocular Examination

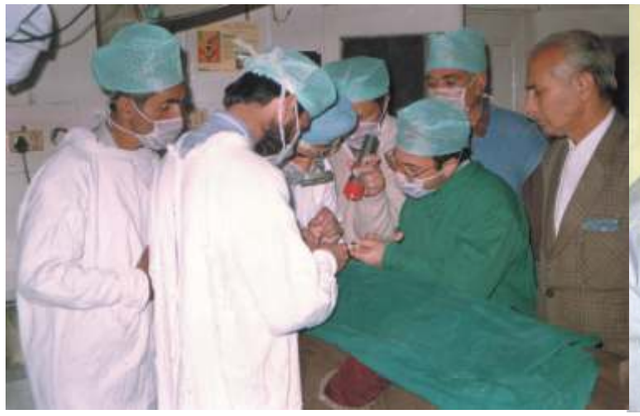
- Chief complaints and History of the problem. Complete ophthalmic examination
- Intraocular pressure
- Syringing - Not to be done on day of surgery
- Adnexal infections present to be treated with systemic antibiotics.
- Lid conditions & Sac related such as entropion, trichiasis, and Daryocystitis to be treated first.
- Intraocular surgery to be delayed by at least three weeks after these surgeries.

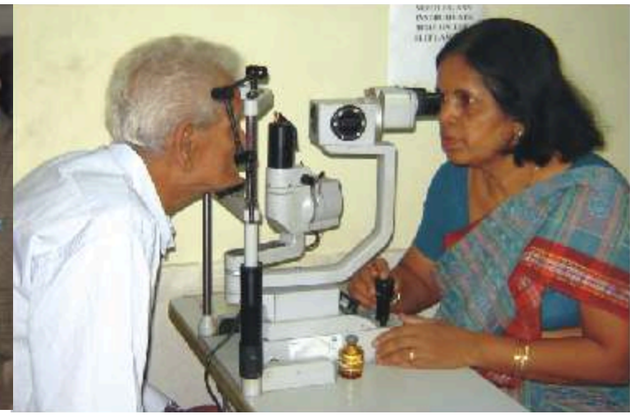
IOL Power Calculation (OCULAR Exam)



Keratometry

- To be calibrated for each observer
- To be calibrated after 20 cases for single observer
- Calibration at 45 D/7.5 mm Horizontal/Vertical
- Adjust eye piece to make mires coincide





Biometry

- Calibration before days use
- Test Block 14.5 mm (to check with company)
- Default settings to be used unless indicated
- Formula 22-24mm SRK-T or SRK-II
- < 22mm H offer Q
- >24 mm Holladay-I
- If the above are not available SRK-T in all patients
- A scan to be repeated if reading of Axial length vary by over 0.3 mm
- Biometry to be repeated completely if variation in IOL power is more than 1 Dioptre
- IOL to be correlated with refraction in contra lateral eye whenever possible.

OPERATION THEATRE PREPARATION

- Preoperative antibiotic drops for 24 Hrs.
- Bath for patients/ Head wash/Face wash
- Shaving (if possible)

Cleaning & draping

- Spirit and betadine from inwards outwards at least two times.
- Special note of eye brow/medial canthus area/nasal area
- Draping to isolate the eye. Steridrape to be used. (Scurgiwear / Romson's)
- Eye to be washed with BSS and Betadine 5%

Surgical scrubbing

- To proceed in a methodical manner from distal to proximal
- Hands/Palms/fingers/ Medial, lateral, dorsal, ventral aspects.
- Nail beds to be scrubbed with brush.
- Fore arm-Medial, lateral, anterior, posterior up to beyond elbow.
- Scrubbing from distal to proxima.
- Hands always above waist and elevated so that water drain away from hand,
- Gowning & gloving after scrubbing by **no touch technique** after each case.
- Separate set to be used for all patients.
- Ringer/BSS/irrigating fluid- 0.3cc of Gentamyacinr O.3cc of adrenaline in 500 cc. Vancomycin /Cefazolin in case of high suspicion of post op infection particularly gram +ve or high volume settings.
- Sharps - Keratomes/blades/needle not to be reused unless sterilization procedure undertaken.
- Intraocular instruments and canulas not be reused if possible unless properly sterilized Disposables wherever possible

Operation Theatre Layout

To be arranged in levels

Level-I	• Restricted Entry • Changing rooms/offices/record keeping • Shoes/footwear to be removed here and clothes changes
Level-II	• Entry only after changing for both patients and staff. • Caps/masks to be worn. • Air conditioning must be there (with HEPA Filters). • Scrub room/gloving and gowning.
Level-III	• Sterile area (Separate slippers) • Entry restricted to **minimal** staff • Fumigated areas with Air Lock/AC • Ultra-violet light at night if possible • Floors, walls, surfaces to be scrubbed and carbolised. • Air conditioning with HEPA filters (Filter optional)
Level-IV	• Waste disposal area • sterilization room ***Instrument maintenance (Under supervision of the Staff Sisters/OT Technician*** • Cleaned and washed with Savlon/ soap • Ultrasonic cleaning • Examined under magnification for defect/for repair/ packing for sterilization • No. of sets: Minimum 5 sets (more if volume increases) • ***<u>One set to one patient</u>*** only • Sharps to be cleaned and Autocloved (ETO sterilisation/Chemical disinfection • Tubes to be rinsed, air dried, flushed, air injected and then autoclaved.

Waste Disposal

All Doctors and staff (Medical & Paramedical) should receive formal training in Biomedical waste Management.

Segregation

- Sharps to be disposed separately after disinfection with sodium hypochloride.
- Gowning & Gloving after scrubbing by no touch technique after each case.
- Infected material to be handled only by gloved staff.
- **OT to be washed** /scrubbed before use and surfaces carbolized.
- Fumigation at frequently timed intervals or after an infected case has been done/ large volume cases operated.
- Bi-weekly cultures of the OT to be sent from specified points of the OT.
- Ultraviolet light is recommended for overnight use.
- Infected cases to be done in a separate OT along with other extra ocular surgeries.