

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/eye-on-ocular-health/analyzing-cataract-surgery-candidates-expectations-and-behaviors/15509/>

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Analyzing Cataract Surgery Candidates' Expectations & Behaviors

Announcer:

You're listening to *Eye on Ocular Health* on ReachMD, and this episode is part of our "Clinical Minute" series. Here's your host, Dr. Neda Shamie.

Dr. Shamie:

In this "Clinical Minute", we'll be discussing a national noninterventional cross-sectional mixed method survey that evaluated cataract surgery candidates' knowledge and emotions as they related to cataract surgery and their behavior intent to adhere to doctor-recommended presurgical ocular surface prep routine. My dear friend, Dr. Cynthia Matossian, is here to discuss the findings.

Cynthia, thank you so much for this study. We all know as cataract surgeons, we make recommendations to our patients with all the best intentions in mind, prepping them for surgery, how important that is. But adherence to those recommendations are always up in the air. So you actually did a study to evaluate this, what did you find?

Dr. Matossian:

We did a study. And what we found was really surprising, but yet not so surprising. So there are three assumptions that we all go by, Neda, and these are things that you've heard a million times that I'm going to share though. The first one is that most patients undergoing cataract surgery want to be spectacle independent. They don't want to wear glasses after the procedure. Assumption two is that most patients don't want to wait. Once they're told they need cataract surgery to allow time to prep the ocular surface, tune it up, and get it kind of pristine for presurgical measurements, that they might leave the practice, they might go to a competitor, they're just not going to be patient enough. And the third assumption is that patients won't cooperate, won't spend time, money, or energy prepping their ocular surface in preparation for their upcoming surgery. So guess what we found?

Dr. Shamie:

Tell me.

Dr. Matossian:

Are you ready? And if you really want to dig deeper, go to the article. But essentially, only 6% of patients said they expected their vision to be so fabulous after surgery that they won't need glasses. So that means 94% of patients scheduled for cataract surgery have a more realistic expectation that they'll be wearing glasses, at least for some distances or tasks.

Regarding the second assumption, it also turned out to be a myth. Actually, only 8% of patients said they wanted their surgery ASAP. All the others said they're willing to wait. And actually, they're so nervous about cataract surgery, they're more than happy to postpone it and do whatever is appropriate to attend to their ocular surface.

And the third one, third assumption also turned out to be a myth, in that patients, when they were told that they might have to do some prep, lid hygiene, you know, moisturization of their ocular surface, only 8% of patients sadly said that their doctor discussed their pre-existing ocular surface disease with them. And less than that were given a treatment protocol pre-surgically. And when they were asked if they would be compliant, 87% said they would use it if the kit was gifted to that, that kind of makes sense. But if they had to purchase it, 83% said they would not only purchase it but also use it in hopes of getting a better surgical outcome if it was readily available, like to purchase at a doctor's office. If they had to go online, or go to their neighborhood pharmacy, that percentage dropped down.

Dr. Shamie:

Wow.

Dr. Matossian:

Aren't those interesting data?

Dr. Shamie:

Unbelievable. Unbelievable data. A lot of pearls in that, a lot of important ways that we can change how we talk to our patients. And the whole idea about the kit, that's very interesting, because we moved away from offering - a lot of our practices have moved away from offering it, thinking patients have access to purchasing it online and such.

Wow, a lot to think about.

Dr. Matossian:

Yeah.

Dr. Shamie:

Most definitely a lot to talk about. I really appreciate you always thinking outside the box when you're doing your research projects, things that we take for granted or we just make assumptions on. I love how you explored to find out if the truth lies there. So thank you so much.

Dr. Matossian:

Thank you for inviting me and I'm delighted we busted three assumptions, and they truly are myths.

Announcer:

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