

4. HEALTH CARE ACTIVITIES

4.9. Cataract surgeries

In the past few decades, the number of surgical procedures carried out on a same-day basis, without any hospitalisation, has increased markedly in OECD countries. Advances in medical technologies, particularly the diffusion of less invasive surgical interventions, and better anaesthetics have made this development possible. These innovations have also improved patient safety and health outcomes for patients, and have in many cases reduced the unit cost per intervention by shortening the length of stay in hospitals. However, the impact of the rise in same-day surgeries on health spending depends not only on changes in their unit cost, but also on the growth in the volume of procedures performed. There is also a need to take into account any additional cost related to post-acute care and community health services following the intervention.

Cataract surgery provides a good example of a high-volume surgery which is now carried out predominantly on a same-day basis in most OECD countries. From a medical point of view, a cataract surgery using modern techniques should not normally require an hospitalisation, except in some specific cases (e.g., general anaesthesia or severe comorbidities) (Lundstrom et al., 2012). Day surgery now accounts for over 90% of all cataract surgeries in a majority of countries (Figure 4.9.1). In Estonia and Canada, nearly all cataract surgeries are performed as day cases. However, the use of day surgery is still relatively low in some countries, such as Poland, the Slovak Republic and Hungary. This may be explained by more advantageous reimbursement for inpatient stays, national regulations, and obstacles to changing individual practices of surgeons and anaesthetists, and tradition (Castoro et al., 2007). These low rates may also reflect limitations in data coverage of outpatient activities in hospitals or outside hospitals.

The number of cataract surgeries performed on a same-day basis has grown very rapidly over the past decade in many countries, such as Portugal and Austria (Figures 4.9.1 and 4.9.2). Whereas fewer than 10% of cataract surgeries in Portugal were performed on a same-day basis in 2000, this proportion has increased to 92%. In Austria, the share of cataract surgeries performed as day cases increased from 1% only in 2000 to 46% in 2011. The number of cataract surgeries carried out as day cases has also risen rapidly in France, Switzerland and Luxembourg, although it remains below the OECD average, and there is room for further development.

The total number of cataract surgeries has grown substantially over the past decade, so that it has now become the

most frequent surgical procedure in many OECD countries. Population ageing is one of the factors behind this rise, but the proven success, safety and cost-effectiveness of cataract surgery as a day procedure has been a more important factor (Fedorowicz et al., 2004).

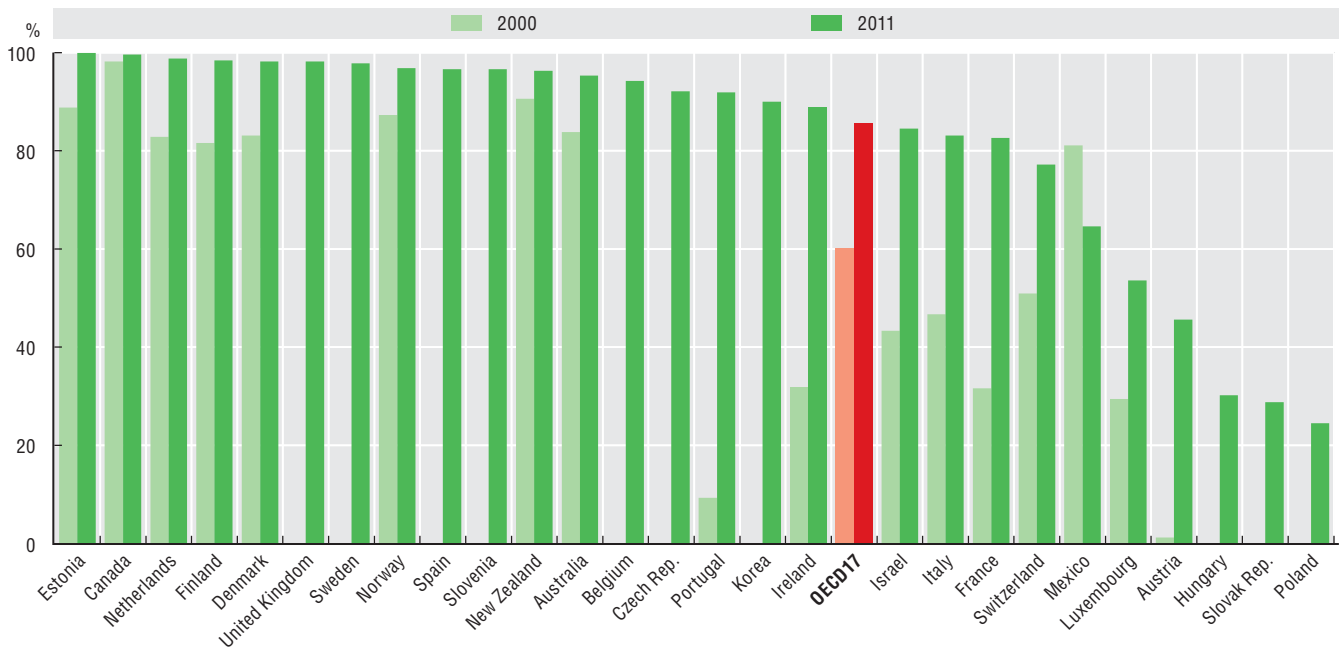
In Sweden, there is evidence that cataract surgeries are now being performed on patients suffering from less severe vision problems compared to ten years ago. This raises the issue of how the needs of these patients should be prioritised relative to other patient groups (Swedish Association of Local Authorities and Regions and National Board of Health and Welfare, 2010).

Definition and comparability

Cataract surgeries consist of removing the lens of the eye because of the presence of cataracts which are partially or completely clouding the lens, and replacing it with an artificial lens. The surgery may involve in certain cases an overnight stay in hospital (inpatient cases), but in many countries it is now performed mainly as day cases (defined as a patient admitted to the hospital and discharged the same day) or outpatient cases in hospitals or outside hospitals (without any formal admission and discharge). However, the data for many countries do not include such outpatient cases in hospitals or outside hospitals, with the exception of the Czech Republic, Estonia, France, Israel, Luxembourg, Slovenia and the United Kingdom where they are included. Caution is therefore required in making cross-country comparisons of available data, given the incomplete coverage of same-day surgeries in several countries.

In Ireland, Mexico, New Zealand and the United Kingdom, the data only include cataract surgeries carried out in public or publicly-funded hospitals, excluding any procedures performed in private hospitals (in Ireland, it is estimated that approximately 15% of all hospital activity is undertaken in private hospitals). Data for Portugal relate only to public hospitals on the mainland. Data for Spain only partially include activities in private hospitals.

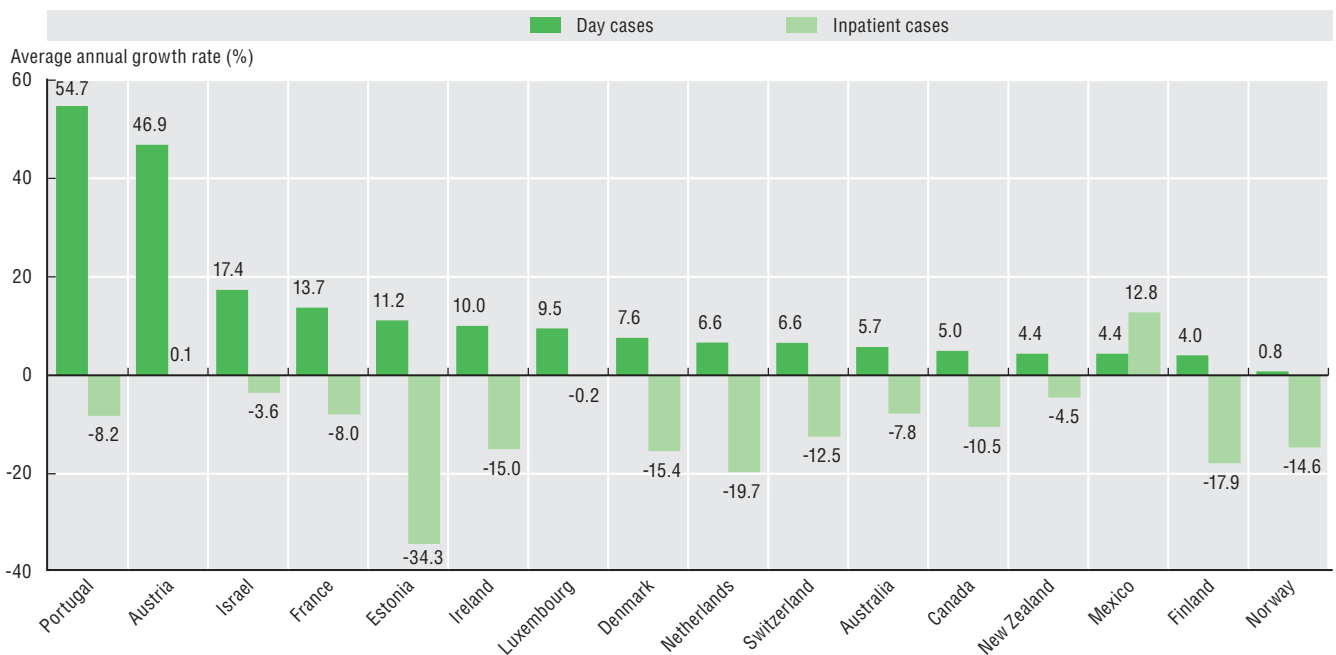
4.9.1. Share of cataract surgeries carried out as day cases, 2000 and 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917655>

4.9.2. Trends in number of cataract surgeries, inpatient and day cases, 2000 to 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917674>



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