

In the past two decades, the number of surgical procedures carried out on a same-day basis, without any need for hospitalisation, has grown in European 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 European countries. The operation began to change from an inpatient to a same-day surgery in the 1980s in some countries such as Sweden (Henning *et al.*, 1985), with the movement then spreading to other European countries at different speed. From a medical point of view, a cataract surgery using modern techniques should not normally require an hospitalisation. However, in some specific cases (*e.g.* general anaesthesia or severe comorbidities), a hospital stay may be required (Lundström *et al.*, 2012).

Day surgery now accounts for over 90% of all cataract surgeries in many countries (Figure 3.9.1). However, the use of day surgery is still relatively low in some countries, such as Lithuania, Poland and the Slovak Republic. This may be explained by more advantageous reimbursement for inpatient stays, national regulations, 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 in some countries over the past ten years, such as in Austria and Portugal (Figure 3.9.2), catching up to the high rates already observed in 2000 in Nordic countries, the Netherlands and Spain. In Portugal, the strong rise in the number of cataract surgeries performed as day cases rather than as inpatients has led to a sharp increase in the share of same-day surgery, rising from less than 10% in 2000 to over 90% in 2010 (Figure 3.9.1). In France, this share also increased from 32% in 2000 to 80% in 2010. In Luxembourg, the number of cataract surgeries carried out as day cases and outpatient cases (in or outside hospitals) has also risen rapidly, although they still account for only about half of all cataract surgeries.

Cataract surgery has now become the most frequent surgical procedure in many European countries. The operation is performed more often in women than men (around 60% vs. 40%), because it is related to age and women live longer (Lundström *et al.*, 2012). While population ageing is one of the factors behind the rise in cataract surgery, the proven success, safety and cost-effectiveness of the operation as a day procedure has been a more important factor (Fedorowicz *et al.*, 2004).

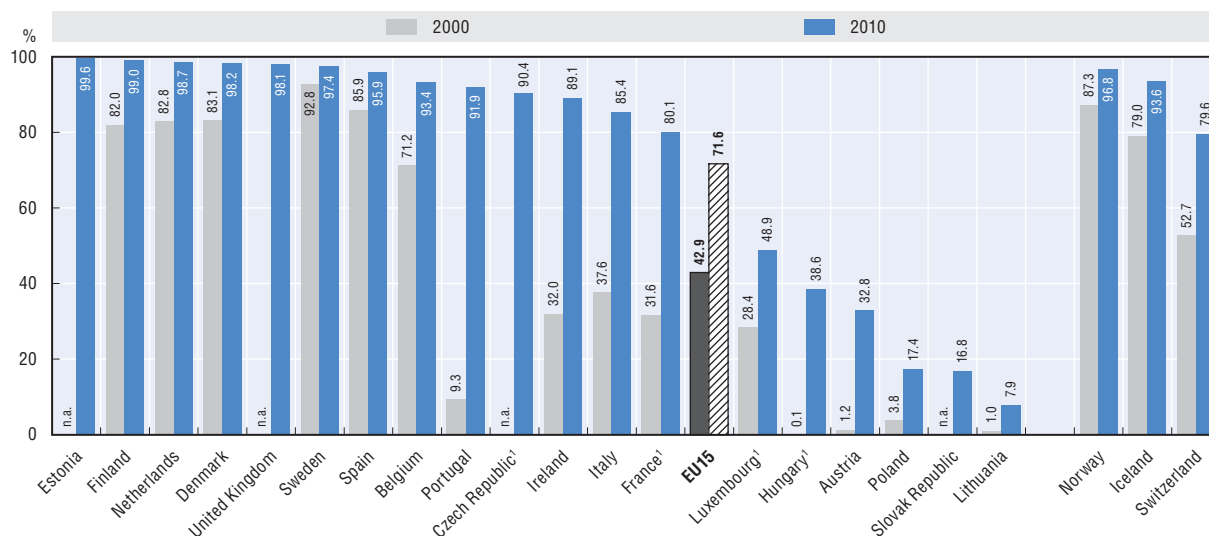
In Sweden, there is evidence that cataract surgeries are now being performed on patients suffering from less severe vision problems compared to ten years ago. This raises the issue of how the needs of these patients should be prioritised relative to other patient groups (Swedish Association of Local Authorities and Regions and National Board of Health and Welfare, 2010). The European Registry of Quality Outcomes for Cataract and Refractive Surgery recently developed evidence-based guidelines to improve treatment and standards of care for cataract surgery (Lundström *et al.*, 2012).

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, France, Hungary and Luxembourg 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 Denmark, Ireland, the Netherlands and the United Kingdom, the data only include cataract surgeries carried out in public hospitals, excluding any procedures performed in private hospitals and in the ambulatory sector (in Ireland, it is estimated that over 10% of all hospital activity is undertaken in private hospitals). The data for Spain only partially include activities in private hospitals.

3.9.1. Share of cataract surgeries carried out as day cases, 2000 and 2010 (or nearest year)

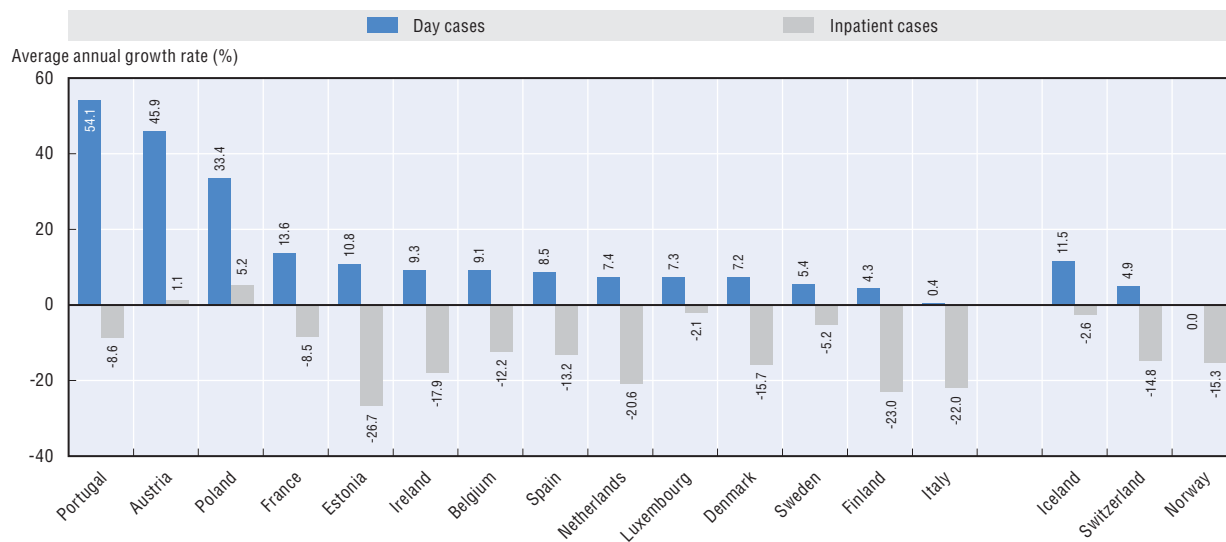


1. Data for the Czech Republic, France, Luxembourg and Hungary include outpatient cases in hospitals and outside hospitals.


Source: OECD Health Data 2012; Eurostat Statistics Database.

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3.9.2. Growth in cataract surgeries per capita, day cases and inpatient cases, 2000 to 2010 (or nearest year)



Source: OECD Health Data 2012; Eurostat Statistics Database.

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