

4. HEALTH CARE ACTIVITIES

4.10. Cataract surgeries

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 most 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 helped to reduce 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 sheer number of procedures performed, and needs to take into account any additional cost related to post-acute care and community health services.

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. Day surgery now accounts for over 90% of all cataract surgeries in a majority of countries (Figure 4.10.1). 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 (Castoro *et al.*, 2007), but these low rates may also reflect limitations in data coverage (the lack of registration of day surgeries carried outside hospitals in Poland).

The number of cataract surgeries performed on a same-day basis has grown very rapidly over the past decade in many countries. In France, the share rose from 32% in 2000 to 78% in 2009. In Portugal, it has grown at a rate of over 50% per year since 2000 (Figure 4.10.2). Whereas less than 10% of cataract surgeries in Portugal were performed on a same-day basis in 2000, this proportion increased to 92% in 2009. In Luxembourg also, the number of cataract surgeries carried out as day cases has risen rapidly over the past decade, although they still account for only one-quarter of all cataract surgeries. In Norway, the growth in cataract surgeries performed as day cases since 2000 substituted for some that previously required hospitalisation; the overall number of procedures remained constant, but the share of day case surgeries increased from 87% to 97%.

The total number of cataract surgeries has also 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 question 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).

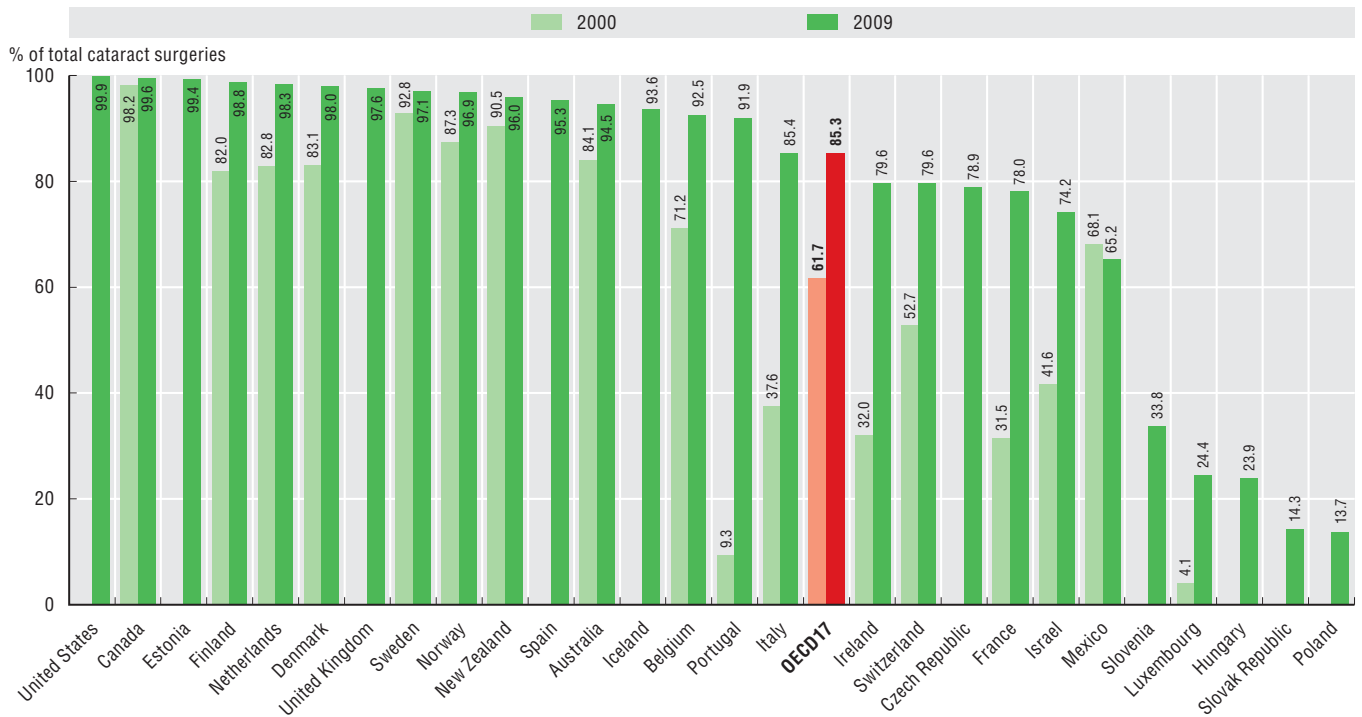
Definition and comparability

Cataract surgeries consist of removing the lens of the eye because of the presence of cataracts and replacing it with an artificial lens. The surgery may be carried out as a day case or as an inpatient case (involving an overnight stay in hospital). Although same-day interventions may either be performed in a hospital or in a clinic, the data for many countries (*e.g.* Ireland, Hungary, the Netherlands, Poland) only include interventions carried out in hospitals. Caution is therefore required in making cross-country comparisons, given the different coverage of day surgeries in several countries.

The data for Denmark only include cataract surgeries carried out in public hospitals, excluding procedures carried out in the ambulatory sector and in private hospitals. In Ireland too, the data cover only procedures in public hospitals. It is estimated that over 10% of all hospital activity in Ireland is undertaken in private hospitals. The data for Spain only partially include the activities in private hospitals.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

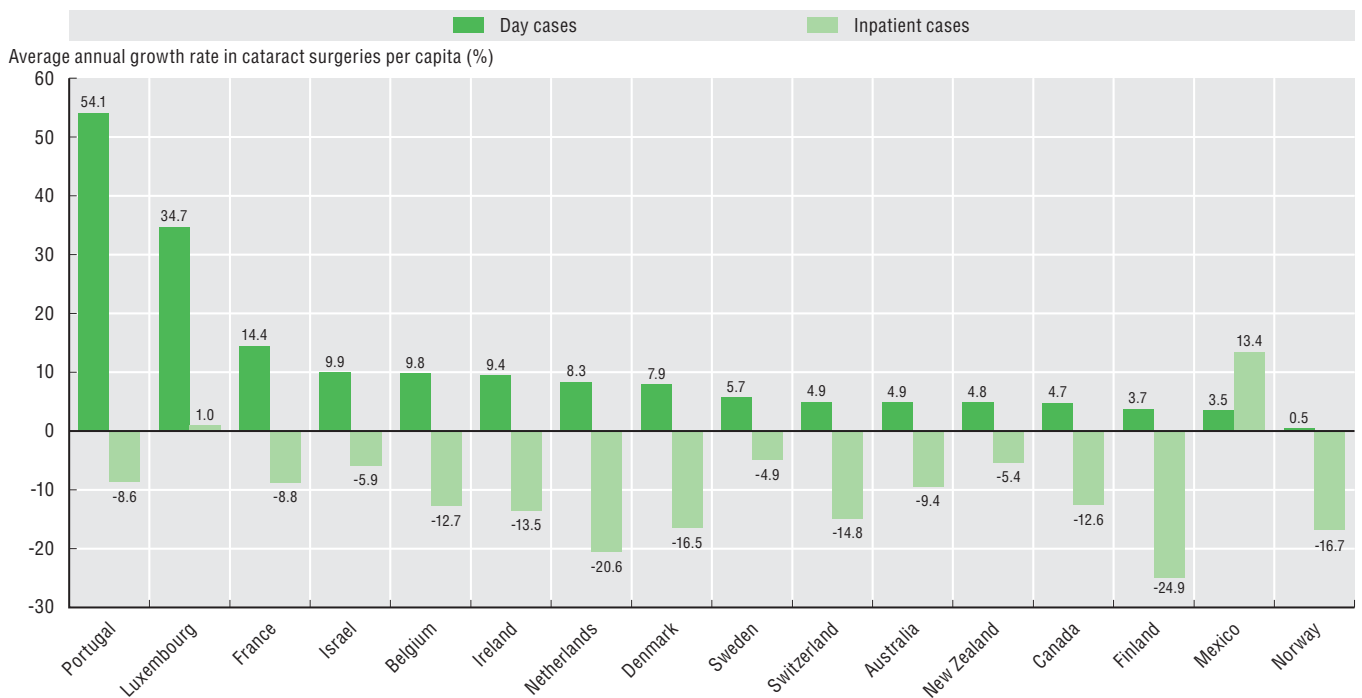
4.10.1 Share of cataract surgeries carried out as day cases, 2000 and 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524925>

4.10.2 Trends in cataract surgeries, inpatient and day cases, 2000-09 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524944>



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