

Synopsis

FEOph Symposium and Roundtable Discussion during the 100th SOI Congress Rome Saturday 27th November 2021

"Cataract Surgery and Adoption of Innovative Technologies in the Public Health System"

Presidents: W. Aclimandos, M. Piovella

On Saturday 27th November 2021, at the 100th SOI National Congress in Rome, the FEOph European Symposium and the Roundtable discussion was held in the plenary hall.

During the FEOph Symposium, junior speakers from Germany, France, Italy, Spain and Great Britain gave lectures on the subject of cataract surgery. The presentations were followed by a roundtable discussion with five experts from these countries. The participants discussed national views on the adoption of innovative technologies for cataract surgery in the public health system. The participants in the panel discussion were: B. Bodaghi (France), M. Schargus (Germany), M. Piovella (Italy), M. Gessa Sorroche (Spain), L. Pelosini (United Kingdom).

The round table, animated and moderated by P. E. Gallenga and S. Garcia-Delpech, served to discuss the new technologies applied to cataract surgery, in particular the use of femtosecond laser and premium lens implants.

The discussion gave rise to interesting insights, helpful in understanding the current use of these new technologies in the public health system in Europe. The panel pointed out that, despite the considerable development of femtosecond laser cataract procedures and the advancement in premium lenses, the diffusion of these technologies in the public health system is limited due to their high cost and the lack of superior visual outcomes when comparing femtosecond laser surgical results with traditional phacoemulsification.

Matteo Piovella presented the introduction to the roundtable and the evidence that in many European Countries the Premium cataract surgery is restricted to 1-5% of the whole volume of cataract surgery. The following questions were discussed during the roundtable:

1) What is the percentage of premium surgery in your country?

Most of the participants thought that premium cataract surgery using laser platforms and multifocal lenses represents approximately 10-15% of the total cataract surgery volumes and takes place in private practices rather than the public health system.

2) Is there a consensus on the ethical need to offer premium cataract surgery in the public health system? Is there a consensus on what “top quality” or “top of the technology” is?

Most of the participants agreed that the idea of offering premium cataract surgery in the public system is a noble principle. However, it was discussed that the high cost of femtosecond laser platforms had delayed the adoption of laser technology in the public health sector. It was also discussed that there is no objective evidence that femtosecond laser surgery outcomes are superior to traditional phacoemulsification techniques. Productivity is a critical factor for the public health service. The additional time and space required for the use of femtosecond laser have hindered the adoption of femtosecond laser technology for high volumes cataract surgery lists. The combination of the high cost of the technology, the lack of superior results and the need to provide a highly productive service have delayed the adoption of this technology in the public health service.

The participants agreed that “top quality” is still represented by well-trained and skilled surgeons who can provide a safe procedure with good results. However, the use of laser platforms with strict control of the capsulorhexis size, fast lens fragmentation and precise astigmatic correction will be advantageous.

3) Which of the following devices are commonly available in the public health service in different countries: pupillary rings, premium IOLs, Toric IOLs, AI/augmented reality/3D screen, femtosecond lasers, intraoperative OCT?

Most of the participants confirmed the availability of pupillary rings and toric IOLs in the public health service, whereas trifocal lenses, EDOF lenses, AI/augmented reality/3D screen and femtosecond lasers are still not available in public hospitals in European countries.

4) Do patients in the public service share the cost for premium surgery?

Most of the participants of the roundtable confirmed that patients in the public service could not share the cost for premium surgery.

5) What is the impact of the surgical backlog and the importance of protecting training sessions in your country?

Most of the participants were of the opinion that the volumes of cataract surgery are constantly increasing due to the increase in life expectancy. The panel discussed the need to use technological advances to create more capacity in the public health service, to work with allied professions such as optometrists and specialist ophthalmic nurses to manage the high volumes of follow-ups and to free up time for the surgeons to deal with surgical backlogs.

The importance of protecting training time for junior doctors and the need to increase access to surgical simulation platforms for surgical training across Europe was discussed as an important technological advance for the future of cataract surgery.

(L. Pelosini)