

Preop testing for low-risk cataract surgery patients: Choosing wisely or low-value care?

December 23 2013

The elimination of extensive routine preoperative tests and consultations represents an area of potentially large health care savings across many disciplines, particularly for low-risk patients being evaluated for cataract surgery. It is also a major theme of the Choosing Wisely campaign from the American Board of Internal Medicine.

Lee A. Fleisher, MD, chair of the department of Anesthesiology and Critical Care in the Perelman School of Medicine at the University of Pennsylvania authored a commentary alongside a study from a team from the University of Washington, Seattle, showing that, despite this evidence showing no benefit for patients, the incidence of preoperative tests is actually increasing for Medicare patients undergoing [cataract surgery](#). The piece is published online today in the new issue of *JAMA Internal Medicine*.

Cataract surgery is unique among surgical procedures in that it has sufficient data to show that routine preoperative lab testing is not associated with improvement in outcomes when compared with patients who did not receive routine testing.

The ideal scenario, says Fleisher, is better communication between the anesthesiologist, when involved, surgeon, internist and other primary care provider in defining the population in need of preoperative testing to avoid unnecessary, high-cost, low-value care.

Dr. Fleisher suggests that payment reform may ultimately lead to more

appropriate use of consultation and testing and that it "will be important for physicians, armed with this information about current practice patterns, to take the lead in choosing wisely with respect to which [patients](#) require a consultation and test before external forces do it for us."

Provided by University of Pennsylvania School of Medicine

Citation: Preop testing for low-risk cataract surgery patients: Choosing wisely or low-value care? (2013, December 23) retrieved 30 January 2024 from <https://medicalxpress.com/news/2013-12-preop-low-risk-cataract-surgery-patients.html>

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