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# Home Eye Toilet to Improve Turn Around Time of Post-operative Cataract Patients

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## Introduction & Background:

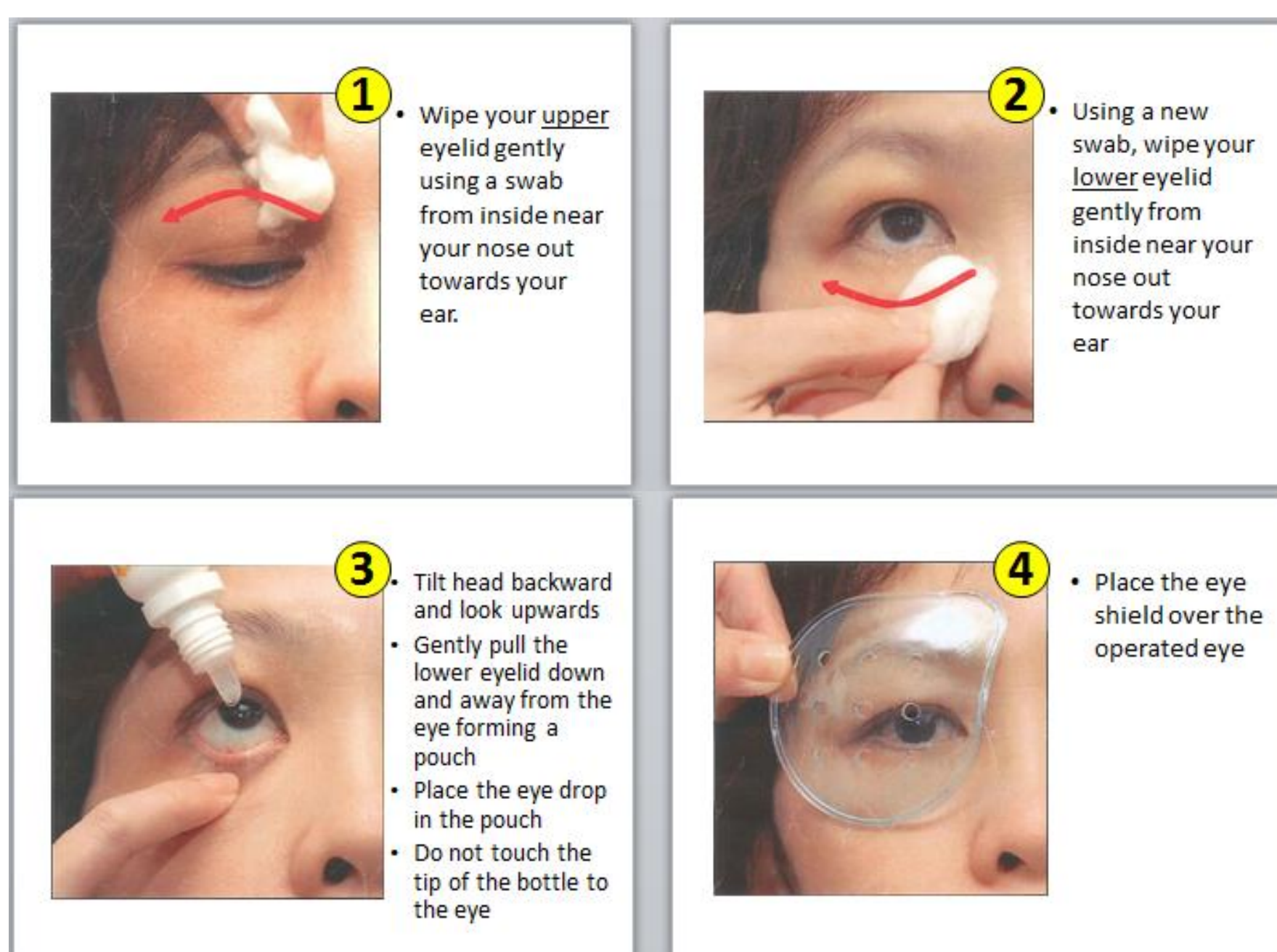
**Eye toilet** is conventionally done on the first post-operative day (POD1) after cataract surgery (CS) by the nurses to prevent infection.

This procedure adds to the clinic turn around time (TAT) and has a monthly workload of about 100. Negating this procedure will help reduce clinic TAT and free up nursing manpower for other tasks.

## Objective & Solution:

To **improve the TAT** of the POD1 visit for CS patients by having them to perform eye toilet at home instead of having the nurses do it.

### Pictorial Guide for Education

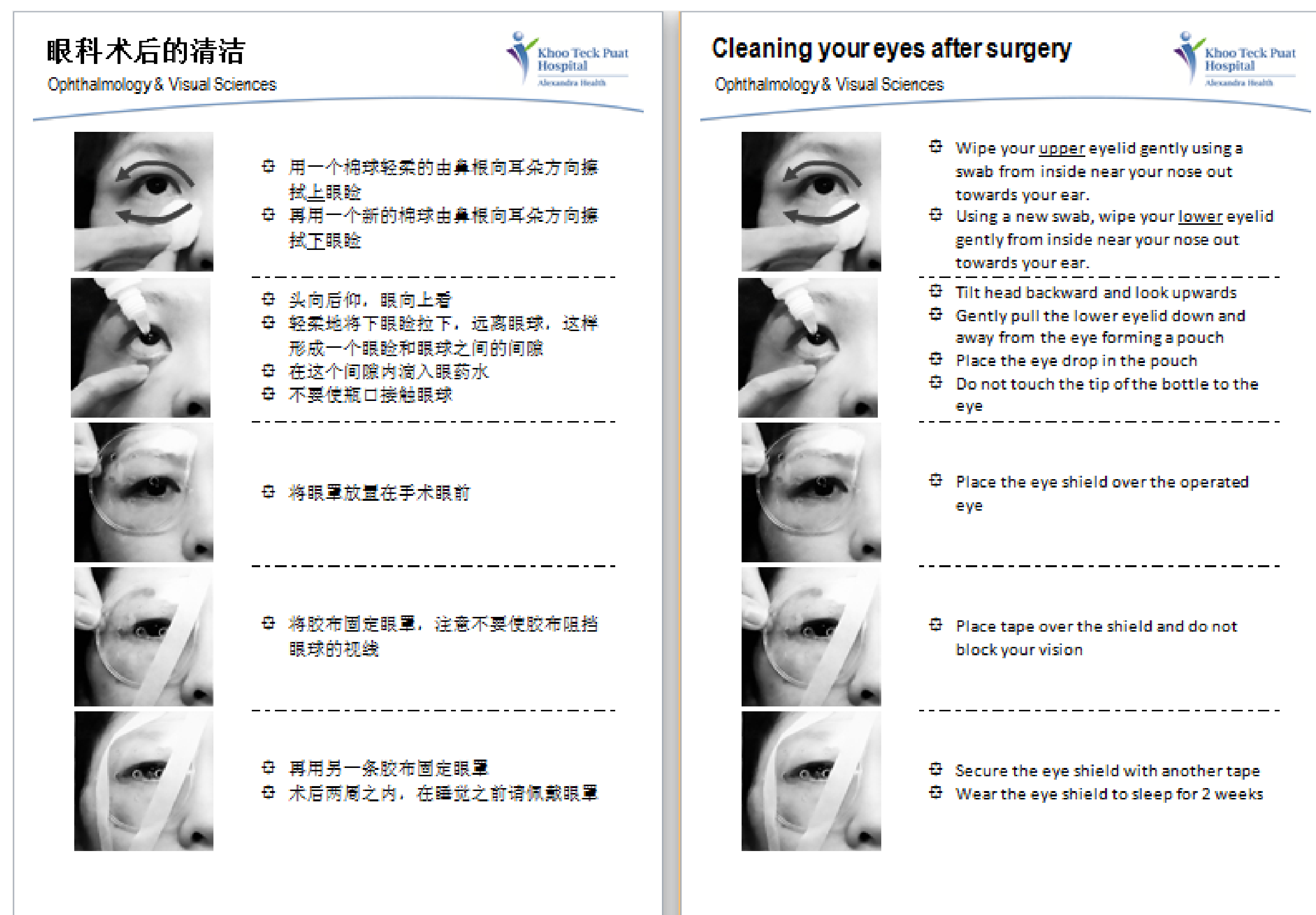


## Methodology:

Before discharging from the Day Surgery Operating Theatre (DSOT), the CS patient and the relatives were educated by the **DSOT nurses** on proper eye toilet procedures using **visual aids** and **instructional brochures**.

Baseline data on **TAT** and **total waiting time (TWT)** were collected before and after implementation (n = 21). A simple history to confirm patient compliance was taken.

### Bilingual Brochures



## Results:

The **average TAT was reduced by 14.4 minutes** from  $73.5 \pm 24.5$  to  $59.1 \pm 17.7$  min. (unpaired t-test,  $p < 0.05$ ). The **average TWT was also shortened by 13.6 minutes** (unpaired t-test,  $p < 0.05$ ) from  $58.8 \pm 23.0$  to  $45.2 \pm 17.4$  min. (Figure 1 and 2).

In addition, negating eye toilet resulted in a cost saving of \$7.44 per patient and a time saving of 65.0 min per day for the nurses .

Figure 1: Comparison of Before and After Results for the Turnaround and Total Waiting Time of First Consultation Visit

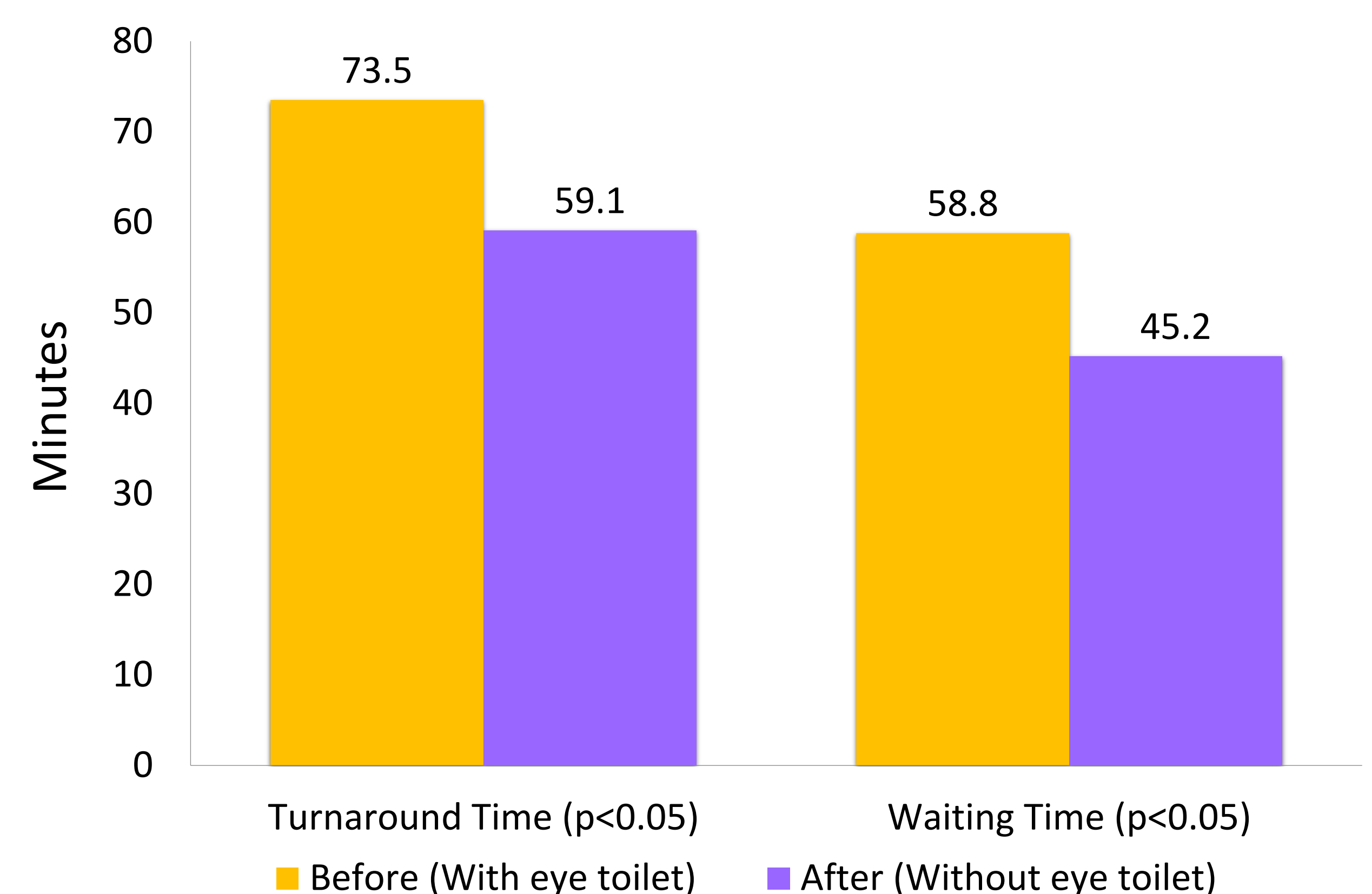
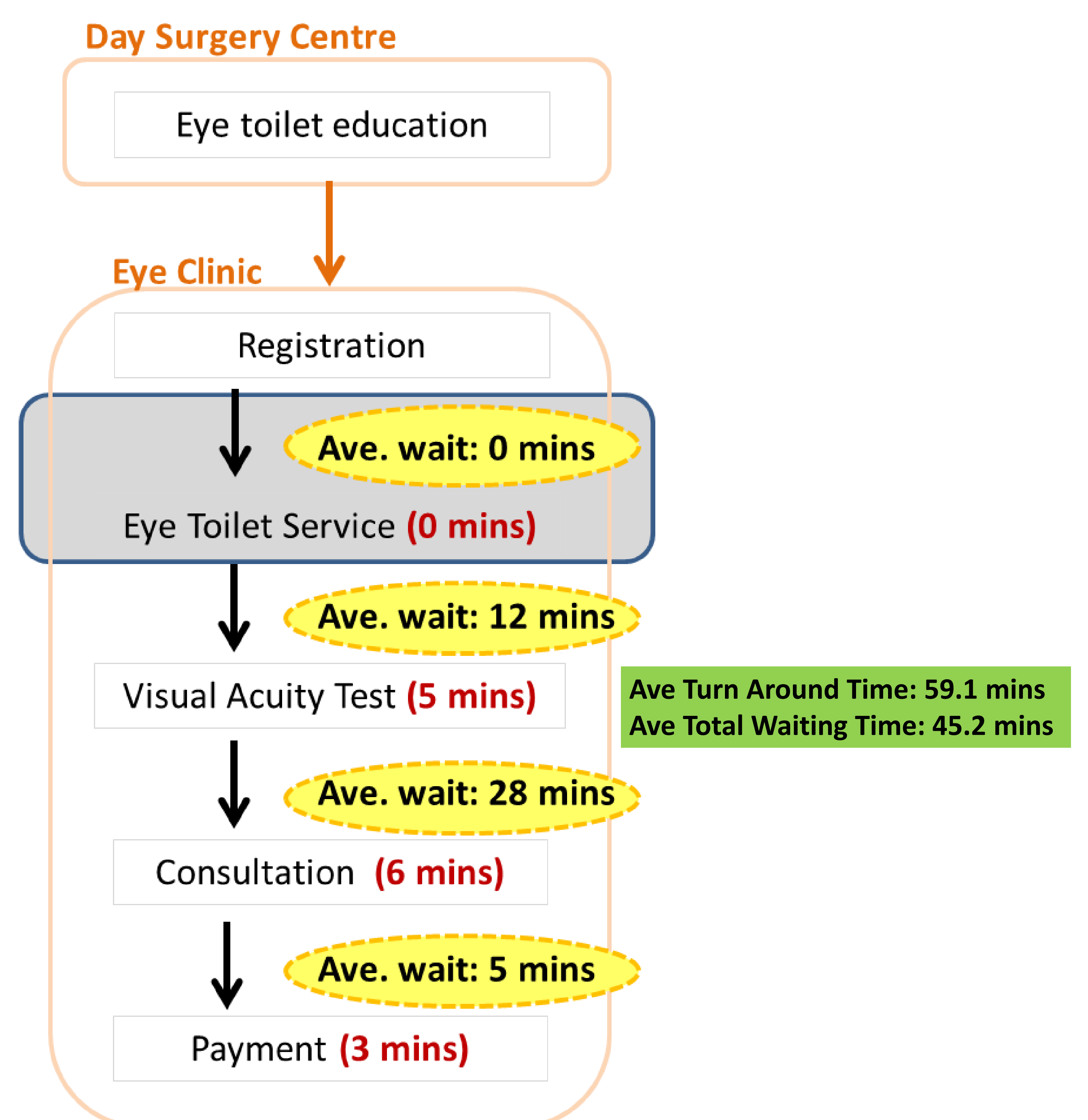


Figure 2: POD1 Consultation Workflow Improvement



## Conclusion:

Home eye toilet by the patient shortens the TAT and TWT and saves cost. It also frees up nursing manpower for other deployment yet with no compromise in the quality of eye care.