Giving Vision to Those Who Make the Blind See

Ophthalmology is a field that seeks the prevention of visual loss and long-term preservation of vision. The management of eye diseases is both technologically complex and rapidly evolving with over 8,672 clinical trials in various stages (clinicaltrials.gov, accessed March 1, 2017). The development of clinical practice guidelines (CPGs) are an important tool that assist clinicians in applying the best available evidence to patient care. Clinical practice guidelines as defined by the Institute of Medicine are "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances".[1]

Cataract surgery is the 4th most common condition or procedure reimbursed in the Philippines. In 2014, cataract surgery claims compromised nearly 5% of the total 78-billion peso reimbursements. Despite this number of cataract surgeries performed, cataract remains a leading cause of avoidable blindness, comprising 60% of cases of blindness and 78% of visual impairment in Central Luzon in the Philippines.[3] Thus, cataract remains a major medical, economic, political and public health condition that needs to be addressed. Ophthalmologists are at the forefront in the fight against cataract blindness and up-to-date guidance of the best available strategies and treatments are critical to maximize the quality of care received by patients. With the use of CPGs, the quality of care received by patients has been shown to substantially improve.[2]

The Philippine Academy of Ophthalmology (PAO) cataract CPG was first published in 2001 and updated in 2005.[5] This update provides selected practice recommendations on surgical techniques for cataract (phacoemulsification, extracapsular cataract extraction, manual small-incision cataract surgery or laser-assisted cataract surgery) and ancillary procedures (routine pre-operative ancillary testing or 'clearance'), routine lacrimal duct irrigation, same sitting vs delayed bilateral cataract surgery, routine peri-operative antibiotic prophylaxis, povidone-iodine antisepsis and Nd:YAG laser capsulotomy for posterior capsular opacification after cataract surgery.[6] The recommendations presented in the update are based on the best available evidence and are intended to be used by ophthalmologists and other eye care professionals, clinical staff, policy-makers, program managers, payors, non-governmental organizations and other stakeholders concerned with eye care in the Philippines. This CPG gives us the needed vision to see clearer and make our cataract-blind patient see once more.

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