



## CORRESPONDENCE

# Comment on: 'A proposed redesign of elective cataract services in Scotland—pilot project'

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**TO THE EDITOR:**

Dhillon et al. in their recent paper published in *Eye* proposed a redesign of elective cataract surgery in Scotland [1]. They stated that demand is expected to increase by 25% over the next 10 years as a result of our ageing population and they therefore described a new pathway to improve efficiency and reduce waiting times.

Their study took place in 2018 prior to the Covid-19 pandemic. However, capacity in hospital ophthalmology service provision and in particular routine cataract surgery has been significantly reduced over the past almost 2 years as a result of the pandemic. This has led to waiting lists for cataract surgery increasing dramatically.

We examined the notes of two cohorts of routine referrals seen in the cataract surgery assessment clinic in NHS Lothian at the Princess Alexandra Eye Pavilion, Edinburgh. One cohort was taken from September 2019 before the pandemic ( $n = 61$ ), and the other from September 2021 approximately 18 months into the pandemic ( $n = 55$ ). In September 2019 the mean wait to be seen in the cataract assessment clinic from the time of optician referral was 15 weeks and in September 2021 the mean wait to be seen was significantly greater at 66 weeks ( $p < 0.0001$ ). In September 2019 there was mean 0.04 logMAR letters vision loss in the eye to be operated on from the time of optician referral to the time seen in the cataract assessment clinic and in September 2021 the mean vision loss was significantly greater at 0.27 logMAR letters vision loss ( $p < 0.01$ ).

Almost 2 years into the pandemic, cataract surgery capacity is still significantly reduced locally due to ophthalmology staff redeployment, sickness, or retirement. Vision loss during the wait for cataract surgery has now become a major issue as it is well known that cataracts can cause other secondary problems in the elderly population such as falls and depression [2, 3]. Locally we are implementing triage strategies to identify those patients at

most risk of these problems to prevent an epidemic of these other co-morbidities and we would recommend other units with similar Covid-19 induced waiting time issues to follow this strategy.

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**AUTHOR CONTRIBUTIONS**

All authors contributed equally to this letter.

**COMPETING INTERESTS**

The authors declare no competing interests.

**ADDITIONAL INFORMATION**

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