What is your next step after learning to create the cataract incision, perform phacoemulsification with minimal energy, and correctly calculate the IOL power? Convince patients that you are an excellent surgeon so that they will recommend you to their friends and families. Success here depends on making the cataract procedure as comfortable for patients as possible, and I believe that “verbal anesthesia” is a key technique.

ANESTHESIA FROM THE PATIENT’S PERSPECTIVE

Cataract surgery has one of the highest satisfaction rates of all types of surgery. A French study reported that 96% of postsurgical patients felt the procedure met their expectations and 98% were satisfied with their management. Sixty-seven percent said they were able to perform activities that they could not preoperatively.1

Anesthesia methods have changed over time. Sub-Tenon’s anesthesia was shown in 1996 to be less risky for eye surgery than a retrobulbar/peribulbar approach.2 Topical anesthesia was recommended in 2001 as a way to reduce patients’ pain, return them home faster, and avoid their need for an eye patch.3 Topical anesthesia has become the method of choice for most phaco surgeons performing small-incision cataract surgery. Whether patients are under topical or regional anesthesia, however, multiple articles have shown that they experience images and sensations during cataract surgery that can frighten them. Interestingly, one study suggested that surgery under topical anesthesia does not result in greater awareness among patients than regional anesthesia.4

What do the patients undergoing cataract surgery experience? Those under local anesthesia perceive movements, flashes, colors, and changes in brightness. They can see signs of surgical instruments or even the surgeon’s hands or fingers. A significant percentage of patients (up to 16.2% in one study) are frightened by their experience, which may lead to uncooperative behavior or a sympathetic stress response.5,6 Similarly, in refractive surgery, up to 19.5% of LASIK patients were frightened by their visual experiences.7 An awareness of these responses8 allows you to make cataract surgery more comfortable for the patient.

INCREASING PATIENTS’ COMFORT

A common approach to increasing patients’ comfort is to provide supplemental intravenous (IV) anesthesia. Preoperative IV sedation with midazolam hydrochloride more effectively relieves discomfort and pain during small-incision cataract surgery than intracameral lidocaine.9 The anxiety patients feel is therefore the worst part of surgery. Why not use words, then, to relax them? Effective verbal anesthesia before and after surgery allows patients to form a positive association between the experience and your surgical expertise and manner. Verbal relaxation therapy has been promoted in dental therapy, where relaxation—whether achieved by voice or music—is always of great interest, because it enhances the patient’s comfort during treatment.10

Try talking to patients during the cataract procedure. I am not suggesting a long rambling discussion. Rather, give them something on which to focus, prepare them for what they will experience, and distract them from their anxiety. A perk is that these strategies are effective, inexpensive, and easy to implement.11

The following strategies have worked in my practice.

INTRAOPERATIVE PEARLS

Oversee Informed Consent

Take a personal role in the informed consent process. Quickly talk patients through the cataract procedure. Preoperative counseling helps to alleviate the frightening symptoms and sensations during surgery.4

See Patients Preoperatively

On the day of surgery, remind patients preoperatively, “You will see lights, feel pressure around your eye, and..."
feel water dripping onto the cornea. You should not feel pain.” Let them know they will be lying flat. Add, “You will be awake but relaxed.”

Provide Updates

Unless they object, update patients on the sensations they are experiencing during the procedure in a calm, confident, empathetic voice. It reassures them that what they are experiencing is normal and impresses on them that you are aware and in control of their pain and anxiety. This technique also gives you feedback on how to proceed.

Here is how I provide updates. First, I ask, “Did you have any burning during the prep?” Patients who felt burning need more topical anesthesia. I can make them comfortable before continuing cataract surgery.

I tell patients, “You will feel a constant drip of water on your eye to keep it moist during the surgery. Do not squeeze your eyelids shut.” If I observe squeezing, I provide further verbal reassurance and possibly more IV sedation.

I ask, “What are you looking at now? Good. Focus on the lights ahead of you and enjoy the light show.” I encourage patients to describe what they see. If their gaze is well fixated at this time, I tell them to continue to focus on the image above them.

Next, I say, “I just started your surgery. Let me know if you have any pain.” I ensure they felt no pain during my initial incision. Often, patients are amazed the procedure has started, and their anxiety level decreases dramatically at this time.

I warn the patient before administering lidocaine by saying, “This will burn for a few seconds but will make the rest of the procedure even more comfortable.” I liken the experience to receiving novocaine at the dentist. This analogy seems to be effective, and patients can believe that the rest of the procedure will be pain free.

If I notice that the anterior chamber is deepening significantly, if I am beginning to manipulate the iris, or if I am about to inject the IOL, I will say, “You may feel some pressure here. Let me know if you need any more anesthesia.” My acknowledgement of patients’ sensations is usually all they need to feel comfortable.

Upon completing nuclear removal, I tell the patient, “The bulk of the cataract has been removed. I just need to clean up the area and put in the implant.” Patients are generally surprised that the procedure is nearly done, and nothing relieves them more. If you are going to close the incision with a suture, I suggest forewarning patients by saying something like, “You may feel a sharp sensation when I place the suture.”

“When patients are about to undergo surgery on their second eye, be prepared for comparisons.”

Be Ready the Second Time Around

When patients are about to undergo surgery on their second eye, be prepared for comparisons. I advise patients, “Expect to notice more during this surgery, even if everything is done the same way. Some people are less anxious the second time around; some are more. This is normal.”

POSTOPERATIVE PEARLS

I prepare patients with two reminders. The first is to expect visual acuity: “Your vision will be blurry today. You may also be more sensitive to light than usual. Don’t worry about it.” The second pertains to dry eye syndrome: “You may experience some scratchy or even teary sensations today.”

CONCLUSION

Verbal anesthesia has worked well for my patients and me. If you find it too difficult to talk while focusing on the cataract procedure, however, consider the alternative of background music in the OR.

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