

The need for an integrated health system to cope with the rise in cataract surgery

BY DR NICK MANTELL*

With an aging population, it is well recognised that the demand for state funded healthcare will be under increasing pressure. For example, take cataract surgery, the demand for cataract surgery in the greater Auckland area is steadily growing. This presents not only cost issues, but issues around access and public awareness regarding the surgical options for cataracts.

Cataract waiting lists only represent the cross section of the population; those who have been seen in clinics. Many with cataracts are still waiting to be seen in clinic, while others are not aware of the options available to them. I make this point having recently completed a public cataract contract for Counties Manukau DHB. Five out of ten of these patients operated on, had severe cataracts that were significantly impairing even their simple normal daily tasks. These types of cases one would expect to see in less developed countries.

Cataracts don't cause permanent damage, but the fact is that there is significant morbidity for people who have cataracts. Surgery has come a long way in two decades. Patients had to wait till they were near a state of blindness before surgery, recovery was lengthy and most patients required significant spectacle correction. Today it's general practice to advise that cataracts be removed as soon as they cause early significant symptoms, as the benefits outweigh the small risks of surgery. Distance vision and spectacle dependence can also be reduced with minimal unwanted side effects.

In the December issue of *NZ Optics*, I raised the issue of the

public system's need to expand infrastructure and services to cope with the numbers growing on waiting lists. In ten years there have been no additional public eye theatres built in the Auckland area, so it is encouraging to see that the National government is now looking to provide 20 new operating theatres dedicated to elective surgery to reduce waiting lists. Any extra funding for the rise in cataract numbers will mean greater patient numbers being operated on. It will take time for these facilities to be built and commissioned.

In the meantime medium term planning is required to provide the public with equitable access to cataract surgery. With the current infrastructure, flexible initiatives like integrated health care from public and private care providers is the way forward. Contracting cataract surgeries to private providers allows DHBs to increase cataract numbers and ease the pressure off public theatres, thereby freeing up room for more complex eye cases to be performed in public. Two points to make are, firstly, cataract contracts should not be performed at the expense of other surgeries. Secondly, most surgeons involved in these contracts are doing them at a price which doesn't leave the hospitals out of pocket for each surgery, and the margins are low compared to private cataract surgery.

With initiatives around the provision of more adequate cataract services, access and the issues around facilities, staffing and funding clinics can be addressed. The public and private sector now need to plan to work together to shorten waiting lists, ease pressure off the public system and manage care for those baby boomers likely to face cataract removal. [📌](#)

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