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CICARE based communication technique: A passage to faster and smoother visual rehabilitation in post cataract surgery patients

Arvind Kumar Morya, Ranjan Kumar Behera, Parul Chawla Gupta, Arshi Singh

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Abstract

Visual rehabilitation following cataract surgery is often an overlooked aspect. Healthcare providers have an important role in the counselling of the patients undergoing cataract surgery in clearing all their doubts thus alleviating all their fears and anxiety related to the procedure which will eventually lead to faster and smoother visual rehabilitation. Using standardised communication techniques like CICARE combined with conventional nursing and pain scoring systems can provide an objective and effective method in patient counselling and building a rapport with the patient for a faster visual recovery.

Key Words: Communication; Nursing care; Soft skills cataract surgery; Visual rehabilitation; Patient care

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Core Tip: Post cataract surgery visual rehabilitation in terms of vision and pain not only involves the surgical process but also psychosocial support from health care providers. Effective communication techniques like CICARE combined with conventional nursing can go a long way in the visual rehabilitation of post-cataract surgery patients, which is often overlooked. Although, with recent surgical advances, visual recovery post-surgery is faster, the role of healthcare providers in alleviating the fears and anxiety of patients which ultimately leads to faster visual rehabilitation cannot be overlooked. Communication with sick patients and their family members must be done in the local language so that everyone understands the real situation and makes decisions accordingly. In phacoemulsification surgery, the nursing staff plays an important role in a cooperative patient during the surgery and lesser pain in the postoperative period.

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TO THE EDITOR

I have gone through the original article titled 'Effect of sequential nursing care combined with communication intervention on visual recovery and pain after cataract ultrasound emulsification' by Wang *et al*[1] published in the *World Journal of Clinical Cases*. I would like to congratulate the authors on doing a commendable job on a topic that is often taken for granted and sharing it with eye care professionals all around the world. I would like to share some of my views and opinions concerning this publication.

The authors have done a great job by conducting a randomised clinical trial to assess the efficacy of post-op visual and pain recovery following phacoemulsification surgery comparing the standard nursing care *vs* when combined with CICARE communication intervention. The randomised clinical trial conducted in the study has itself raised the standards of academic excellence since it lies at the top of the pyramid as far as study designs are concerned. The CICARE communication intervention followed in this study is quite useful as it develops a close rapport between the patient and the nursing staff which provides the patient with psychological confidence by instilling a sense of bonding, respect and confidence to share his/her issues. The sample size of 100 patients also seems a reasonable number of subjects for comparison basis. The study has also demonstrated that CICARE combined with conventional nursing was superior to conventional nursing care alone and was statistically significant. This will help develop countries where usually the patient load is high and doctors are less and have limited time to counsel patients which can raise doubts in the patient's mind. The CICARE communication done by the nursing staff can go a great mile in understanding and alleviating the issues of patients in the postoperative period in areas where doctors are overburdened.

Although the study highlights the effectiveness of communication in post-cataract surgery patients in alleviating pain there are some limitations. The study does not mention the type of anaesthesia used during the cataract surgery. This becomes necessary as the effect of post-operative pain varies depending on whether topical or local anaesthesia is used. Topical anaesthesia usually anaesthetises the corneal surface and does not involve any injections to be given in the periocular area. Local anaesthesia involves giving a peribulbar/retrobulbar block by injecting through the periocular skin to achieve ophthalmoplegia. Local anaesthesia causes pain due to skin piercing and increased intraocular pressure and has delayed visual recovery as the patient may develop subconjunctival haemorrhage. Another aspect to consider is what exactly the patient is experiencing post-cataract surgery. Sometimes symptoms of ocular irritation may be confused with pain post surgery and the patient may psychologically attribute this symptom of foreign body sensation, which can occur post-surgery or may be existent before surgery due to dry eye, to pain[2]. Although the authors have used standardised pain scoring systems, the issue of pain *vs* ocular irritation has not been addressed in the study. The pain following post-cataract surgery usually occurs within the first four hours following cataract surgery due to raised intraocular pressure due to retained viscoelastic and inflammation and the practice of giving post-operative acetazolamide along with painkillers drastically reduces the chances of post-operative pain. The issue of pain post-surgery may not be as significant as highlighted by the study these days due to the practice of giving medications for issues that can cause pain. The study also highlights the importance of nursing care in handling cataract patients post-cataract surgery, however with advanced technologies like better machines and femtosecond laser technologies, cataract patients are mostly done on a day-care basis which implies that there may not be enough time for the patient-nurse interaction to build a rapport with the patient as highlighted in the CICARE communication model[3]. Cataract surgery patients are usually counselled by the treating ophthalmologist as he/she is in a better position to explain all the possible outcomes and the issues that may arise during the surgery. Also, the nursing staff may not be well versed with the clinical issues related to the patient in terms of pre-existing ocular conditions, intraoperative findings and post-operative issues that may arise due to altogether separate ocular condition, which puts the ophthalmologist at an advantage to deal with the patient more closely that naturally puts more faith of the patient in the treating surgeon. Another issue which has not been highlighted in this study is whether any of the patients were on some kind of drugs/addiction like smoking, chronic alcoholism or psychotropic drugs as these conditions can alter the threshold of pain as compared to those who are not on any kind of addiction. This may cause a bias as standard pain scoring systems cannot be used uniformly for all patients. The advent of advanced, sophisticated surgical techniques, topical anaesthesia, and proper counselling by doctors as well as nurses

can help patients for a smooth journey in their cataract surgery.

FOOTNOTES

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