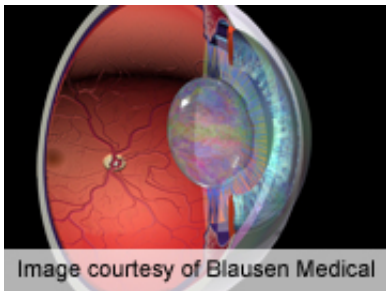


Good outcomes for resident-performed cataract surgery

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In an underserved patient population, supervised resident-performed cataract surgery is successful and cost-effective, according to a study published online May 30 in *JAMA Ophthalmology*.

(HealthDay)—In an underserved patient population, supervised resident-performed cataract surgery is successful and cost-effective, according to a study published online May 30 in *JAMA Ophthalmology*.

Daniel B. Moore, M.D., and Mark A. Slabaugh, M.D, both from the University of Washington in Seattle, conducted a retrospective case series study from July 1, 2005, through June 30, 2011, involving 143 consecutive [uninsured patients](#) undergoing cataract procedures performed by attending-supervised resident physicians at the University of Washington. The costs of services rendered were calculated and normalized to 2011 dollars.

The researchers found that the best-recorded mean postoperative best-corrected visual acuity (BCVA) was 0.24 (Snellen equivalent, 20/40), and was obtained at 3.77 months. The final recorded mean BCVA, obtained at a median follow-up of 16.32 months, was 0.27 (Snellen equivalent, 20/40). A second operation was required for four complications in three eyes, and 15 postoperative laser procedures were performed within the population. Per patient, the mean [health care](#) cost was \$3,437.24. In this population, the mean utility

value of [cataract surgery](#) was 0.80, with 2.43 quality-adjusted life-years gained. The discounted ratio of cost to utility was \$1,889.16.

"These data support the success and cost-effectiveness of supervised, resident-performed cataract surgery in an underserved patient population," the authors write. "This study lends support for continuing this traditional scheme of surgical training and education. Further work must ensure that we remain aware of the balance between education and [patient care](#)."

More information: [Abstract](#)
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