

# Immediately Sequential Bilateral Cataract Surgery (ISBCS) - Key Points

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## Advantages

- **Efficiency and cost effectiveness:** One visit for surgery and fewer post-op visits allowing time and resource savings
- **Visual recovery:** no loss of binocularity between cases
- **Patient preference and satisfaction**
- **Improved physical distancing:** fewer patients/staff flowing through surgery setting

## Concerns

- **Bilateral endophthalmitis and TASS**
- **Other complications:** CME, corneal edema, anterior chamber inflammation
- **Visual outcomes:** Refractive surprises, IOL choices
- **Reimbursement:** Financial disincentive for second eye for ophthalmologists and anesthetists

## General Management, Logistical and Medico-legal Considerations

- Cataract or refractive lens surgery should be indicated in both eyes
- Any concomitant relevant ocular or periocular disease should be managed
- Relative exclusions: increased infection risk, endothelial dysfunction, weak zonules, IFIS, DME, severe glaucoma, extremes in axial length (eg <21 or >27mm), ocular trauma, previous refractive surgery
- Complexity of proposed ISBCS procedure should be within competence of the surgeon
- Patient should provide suitable informed consent, being free to choose ISBCS or Delayed SBCS
- Risk for Right/Left eye errors and IOL power errors should be minimized by listing all surgical parameters for both eyes in a manner clearly visible to all in OR
- Complete aseptic separation of the first and second eye surgeries is mandatory to minimize the risk of postoperative bilateral endophthalmitis and TASS. When reasonable, instruments from different sterilization cycles and tubing, fluids, OVDs and intraocular medications from different lot numbers or manufacturers is recommended.
- Any complication with the first eye surgery must be resolved before proceeding with second eye
- Intracameral antibiotics are strongly recommended
- The protocol for FLACS-ISBCS is currently in evolution