

Vision of the future

It starts slowly. Your vision is a little cloudy sometimes, like a smudge on your glasses that you cannot clean. When you drive at night, oncoming headlights seem bright or glaring. After a while the cloudiness worsens until it is difficult to see clearly at all. You can no longer read; driving becomes impossible. Soon you will lose your independence.

Cataracts affect the vision of millions of Europeans¹. Around one in five people aged over 40 can experience 'cloudiness' caused by the accumulation of proteins on the lens in their eye². Cataracts are responsible for 5% of blindness in Western Europe and an even higher proportion of cases in other parts of Europe.

The chances of developing cataracts increases with age and are more common in women, partly because they live longer. As Europe's population ages, more and more people will be affected by cataracts.

The impact of blindness on individuals, families and society is profound. People suffer a dramatic drop in quality-of-life: their mobility and independence are severely restricted; they can suffer psychological distress; and must deal with an increased risk of falls or household accidents².

Blindness also carries a significant economic burden. Nursing care, hospitalisation, surgery and loss of productivity arising from cataracts has a direct effect on healthcare and social systems².

Thankfully, there is a solution. Cataract surgery is a well-established procedure which can restore vision³. In the past, patients stayed in hospital overnight after the operation but today, same-day surgery means patients can have their cataracts removed in the morning and sleep in their own bed that same night³. For patients, this works just as well as inpatient surgery and is just as safe. It is also cost-effective and popular with patients³.

The vast major of cataract surgeries in Western Europe are carried out as day cases, although the rates are lower in central and eastern European countries³. Same-day cataract removal is also more efficient for health systems, saving money on costly hospitalisation. Savings vary from country to country depending on the costs of staying in hospital but one study found that same-day cataract surgery cut costs by 69%⁴.

In addition, technological advances continue to improve cataract surgery. The latest technique uses ultrasonic fragmentation to break up the cloudy lens before sucking it out⁵. An artificial lens is then implanted in the eye. This procedure, called phacoemulsification, is less invasive, causes fewer complications, and results in quicker and more stable rehabilitation⁵.

Given that it is better for patients and a smarter use of healthcare resources, it should be no surprise that same-day phacoemulsification is now the preferred cataract surgical technique in Europe⁶.

Medtech: value for people

- Restores vision and independence
- Convenient same-day surgery
- New techniques are less invasive, reduce complications and shorten recovery times⁵

Medtech: value for governments

- Same-day procedures reduce need for hospitalisation
- More efficient use of staff and general hospital resources
- Delivers value through innovation and supports high-quality jobs in Europe

Medtech: value for regulators

- Safe, well-established procedure for cataract removal³, resulting in less follow-up required by regulators in the post-market surveillance phase
- Outpatient procedures as safe and effective as inpatient surgery but with lower costs and better patient satisfaction³
- Modern technology offers less invasive surgery with fewer complications⁵

Medtech: value for payers

- Reduces direct costs of inpatient care⁷
- Reduces indirect costs associated with blindness²
- Fosters independent living; gets patients back to work



NOTES

- 1) Prokofyeva E, Wegener A, Zrenner E. Cataract prevalence and prevention in Europe: a literature review. *Acta Ophthalmologica*. 2013;91:395–405.
- 2) Desai N, Copeland RA. Socioeconomic disparities in cataract surgery. *Curr Opin Ophthalmol*. 2013;24:74–78.
- 3) OECD (2012), “Cataract surgeries”, in OECD, *Health at a Glance: Europe 2012*, OECD Publishing. Available at: <http://dx.doi.org/10.1787/9789264183896-36-en>. Accessed 12 March 2015.
- 4) Fattore G, Torbica A. Cost and reimbursement of cataract surgery in Europe: a cross-country comparison. *Health Econ*. 2008;17:S71–S82
- 5) Allen D, Vasavada A. Cataract and surgery for cataract. *BMJ*. 2006;333:128–132.
- 6) Lundström M, Barry P, Henry Y, et al. Evidence-based guidelines for cataract surgery: guidelines based on data in the European Registry of Quality Outcomes for Cataract and Refractive Surgery database. *J Cataract Refract Surg*. 2012;38:1086–1093.
- 7) Castells X, Alonsob J, Castillac M, et al. Outcomes and costs of outpatient and inpatient cataract surgery: a randomised clinical trial. *J Clin Epidemiol*. 2001;54:23–29.