BENEFITS OF BILATERAL CATARACT SURGERY IN THE SHORT INTEROPERATIVE PERIOD.

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Introduction: Cataract is one of the leading causes of blindness, most often affecting both eyes in elderly patients. The level of modern surgery allows for complete binocular rehabilitation of a patient with bilateral cataracts, but it requires determining a safe and comfortable interval between the surgeries on the two eyes: simultaneously, in a short time, or over a month or more.

Immediate Sequential Bilateral Cataract Surgery (ISBCS) involves performing cataract surgery on both eyes during the same surgical session. This method offers the advantage of faster visual rehabilitation since both eyes recover simultaneously. However, it carries a slightly higher risk of bilateral complications, although strict aseptic techniques significantly mitigate this risk.

Delayed Sequential Bilateral Cataract Surgery (DSBCS) involves performing cataract surgery on one eye, followed by the second eye after a delay, usually ranging from a few weeks to a few months. This approach allows surgeons to assess the outcome of the first surgery before proceeding with the second, reducing the risk of bilateral complications. While safer, this method requires two surgical sessions and longer total recovery time.

Aim of the Study: To highlight the benefits of ISBCS and outline the essential steps required to achieve optimal outcomes.

Materials and Methods: The bibliographic sources from the PubMed and Google Scholar databases were reviewed using the keywords: ISBCS, DSBCS, bilateral cataract extraction surgery, sequential bilateral cataract surgery, simultaneous bilateral cataract surgery, same day cataract surgery, and approximately 60 articles were selected. The final bibliography contains 21 relevant sources that were considered representative.

Results: The potential benefits of ISBCS include quicker visual recovery without the visual imbalance that can occur between surgeries on the first and second eyes. It also eliminates the need for additional day-care admissions, reduces reliance on home care, and decreases the number of hospital visits.

The ISBCS also helps avoid significant issues that can arise after unilateral surgery, such as anisometropia and neuroadaptation problems. Clinics with extensive experience in performing simultaneous binocular surgeries report that minor errors are rare and, when they do occur, they are almost always symmetrical and do not lead to problems like anisometropia.

Another significant benefit of ISBCS is its economic advantage: it results in reduced hospital expenses and more efficient use of operating room time. Additionally, patients experience financial benefits through a quicker return to work and fewer hospital visits.

Conclusion: Advancements in surgical techniques, equipment, and modern medications have made ophthalmic surgeries quicker, with fewer complications and shorter hospital stays. These improvements have encouraged the adoption of ISBCS for appropriate cases. With proper patient selection and strict protocol adherence, ISBCS carries minimal risk of binocular blindness. Success, however, depends on an experienced surgeon. As a result, the operational risk of ISBCS is equal to or even lower than that of DSBCS.