


STANDARD OPERATING PROCEDURE (SOP)	Issue date:19/10/2018
Trust Reference Number:C36/2019	Revision date: October 2023
University Hospitals of Leicester 	Review date: October 2026
Glenfield Hospital (GH), Leicester General Hospital (LGH), Leicester Royal Infirmary (LRI), Alliance	Page 1 of 10 Version: 2

Ophthalmology Outpatients Procedures Standard Operating Procedure UHL Ophthalmology Outpatients Department (LocSSIPs)

Change Description <input type="checkbox"/> Change in format	Reason for Change <input checked="" type="checkbox"/> Trust requirement
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APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Ophthalmology Surgeons Oculoplastics Specialist Nurse	Ophthalmology Surgeons
SOP Owner:	Consultant Ophthalmology Surgeons	Mr R Sampath Mrs J Burns Mrs A Berry-Brincat
Sub-group Lead:	General Manager Oculoplastic Specialist Nurse	Zack Sentence Chitra Susan Abraham

Appendices in this document:

Appendix 1: UHL Safer Surgery Ophthalmology Outpatients Procedures Checklist

Appendix 2: Patient Information Leaflet for Ophthalmology Procedures Available at:

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/812-having-a-chalazion-cyst-removed-from-your-eyelid>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/811-having-a-harmless-lump-removed-from-your-eyelid>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/904-having-a-lateral-tarsal-strip-procedure-on-your-eyelid>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/1274-caring-for-your-eyelid-after-surgery>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/127-excess-upper-eyelid-skin-dermatochalasis>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/821-ingrowing-eyelashes-trichiasis>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/1231-inward-turning-of-eyelid-entropion>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/1230-outward-turning-of-eyelid-ectropion>

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/1451-managing-your-dry-eye>


Title: Ophthalmology Outpatients Procedures Standard Operating Procedure UHL Ophthalmology Outpatients Department (LocSSIPs)

Authors: Mr R Sampath, Mrs J Burns, Mrs A Berry-Brincat, C. Abraham

Approved by: MSS Quality & Safety Meeting 2023

Review: 17/10/2026

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Introduction and Background:

What this Local Safety Standards for Invasive Procedures (LocSSIPs) covers:

- Area: Ophthalmology Outpatients Department
- Procedure: minor Ophthalmology surgical procedures undertaken within the Ophthalmology Outpatients Department under local anaesthetic only.

National guidance that it is based on:

- (1) National Safety Standards for Invasive Procedures, NHS England 2015

Similar procedures that are grouped together under this LocSSIPs:

- Incision & drainage of Meibomian Cyst (Chalazion)
- Shave biopsy
- Excision & biopsy of lesions from eye lid
- Lateral Tarsal strip
- Incision and drainage of abscess from eye lid
- Blepharoplasty
- Electrolysis
- Entropion corrections
- Ectropion corrections
- Insertion of Punctal Plug

Referral process:

- Elective cases are referred from General Medical Practitioners, General Optician Practitioners, or other Speciality referrals
- Urgent/Emergency cases which arise from Clinics or Emergency Eye Department
- Inpatient referrals from within UHL

Never Events:


Safety incidents in this area may include;

- Wrong site surgery
- Retained foreign object post-procedure
- Wrong device

All incidents and near misses will be reported on Datix and appropriate actions taken.

This document will be audited periodically and will be reviewed alongside any changes to the service and practice. The service is under regular review at the Mortality and Morbidity audit meetings.

To submit monthly Safe Surgery Audit and WHOBARS assessment as Per Safe Surgery Quality Assurance & Accreditation programme.

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List management and scheduling:

Referral following outpatient consultation and investigations appropriate to RTT pathway

- Booking team to sign off list
- Order of list according to medical history determined by clinical staff
- Re listing when required takes place immediately
- Cancer patients tracked at weekly meeting
- DNA patients are discharged unless on 2WW cancer pathway and letter sent to referrer

Patient preparation:

What information patients will be provided with:

- eat and drink as normal prior to procedure
- relevant information leaflet given at time of consultation
- If direct referral then the patient will receive a pre-consultation with the operating surgeon prior to any procedure

Information patients will be provided with is available: [Ophthalmology Procedures](#)

What pre-procedural investigations and work-up are required (depends on the procedures indicated):

- relevant blood investigations
- near patient testing undertaken in department as necessary
- INR limit dependant on procedure

How to handle patients with special requirements such as:


- Diabetes : hypo box available within Ophthalmology Department
- Clinician to check time of last meal and relevant medication
- Management of patients on steroid therapy as per department policy
-

How patients will be consented and by whom:

- The patient will be consented by the appropriate qualified clinician immediately prior to procedure

Patients will complete a consent form with the clinician during their outpatient clinic appointment. Standard complications and mortality risks that patients should be informed of in the consent process include:

- pain
- swelling
- bleeding
- infection
- scaring
- nerve injury
- recurrence

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Infection prevention strategies:

- UHL hand hygiene policy;
- UHL infection control policy;
- topical antiseptic skin preparation used for skin procedures
- post-operative antibiotic ointment (Chloramphenicol) for topical application.

Prior to any procedure the operating staff should thoroughly cleanse the hands following Trust guidance on hand washing.

Aseptic non-touch technique (ANTT) will be utilised for all procedures, this may need to be modified according to the particular environment and type of patients seen in the ophthalmology department. Pre-operative skin prep, e.g. betadine diluted with saline at a 1:1 ratio is preferable

Sterile gloves, aprons and appropriate surgical masks should be worn by all operators and assistants

Patients with disabilities should be identified from referrals and to be booked into consultant clinics or ophthalmic theatres as necessary.

Translators or interpreters need to be arranged for the identified patients by the waiting list booking team when booking the patient into these clinics

Patient identification to be cross checked against consent form, medical records, and by confirming with patient.

Workforce – staffing requirements:

State minimum safe staffing standards for a procedure list:

- operating clinicians
- Registered General Oculoplastic Specialist Nurse +/- Health Care Assistant


Escalation procedures if a clinical situation overwhelms available resources: the clinic list or case is to stop at a safe point.

How learners or students will be supervised in area: learners or students will be strictly supervised by the authorised clinician or nurse.

Newcomers to area will receive a local induction to the department and supernumerary status Nurse in charge to monitor safe staffing levels and review and escalate as appropriate.

Ward checklist, and ward to procedure room handover:

N/A(No ward or other team in involved in the process)
 Procedure in outpatient setting and direct discharge after procedure
 Admission, diagnosis, treatment, discharge by one team

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Procedural Verification of Site Marking:

Procedure site marking to be checked and confirmed by the team prior to procedure during sign in and documented clearly in the WHO Surgical safety checklist.

Team Safety Briefing:

Safety huddles at the start of the day
Team safety briefing to occur at the start of each list between clinician and nurse to check for potential issues and problems.

Sign In:

The 'Sign In' will happen in the procedure room/ minor op room after the consultation with the operating clinician.
The Sign In will be performed by the nurse or the HCA assisting the procedure and the clinician performing the procedure.
The patient will be encouraged to participate where possible.

Time Out:

'Time Out' is the final safety check that must be completed for all patients undergoing invasive procedures just before the start of the procedure. The WHO checklist has been adapted for Ophthalmology Outpatient use. This section should have a description of your Time Out procedures:


- That the patient will be encouraged to participate where possible
- The operating clinician will lead it
- The operating clinician and another staff (Nurse/HCA) must be present and engaged as it is happening
- This will occur immediately before the procedure start
- That any omissions, discrepancies or uncertainties must be resolved before starting the procedure
- That all patients attending will be recorded in the Minor Operations room register.

Performing the procedure:

The operating clinician must comply with the standards set out in the Local Safety Rules and in this LocSSIPs.

Monitoring:

Patient is monitored during the procedure with O2 Sats & Pulse rate.

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Prosthesis verification:

Not Applicable.

Prevention of retained Foreign Objects:

As per checklist instruments, swabs and sharps count are recorded on white board in the surgery.

Radiography:

Not Applicable.

Sign Out:

‘Sign Out’ must occur before the patient leaves the surgery for each procedure. A description of the content of the Sign Out:

- This is lead by the operating clinician
- Confirmation of procedure
- Documentation of the procedure in the notes
- Discussion of post-procedural care and any concerns with patients
- Equipment problems to be reported
- Specimens labelled correctly


Handover:

Not Applicable.

Team Debrief:

A ‘Team Debrief’ should occur at the end of all procedure sessions. Clinician and nurse to be present
The content of the debrief includes:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- Information and feedback to be discussed at departmental meeting

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Post-procedural aftercare:

No monitoring arrangements are necessary following the procedures as they are done under local anaesthetic. If any patient does become unwell, they can be nursed in the minor op room before discharging

Discharge:

Criteria for discharge: most of these are out-patient procedures; patients can be discharged by the operating clinician.

Discharge letter to be sent to referrer with copy to patient. Follow up arranged as appropriate to procedure

TTO medication dispensed to patient

Recorded in the Theatre Register situated in the Minor Operations room

Governance and Audit:

Constitutes a safety incident in this area:

- Anything other than a correct procedure on the correct patient is a safety incidence;

All incidents will be reported on Datix.

Review, investigation, dissemination, and learning from incidents after a Datix is submitted will take place at the Department Mortality and Morbidity Meetings.

How this SOP will be audited – yearly; and the results be presented and acted upon in the Department Mortality and Morbidity Meetings.

[To submit monthly Safe Surgery Audit and WHOBARS assessment as per Safe Surgery Quality Assurance & Accreditation programme.](#)

Training:

How staff will be trained in this SOP:


- Training of new staff at or near Induction;

How you will incorporate a Human Factors approach into training:

- Emphasis on the importance of adherence to SOP and the use of checklists.

Documentation:

This pathway will be documented in the patient record by way of inclusion of the checklist in the patient's notes.

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References to other standards, alerts and procedures:

National Safety Standards for Invasive Procedures, NHS England 2015:

<https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/09/natssips-safety-standards.pdf>

UHL Safer Surgery Policy: B40/2010

UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures B10/2005

UHL Consent to Treatment or Examination Policy A16/2002 UHL Delegated Consent Policy B10/2013

UHL Guideline: Anticoagulation management (“bridging”) at the time of elective surgery and invasive procedures (adult) B30/2016


UHL Patient Identification Band Policy B43/2007

Shared decision making for doctors: [Decision making and consent \(gmc-uk.org\)](http://www.gmc-uk.org)


COVID and PPE: [UHL PPE for Transmission Based Precautions - A Visual Guide](#)

COVID and PPE: [UHL PPE for Aerosol Generating Procedures \(AGPs\) - A Visual Guide](#)


END

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Appendix 1: UHL Safer Surgery Ophthalmology Outpatients Procedures Checklist



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NHS Trust



LocSSIPs

Patient ID Label or write name and number

Hospital No.: _____

Name: _____

Address: _____

D.O.B.: _____ Sex: _____

Telephone No. 1: _____

Telephone No. 2: _____

STOP THE LINE

Safer Surgery Checklist

Ophthalmology Outpatients Procedures

Ophthalmology Outpatients Department

Date: _____ Time: _____

Location: _____

TEAM BRIEF	SIGN OUT
Prior to list with all team members	After counts
All members of team have discussed care plan and addressed concerns	Procedure correctly performed and recorded
SIGN IN & TIME OUT	Swab, equipment and instrument count correct
On arrival of patient in procedure room, with all team members present	Sharps disposed of safely
Team introduce themselves by name and role	Any equipment issues?
Confirm patient's name, DOB and Hospital Number with patient and against procedure list/consent +/- wristband	Key concerns for recovery and post-operative management discussed
Confirm valid written consent/digital consent	If applicable have the specimens been labelled and checked by both Surgeon and Nurse
Confirm valid verbal consent	Number of specimens:
Confirm procedure and site with patient	Post-op instructions shared with patient
Confirm surgical site marked	TEAM DEBRIEF
Known allergy:	Any concerns from Team Members throughout the Procedure?
Patient Information Leaflet Provided	If Yes, please identify with follow up actions:
The procedure/treatment plan is documented in the medical notes	
All equipment (including medications) functioning and safe	
Swab/sharps count recorded	
Sterility of instruments confirmed	
Instrument set is complete (state missing items below)	
Anticoagulant	
Pacemaker	
Read out by: (PRINT)	Read out by: (PRINT)
Signed: _____	Signed: _____
Date: _____	Date: _____

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