

The wait for cataract surgery



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The number of people undergoing cataract surgery has increased over the last 2 decades, presumably owing to improved surgical techniques and outcomes and to changing demographics, but the result has been longer waits. Lorne Bellan and Mathen Mathen describe Manitoba's solution to the management of waiting lists. A single computer system manages a province-wide list, replacing ophthalmologists' individual waiting lists. Patients' positions on the lists are determined by a scoring system based on functional impairment, time on waiting list, difficulty at work, work-related driving impairment and potential loss of driver's licence. The program

treats patients in an equitable fashion and will allow for long-term monitoring of quality of care and thresholds for surgery.

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Cervical cancer subtypes on the rise

Over the last 3 decades, overall incidence rates of cervical cancer have declined more than 2-fold, a drop attributed to Pap smear screening. However, the rates of 2 less common histological types appear to be rising, according to Shiliang Liu and colleagues' analysis of data from the Canadian Cancer Registry. Between 1970–1972 and 1994–1996, the overall age-adjusted incidence rate for cervical squamous cell carcinoma declined from 13.39 to 6.56 per 100 000, while the rates for adenocarcinoma and adenosquamous carcinoma increased, from 1.30 to 1.83 per 100 000 and from 0.15 to 0.41 per 100 000 respectively, and the increase was predominately among younger women. The authors suggest that Pap smear screening may be less effective in detecting these subtypes or that risk factors may be more pertinent to younger women.

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Waiting times for breast cancer surgery in Quebec

Although early detection of breast cancer is emphasized, there is no consensus on the optimum time to treatment. Nancy Mayo and colleagues reviewed records of physician fee-for-service claims and hospital admissions to determine the waiting time from initial diagnostic procedure to first surgery among all Quebec women who underwent surgery for breast cancer between 1992 and 1998. The number of episodes of breast cancer surgery rose from 3626 in 1992 to 5162 in 1998, and the median waiting time rose from 29 days to 42 days respectively. The proportion of episodes in which women underwent 3 or more diagnostic procedures before surgery increased from 19.2% in 1992 to 33.0% in 1998, and as the number of procedures increased, so did the wait. Waiting time decreased with cancer stage: the median waiting time was 53 days for carcinoma in situ, 35 days for localized disease, 28 days for regional disease and 24 days for disseminated disease.

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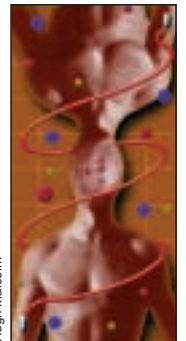
Thinking clearly in an emergency

In the latest article in their series on problems for clinical judgement, Michael Schull and colleagues consider how best to respond to a critically ill patient. Preparation, coordination and communication are key. Individuals benefit from exposure to emergencies during training and instruction in teamwork, communication and crisis resource management. Teams benefit from explicit assignment of roles, ensuring a common "culture," routine debriefings and consideration of personality factors when selecting personnel for high-stress areas. Neither technology nor instinct should be relied upon at the expense of systematic responses.

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Should I donate my own blood before surgery?

Decision aids are designed to help patients make informed choices by providing information on the options and relevant outcomes. Curry Grant and colleagues describe the use of a decision aid, consisting of a booklet and audiotape, that was designed to help patients decide whether



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they should donate their own blood before open-heart surgery. They tested 59 patients' knowledge of blood donation and transfusion, their perception of risks involved, and their decisional conflict before and after use of the aid. The mean knowledge scores increased, from 67% before to 85% after use of the aid, and risk perception improved, from 0%–14% correct responses before to 18%–60% correct responses after use of the aid. The overall mean score for decisional conflict was unchanged, which indicated low uncertainty. Nine of 14 initially uncertain subjects came to prefer self-donation after using the aid.

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