

QIP: Introducing a Dedicated Ozurdex Clinic

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Abstract : Introduction: The Dexamethasone Intravitreal Implant 0.7 mg (Ozurdex™, Allergan®) is a biodegradable corticosteroid implant approved by the FDA for managing diabetic macular edema (DMO), macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO), and posterior segment non-infectious uveitis. This implant can release dexamethasone over a six-month period, exhibiting peak effectiveness between 60 and 90 days post-administration. The intravitreal injection should be performed under sterile conditions. At James Cook University Hospital (JCUH), Ozurdex injections are currently administered in the Vitreo-Retinal (VR) theatre. This study aimed to evaluate the feasibility and potential advantages of establishing a dedicated clinic for Ozurdex administration separate from the VR theatre setting. Method: Retrospectively, data of all Ozurdex injections administered between October 2021 to October 2022 was collected from operating theatre registers at JCUH. Data pertaining to the indications for Ozurdex; waiting times from referral date to date of injection; duration of theatre time consumed; and post-injection complications were collected from electronic notes. The resources needed to establish a dedicated Ozurdex clinic were evaluated. Over a six-month period from October 2023 to March 2024, we gathered data on utilization of theatre 28. Results: A total of 135 Ozurdex injections were administered. Among the indications, uveitis represented 47.3% of cases, DMO with 23.6% and RVO with 22.9%. Remaining cases lacked sufficient data. Each Ozurdex injection procedure consumed 15 minutes in the VR theatre list. Complications arose in 5% of injections, totaling 7 cases. These included glaucoma, ocular hypertension, subconjunctival haemorrhage and implant migration. Waiting times averaged 6 weeks from date for referral to procedure date. We also found that, on an average theatre 28 was offered but remained unused for 4 days, totalling eight sessions in a month. Analysis: Establishing a sperate Ozurdex clinic would improve the quality of patient care in following ways: 1.Decrease injection waiting times (currently averaging 6 weeks), leading to better visual outcomes. 2.Free up approximately three hours of theatre time in Vitreo-Retina theatres each month, allowing for 3-4 additional surgeries. Reduce waiting times for critical retinal surgeries and enhance visual outcomes. 3.Provide additional training opportunities for trainees and retina fellows, improving their skills. 4.Optimize the use of empty theatre slots (theatre 28) currently experiencing underutilization of resources. Conclusion: These findings support the implementation of a separate clinic for administering Ozurdex injections at JCUH. It is evident that introducing a dedicated clinic will enhance operational efficiency, optimise resource utilisation, and improve overall quality of care for patients undergoing this treatment.

Keywords : ophthalmology, ozurdex, efficiency, complication

Conference Title : ICOO 2024 : International Conference on Ophthalmology and Optometry

Conference Location : London, United Kingdom

Conference Dates : September 19-20, 2024