POSTOPERATIVE OUTCOME EXPECTATIONS OF AN OLDER ADULT PATIENT WITH EXPERTISE IN MEDICAL LITERACY SUFFERING FROM DRY EYE SYNDROME AND CATARACT - ETHICS AND EVIDENCE: A CASE REPORT

EXPECTATIVA DO RESULTADO PÓS-OPERATÓRIO PELA ÓTICA DO IDOSO INFORMATIZADO COM SÍNDROME DO OLHO SECO E CATARATA - ÉTICA E EVIDÊNCIA: RELATO DE CASO

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ABSTRACT

Introduction: To explore the relationship of the ophthalmologist with an elderly and intellectually differentiated patient from the scientific point of view, about dry eye syndrome and cataract surgery results. **Case report:** Physician, researcher, white, 74.5 year-old, suffering from cataract and dry eye syndrome, anxious to obtain information in databases on the risk of increased postoperative dry eye syndrome symptoms after phacetomy. He was adequately evaluated by the specialist, as well as had a good communication with the candidate for the procedure in a free and spontaneous way. **Comments:** As technical information by the specialized professional with good knowledge in based evidence medicine and ethic, giving support to reduce the patient anxiety. There is a need for specialist preparation to deal with the elderly patients of the new millennium, updated in the cyber age.

Keywords: Physician-Patient Relation; Ethics; Medical information; Cataract; Dry Eye Syndrome

RESUMO

Introdução: Explorar a relação do oftalmologista com o paciente idoso e intelectualmente diferenciado, do ponto de vista científico, sobre síndrome de olho seco e resultados de cirurgia de catarata. **Relato do caso:** Médico, pesquisador, branco, 74,5 anos, portador de catarata e olho seco, ansioso por ter obtido informações, em bases de dados, sobre riscos do aumento dos sintomas da síndrome de olho seco no pós-operatório da facectomia. Foi adequadamente avaliado pelo especialista, assim se candidatando ao procedimento de forma livre e espontânea. **Comentários:** As informações técnicas pelo profissional especializado tiveram seu cerne em medicina baseada em evidência e ética, dando suporte para redução da ansiedade do paciente. Há necessidade do preparo do especialista para lidar com os pacientes idosos do novo milênio, atualizados na era cibernética.

Palavras-chave: Relação médico-paciente; Ética; Informática médica; Catarata; Síndrome do olho seco

INTRODUCTION

The age of information technology has brought about a break with operations5. The medical relationship, characterized by identification, empathy, safety, and reliability, has become a tool for enhancing professional performance paradigms, particularly in the inclusion of older adult populations in knowledge acquisition, appreciation of work activities, and interpersonal relationships1. Despite these advantages, they can cause new health problems in the population, generating diseases, including those ophthalmic, such as computer vision syndrome, which aggravates dry eye syndrome, a condition considered a public health problem2-5.

Cataracts are a natural part of aging, and their management often requires high-tech surgery in specialized centers. However, cataract surgery, even if uncomplicated, can cause dissatisfaction in patients with associated dry eye, necessitating clarification and management within the healthcare context6.

The etiology of worsening dry eye after cataract surgery remains unclear; however, pre- or perio-

perative factors may be associated, such as the use of eye drops with preservatives, topical anesthetics, focal illumination of the surgical microscope, and corneal denervation, which can lead to damage to the external surface of the eye7,8. The case proposes aspects that should be part of the medical routine, supported by scientific rationality and ethics.

CASE REPORT

CTB, 74.5 years old, white, male, doctor, researcher, highly educated, knowledgeable in evidence -based medicine, user of electronic technologies for a long time, healthy, complained about a progressive reduction in visual acuity and a foreign body sensation in the eyes for about a year. His apprehension about the information acquired on maleficence, beneficence, and justice was key to relieving his anxiety. Focusing on the fact that the worsening of dry eye symptoms is usually transient and can be minimized with reduced surgical time, and databases indicating a possible increase in inflammation control11 due to dry eye after cataract surgery, he decided to consult an ophthalmologist. The diagnosis of moderate dry eye syndrome and bilateral cataract was confirmed, with an indication for surgery using the phacoemulsification technique with intraocular lens implantation associated with the femtosecond laser. He was advised on the factors involved in dry eye syndrome, including pre-existing diseases, lifestyle habits, the time spent using a computer, and the use of eye drops with preservatives during the preoperative period. Based on meta-analyses, the physician determined the surgical technique, the use of preservative-free artificial tears, and local corticosteroid therapy to manage potential adverse effects in the postoperative period.

The patient, duly informed, felt confident about having his procedures conducted and booked them with confidence in the specialist, as well as good expectations about undergoing surgery.

COMMENTS

With the increase in life expectancy, chronic non-communicable diseases are growing exponentially, combined with the new habits of an increasingly informed population. Several of these diseases affect vision and can be a major economic and social burden for developing countries3,8.

Obtaining health information must be carefully evaluated, even among highly intellectual people, and it is the responsibility of the assistant physician to empathize with the patient and provide communication skills to establish a good doctor-patient relationship9.

The post-operative management of the association of cataract and dry eye is still a challenge, as it is multifactorial, and the physician must be alert to patients with prior knowledge and their anxieties10. The intraoperative use of hydroxypropyl methylcellulose (HPMC 2%) after cataract surgery can improve the tear film on the ocular surface in the immediate postoperative period11.

The attitude of the assistant doctor, based on the ethical principle of autonomy, was not fundamental to resolving the “apparent conflict”. In other words, the physician was responsible for reducing ethical conflicts12. In the study, the well-informed patient felt satisfied with the care he received, which involved pillars of theoretical rationality, ethics, and emotional intelligence.

Evidence-based medical clarification, combined with professional experience and good listening skills, can foster a harmonious and welcoming relationship. Listening attentively to the patient and interacting at an appropriate level can make the difference between a satisfied patient and one who complains during the mid- to late follow-up12. Focusing on a good doctor-patient relationship can be a decisive tool for minimizing conflictual relationships and the causes of medical litigation.

CONFLICTS OF INTEREST

Nothing to declare.

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