Ergonomic Benefits of 3D Visualization for Ophthalmic Surgeons

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BACKGROUND

- Occupational musculoskeletal disorders (MSDs) are prevalent in ophthalmic surgeons and can impact their well-being and productivity¹⁻³
- The use of conventional microscopes during surgery may contribute to surgeons' pain and discomfort⁴
- 3D visualization systems can improve upon conventional microscopes by reducing ergonomic stress, with a growing body of literature demonstrating favorable ergonomics for 3D displays compared to traditional visualization techniques⁵⁻⁸



OBJECTIVE

• A literature review was conducted to further substantiate ergonomic benefits of 3D visualization systems for ophthalmic surgeons

METHODS

• A targeted search was performed and screened using the following strategy and criteria:

Database:	• MEDLINE
Date range:	 January 1, 2001 – May 26, 2022
Search terms:	 "ophthalmology", "cataract", "eye surgery", "ergonomics", "3D visualization", "heads-up"
Key inclusion criteria (screening):	 Reported errors and a digital technology or digital solution used in ophthalmology English language

Reference lists from relevant articles were also scanned

RESULTS

- Of 452 sources screen, eight studies evaluating ergonomic benefits of 3D visualization systems for ophthalmologists were identified
- Across eight comparative studies, surgeons noted benefits related to preference, comfort, muscle tone, stiffness and improved ergonomics for 3D displays compared to conventional microscopes during surgeries



In a survey of US ophthalmologists, including cataract, retinal, and glaucoma surgeons, many surgeons agreed or strongly agreed that use of a 3D display reduced the severity (64%) and frequency (63%) of pain and discomfort, improved posture (73%), and improved overall comfort (77%), compared to a time using only conventional microscope⁸

A similar survey in Japan revealed that many ophthalmologists agreed or strongly agreed that use of a 3D display led to improvements in eyestrain (54%), less pain and discomfort while operating (72%) and improvements with MSDs (63%), compared to a time using only conventional microscope⁹



In a consecutive case-control study of vitreoretinal surgeries in China, surgeons and residents **rated ergonomics higher in the 3D visualization group** than the conventional microscopy group using a 5-point scale (*P*<0.001)⁵



In a questionnaire from Malaysia, postgraduate trainees reported significantly better experience with 3D for eye strain (P=0.008), neck and upper back strain (P=0.000), lower back pain (P=0.019), and comfortable environment (P=0.001)¹⁰



A questionnaire from Saudi Arabia found that despite having significantly more hours of surgery per week than non-3D display users (*P*<0.001), 3D display users had similar levels of pain and their **pain did not increase** when using the 3D display system¹¹

A prospective study from Korea, a quantitative measurement of retinal surgeons' muscle tone and stiffness was performed. The intraoperative muscle tone and stiffness were higher for CM (P<0.01), with no difference in muscle properties post-surgery with HUD (P>0.05)¹²

CONCLUSION

- 3D visualization displays, such as the NGENUITY® 3D Visualization System, may be an important tool to promote comfort and wellness in the operating room and benefit surgeons across several ergonomic measures including:
 - > Improved posture and comfort
 - Reduced neck and back pain, headaches and eyestrain
- Future studies designed to specifically compare objective methods of ergonomic assessment would be useful to provide additional information related to the value of 3D systems

REFERENCES

- 1. Hyer JN et al. 2015. Int Ophthalmol., 35 (6),769-775.
- 2. Dhimitri KC et al. 2005. Am J Ophthalmol., 139 (1), 179-181.
- 3. Schechet SA et al. 2020. Digit J Ophthalmol., 26(4), 36-45.
- 4. Betsch D et al. 2020. Can J Ophthalmol., 55(3 Suppl 1), 17-21.
- 5. Zhang Z et al. 2019. Curr Eye Res., 44(1), 102-109.
- 6. Eckardt C & Paulo EB. 2016. Retina, 36(1), 137-147.
- 7. Mendez BM et al. 2016. Plast Reconstr Surg Glob Open., 4(5), e717.
- 8. Weinstock RJ et al. 2021. Clin Ophthalmol.,15, 347-356.
- 9. Suzuki H et al. Japan Ophthalmology Society. 22 Apr. (Congress Presentation).
- 10. Cheng TC et al. 2021. J Craniofac Surg., 32(7), 2285-2291.
- 11. Bin Helayel H et al. 2021. Clin Ophthalmol.,15:679-686.12. Park SJ et al. 2022. Retina., 10-1097.

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