Primum non nocere (First, do no harm)

Hippocrates' familiar command is particularly relevant in the ongoing discussion of intracameral medications used for cataract and anterior segment surgery, notes JCRS editor Nick Mamalis MD, in a letter to readers in the March issue. Citing a session at last year's American Academy of Ophthalmology meeting in New Orleans where the issue was debated, he lists the potential advantages and disadvantages of the intracameral approach. On the positive side, he notes that the intracameral route offers ease of delivery when compared with multiple applications of topical drops. Moreover, this also eliminates the problems associated with preservatives found in drops, notably benzalkonium chloride. The intracameral approach may provide enhanced efficacy, since the drug is being delivered exactly where it should be. On the negative side, Dr. Mamalis cites the “worrisome” potential for toxic anterior segment syndrome (TASS). He also raises concerns about the concentration, dose, and preparation of the medications commonly used intracameral.

Dr. Mamalis notes that increased interest in this approach followed the recently published results of the ESCRS Endophthalmitis Study, which provided support for the use of intracameral cefuroxime for the prevention of endophthalmitis following cataract surgery. European surgeons have begun to use the intracameral approach more often since the ESCRS Study results appeared, but those in the US have shown some hesitation, partly because of the lack of single-use, premixed doses of cefuroxime for intracameral use. Rather, surgeons in the US have shown more interest in using fourth-generation fluoroquinolones. He cites the recently published survey of members by the American Society of Cataract and Refractive Surgery's Cataract Clinical Committee, which found that 77 per cent of respondents were not injecting intracameral antibiotics, but 82 per cent would likely do so if a reasonably priced commercial preparation were available. He calls on manufacturers and regulators to work towards this goal.


Endophthalmitis prophylaxis review

The US and Europe have gone their own separate ways when it comes to endophthalmitis prophylaxis and cataract surgery. Thomas J. Liesegang MD, currently editor of the American Journal of Ophthalmology, tackles this issue head on in a review of the recent literature. He explains that in the absence of a strong evidence-based approach, most surgeons use surrogate studies to support their techniques and form their opinions based on their interpretation of the literature and when they believe organisms causing endophthalmitis enter the eye. As a result, there is considerable variety in practice around the world. US surgeons favour pre- and postoperative topical antibiotics, particularly newer fluoroquinolones, while Swedish surgeons use intracameral antibiotics alone. In the UK, surgeons rarely use pre-op agents, but do utilise postoperative antibiotics. Those in Australia and Pakistan rarely use topical or intracameral antibiotics, preferring subconjunctival administration. He does not believe the evidence base is strong enough to recommend the use of intracameral antibiotics over other routes. Dr. Liesegang comments that virtually all other surgical specialties have published guidelines for antibiotic prophylaxis of post-surgical infection. He calls for a multipronged approach to limit endophthalmitis risk, with antibiotics as only part of the strategy.