

New ESCRS guidelines on postoperative endophthalmitis



David Seal

THE ESCRS has published a new set of guidelines on the prevention, investigation and management of postoperative endophthalmitis.

The new guidelines, edited by Peter Barry, Wolfgang Behrens-Baumann, Uwe Pleyer, and David Seal, provide an update on the current knowledge in the prevention and treatment of postoperative endophthalmitis, the most feared complication in

ophthalmic surgery. It occurs in 0.05%- 0.5% of cataract procedures and currently claims about half of the eyes it affects.

“The object of the guidelines is to provide a practical document to stimulate discussion and thought among our colleagues in clinics and hospitals on how to manage a relatively rare event. Because it is relatively rare, doctors who manage the cases have relatively little experience of them,” said guidelines co-editor Dr David Seal.

Supported in detail by a broad survey of evidence-based literature, the guidelines provide background on the condition’s incidence and its pathophysiological and microbiological aspects, and offer recommendations on its investigation and treatment.

The guidelines address the contentious issue of the influence of clear corneal incisions on the incidence of the complication, and the unresolved question of the

value of prophylactic antibiotics. They also provide flow charts on the investigation and treatment of suspect cases, emphasising the urgency of such cases and the need for immediate intervention, said guidelines co-editor Peter Barry FRCS FRCOphth

“From a practical point of view, every case of suspected endophthalmitis has to be regarded as presumed endophthalmitis and investigated and treated as such. You will save more eyes with that very aggressive approach in the case of a very aggressive endophthalmitis where after the first day without intervention the eye is beyond salvation.”

ESCRS Endophthalmitis Study

A revised set of guidelines will be released in 2007. It will incorporate the findings of the ESCRS study of endophthalmitis prophylaxis. The randomised controlled study, which is now

nearing completion, will involve a total of 20,000 cataract patients. The trial compares the incidence of endophthalmitis following phacoemulsification and IOL implantation with or without intensive topical levofloxacin and with or without intracameral cefuroxime.

“Over the past 15 years there has been a uniform and widespread acceptance of phaco and IOLs. Millions and millions of procedures have been performed over that time, and yet the fundamental principles of endophthalmitis prophylaxis have not yet been identified. The results of our study may have a major impact on the practice of cataract surgery for the next decade,” Dr Barry said.

The study will also help establish the actual incidence of endophthalmitis following phacoemulsification and may help identify the complication’s associated risk factors. The study’s follow-up analyses will examine

the possible influence of such factors as incision site and size, the surgeon’s level of experience, the phacoemulsification equipment used and the type of IOL implanted.

In addition, the trial’s investigators will closely scrutinise the treatment and outcome of those in the study population who develop endophthalmitis, in order to gain further insight into the optimal management of such cases.

The results from the ESCRS study of endophthalmitis will be presented at next year’s annual congress of the ESCRS in London.

ESCRS Guidelines on prevention, investigation and management of post-operative endophthalmitis

are available
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