Panel Discussion on Managing Cataract Surgery

UPSOS Correspondent : **Mohit Khattri**
Consultant, Regency Hospital Ltd, Kanpur

Expert Panel :

Amit Porwal (AP)
DO, FAEH, FLDR
Director, Sanghvi Nethralaya, Belagavi
Member AIOS-ARC, Central Zone

Chetan Anand (CA)
MS, FCED
Netradhama Super Speciality Eye Hospital, Mysore

Jatinder Wahi (JW)
MS, FCLI
Medical Director
Greens Eye Hospital, Lucknow

Vipin Sahni (VS)
MS, MBA
Medical Director
Kaushalya Devi Eye Institute. Pilibhit

People in different parts of country follow different protocols to manage the cataract surgeries done at their centres. We selected a panel of experts to know their unbiased responses on how they manage the surgeries at their centres in different formats of practice. Here are the excerpts of the responses. We hope that the readers would benefit out of this compilation and frame their own way to manage cases to give the best visual outcome to their patients.

Q.1 : What set of pathological investigations you advise your patient prior to routine cataract surgery?

AP: I get Physician fitness for all my cataract surgery patients, we have a in house full time physician. Random Blood Sugar in non-diabetics and FBS / PPBS in diabetics. Cut off for Random and PPBS is 160mg% and that for FBS is 120Mg%. Also we get HIV and HbsAg done.

CA: I get the following tests done:

- Complete blood count+ESR
- Random/ fasting & post prandial blood sugars (based on patient has h/o diabetes or not
- ECG
- HbsAg
- HIV
- In cases with any ocular inflammation history/h/o Rheumatoid arthritis etc, C-Reactive protein titre (not done as a routine in all patients)

JW: Keeping in mind of today's NABH guidelines and medicolegal scenario I ask for following investigations.

a- Blood Sugar Fasting & PP.

b- Conjunctival swab

c- Physical checkup by MD Medicine

d- HIV & HbsAg status.

VS: I order for Fasting and PP Blood sugar, HIV, HBsAg and cardiac clearance in selected cases

Q.2: Do you give topical antibiotics prior to cataract surgery? If yes, then which drug and what regime?

AP: Yes I do give topical antibiotics in combination with NSAID two days prior to surgery. I give a combination of Moxifloxacin and Ketorolac eye drop 4 times a day two days prior to surgery.

CA: No

JW: I routinely use moxifloxacin eye drops 1 drop 04 times a day, starting 02-03 days before surgery.

On the day of surgery - 04 drops regime- 1st drop as the patient is received in the hospital, 2nd drop when the patient changes his dress, 3rd drop when the patient lies on OT table , 4th drop before start of surgery

VS: I use intracameral antibiotics (moxifloxacin) but not prior to it

Q.3: How do you use Povidone Iodine (Betadine) in your cases?

AP: I use Povidone Iodine eye drops (Aurodone 5% e/d by Aurolab) 5 minutes before the surgery, I instil two drops in the eye. Also use 5% povidone Iodine skin antiseptic solution to clean the lids and the external area around the eye before surgery.

CA: As eye drops-

- 1 drop of 5 % povidone Iodine eye drops at least 20 minutes before surgery (after instilling proparacaine eye drops)
- 1 drop again before painting the eye- then flushed with 10 ml BSS

Regular painting of eye to be operated with Povidone Iodine solution (twice)

JW: Paint the eye before draping with betadine Instillation of 02% betadine in the culdesac for standing 03 minutes.

VS: Betadine skin paint in pre op room, second paint on OT table and a drop of betadine in conjunctival sac after speculum is on which is thoroughly flushed after 60 seconds prior to making incisions. Also a mandatory step is to scrub the lid margin in bud soaked with betadine prior to putting drape.

Q.4: Do you use Lignocaine jelly for your topical phaco cases or drops are sufficient for you?

AP: I use one drop of Paracaine eye drops two times at 2 minutes interval about 10 minutes before surgery. I also supplement later with 0.1 ml Intracameral Lignocaine (Oculan).

CA: Only topical 4 % lignocaine as eye drops before surgery. I do not use jelly.

JW: I do not use Lignocaine jelly but I use Topical drops, 01 drop 03 times before starting the surgery.

VS: Only proparacaine drops suffice.

Q.5: What are the indications for peri/retrobulbar block for you in phaco surgery?

AP: Local anaesthesia is preferred when the patient is very uncooperative, anxious, obese short necked, claustrophobic, asthmatic and when I am dealing with a complicated cataract surgery like Subluxated cataract, mature intumescent cataract with very shallow anterior chamber.

CA: Topical is preferred, but yes, sometimes local anaesthesis is required.

- Most common indication for me is hard of hearing patient as I believe that there should be a continuous verbal communication between surgeon and patient during surgery, especially in steps where patient may experience pain/pressure/burning (E.g. during instillation of intracameral lignocaine, during IOL insertion). If such steps are done without the patient anticipating discomfort, there may be a startle reflex with head movement/ strong bells
- When patient requires sedation during surgery (such as in very apprehensive patient, uncooperative patient etc.) as the bells phenomenon associated with sedation can be troublesome during surgery
- Nystagmus
- Very intumescent cataracts

I usually prefer Subtenon's anaesthesia with blunt cannula in such cases to peri/retrobulbar block with sharp needle

JW: a- When patient is really apprehensive.

b- When I am apprehensive for the patient (VIP Syndrome).

c- Sunken eyes

d- Non- Co-operative personality

VS: I prefer block with combined surgeries, subluxated cataracts, non dilating pupils, Nystagmus, extremely un co operative or apprehensive patients.

Q.6: Do you change the phaco tip after each case? If no, then do you sterilise it in between the cases?

AP: Yes I do change not only the tip but also the Phaco probe after each case. I use fresh sterile autoclaved Phaco probe for each case.

CA: Yes. Tip and sleeve changed after every case, machine is primed & tuned.

JW: I have a set of 05 Phaco tips and Sleeves which I change in all cases and then go for flash sterilization if need may be for the further cases.

VS: Tips and sleeves are definitely changed and flash

autoclave is used in long sessions.

Q.7: Do you change the blades after each case?

AP: A big YES. I use new disposable blades for each case, I never reuse them.

CA: Yes. Single use disposable blades in every case.

JW: Yes, I do change my MVR and 2.2 keratome in all the cases.

VS: Fresh blades in each case. A strong recommendation.

Q.8: What's the routine visit schedule of your post ops after a routine phacoemulsification?

AP: My routine visit schedule after cataract surgery is – 4 hours after surgery, then at 1 week and then at week 4 from the day of surgery. After that I tell the patient to get their eyes checked after 4 months for a routine check up.

CA: First day post OP and the 15th day post op.

JW: I insist for following schedule as much as it is possible, for post-op.

First visit - next day after surgery

Second Visit- Third day after the surgery.

Third Visit- Seventh day after the day of surgery.

Fourth Visit- One month after surgery

VS: I see the patients immediately after the theatre, next day, then weekly till 4 weeks post operatively.

Q.9: Till how long you give topical antibiotics post operatively to your patients routinely?

AP: 2 wks

CA: 15 days.

JW: Moxi - Prednislone combination eye drop 01 drop 04 times a day for 15 days, followed by tapering dose of 03 drops, 02 drops a day for consecutive next 02 weeks.

VS: 3 weeks

Q.10: Till how long you give topical steroids post operatively to your patients routinely?

AP: I give weekly tapering dose of steroids over 6 weeks.

CA: 6 weeks, weekly tapering regimen is followed

JW: Moxi - Prednislone combination eye drop 01 drop 04 times a day for 15 days, followed by tapering dose of 03 drops, 02 drops a day for consecutive next 02 weeks.

VS: Prednisolone drops for 3 weeks and then Loteprednol for next 3 weeks

Q.11: Do you use topical NSAIDS in pre/post op regime routinely? If Yes, then How?

AP: Postoperatively I use Nepafenac eye drop 3 times a day for 4 wks. Pre operatively I already mentioned that I use ketorolac eye drop 4 times a day for 2 days prior to surgery.

CA: Pre operatively, I do not use any topical NSAID routinely. Post op I give topical NSAIDs for 30 days. Presently using Nepafenac eye drops 3 times per day for 30 days

JW: Yes, I use flurbiprofen eye drops , 01 drop 04 times a day-03 days before surgery and I continue it for 01 drop 04 times a day for 15 days after surgery.

VS: I use NSAIDS only in eventful surgeries, pediatric cataracts and Diabetics

Q.12: After how many days post op do you give pseudophakic correction?

AP: At 4 weeks post op visit I give pseudophakic correction.

CA: 15 days post op

JW: I give the final refreractive correction after 01 month of normal phaco surgery.

VS: Minimum of 4 weeks I think it takes to have a stable refraction after cataract surgery

At the end, we personally feel that after reading, the practitioner must be able to frame some practical guidelines in his or her practice regarding the use of multifocal IOLs.

Wishing you all the best!

Mohit Khattri

Congratulations

Dr. (Prof.) Manav Deep Singh, *(UPSOS—S-B4)* Glaucoma Services, Dr. RML Hospital, New Delhi

For being elected as Library officer of Delhi Ophthalmic Society, 2019-2021 and as Treasurer of Glaucoma Society of India 2018-2020. Also Congratulations for the Best poster runner up award in GSI conference 2018.