The American Society of Cataract & Refractive Surgery (ASCRS) has released an official position statement opposing directives that restrict 2 well-established presurgical topical ophthalmic practices: the use of diluted povidone-iodine solution for topical infection prophylaxis and the use of multidose topical eye drops on multiple patients. The position statement, developed by the ASCRS Cataract Clinical Committee, has been shown to be safe when used in surgical centers being compelled to cease certain long-accepted topical treatments for preoperative patients.

“Some members reported that surveyors have arbitrarily proscribed these well-established and common practices, without any evidence that they pose greater risk,” said David F. Chang, MD, ASCRS past president and Cataract Clinical Committee member.

ASCRS position statement
Current literature strongly supports the use of preoperative povidone-iodine solution for cataract (ophthalmic) surgery antisepsis and endophthalmitis prevention. Specifically, instillation of 5% povidone-iodine solution in the conjunctival sac has been shown to be effective for endophthalmitis prophylaxis. This practice has been used almost exclusively in ophthalmic surgery for decades.

One common method of preparing the 5% solution is by diluting commercially available 10% povidone-iodine (Betadine) with a saline solution. A recent ASCRS survey revealed that 1 in 3 ASCs (ambulatory surgery centers) prepare their surgical prep in this way. This method has been shown to be safe and effective despite the labeling “Do not use in the eye,” present on the 10% Betadine solution. More recently, individually packaged 5% povidone-iodine prep have become commercially available, but at a significant cost premium.

Another well-established practice is the use of multidose eye drops on multiple patients as part of the preoperative surgical protocol (i.e., diluting drops, NSAIDs, etc.). The safety and cost-effectiveness of multidose bottles are well recognized in the clinic and in the surgery suite. Safety guidelines have been established for the safe use of these products including: expiration 28 days after initial use, proper dispensing technique, and discarding of any bottle with suspected tip contamination.

The ASCRS Cataract Clinical Committee strongly supports the current established practice
continued on page 8

ASCRS releases position statement on 2 established ophthalmic practices

Nursing Mothers
It is not known whether topical ophthalmic administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids appear in human milk and could suppress, delay, or prevent endogenous corticosteroid production, or cause other untoward effects. Caution should be exercised when DUREZOL® Emulsion is administered to a nursing woman.

Pediatric Use
DUREZOL® Emulsion was evaluated in a 3-month, multicenter, double-masked, trial in 79 pediatric patients (19 DUREZOL® Emulsion, 40 prednisolone acetate) 0 to 3 years of age for the treatment of inflammation following anterior segment surgery. A similar study was observed in pediatric patients comparing DUREZOL® Emulsion to prednisolone acetate ophthalmic suspension, 1%. No significant differences were observed in safety or effectiveness between the two groups.

Nonclinical Toxicology
Carcinogenesis, Mutagenesis, and Impairment of Fertility
DUREZOL® Emulsion contains 0.05% dexamethasone as a sterile preserved emulsion for topical ocular use.

INDICATIONS AND USAGE
Ocular Surgery
DUREZOL® (dexamethasone ophthalmic emulsion) 0.05%, a corticosteroid, is indicated for the treatment of anterior subcapsular and posterior cortical cataracts.

Diluted povidone-iodine solution has been shown to be effective for topical infection prophylaxis and endophthalmitis prevention. This is the current established practice among ASCRS member surgeons.

The use of DUREZOL® Emulsion in the conjunctival sac 5-15 minutes prior to surgery and postoperative 1-4 times daily for the treatment of endogenous anterior uveitis.

PATIENT COUNSELING INFORMATION
Risk of Corneal Ulceration
This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the emulsion. Use of the same bottle for both eyes is not recommended. Wearing contact lenses is not recommended in patients with corneal erosions or ulcers and in those with a history of recurrent corneal erosions.

Risk of Secondary Infection
In patients undergoing ocular surgery, it is important to treat any signs of infection as soon as they appear. DUREZOL® Emulsion is not indicated for intraocular surgery.

INDICATIONS AND USAGE
Ocular Surgery
DUREZOL® (dexamethasone ophthalmic emulsion) 0.05%, a corticosteroid, is indicated for the treatment of anterior subcapsular and posterior cortical cataracts.

The use of DUREZOL® Emulsion in the conjunctival sac 5-15 minutes prior to surgery and postoperative 1-4 times daily for the treatment of endogenous anterior uveitis.

PATIENT COUNSELING INFORMATION
Risk of Corneal Ulceration
This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the emulsion. Use of the same bottle for both eyes is not recommended. Wearing contact lenses is not recommended in patients with corneal erosions or ulcers and in those with a history of recurrent corneal erosions.

Risk of Secondary Infection
In patients undergoing ocular surgery, it is important to treat any signs of infection as soon as they appear. DUREZOL® Emulsion is not indicated for intraocular surgery.

INDICATIONS AND USAGE
Ocular Surgery
DUREZOL® (dexamethasone ophthalmic emulsion) 0.05%, a corticosteroid, is indicated for the treatment of anterior subcapsular and posterior cortical cataracts.

The use of DUREZOL® Emulsion in the conjunctival sac 5-15 minutes prior to surgery and postoperative 1-4 times daily for the treatment of endogenous anterior uveitis.

PATIENT COUNSELING INFORMATION
Risk of Corneal Ulceration
This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the emulsion. Use of the same bottle for both eyes is not recommended. Wearing contact lenses is not recommended in patients with corneal erosions or ulcers and in those with a history of recurrent corneal erosions.

Risk of Secondary Infection
In patients undergoing ocular surgery, it is important to treat any signs of infection as soon as they appear. DUREZOL® Emulsion is not indicated for intraocular surgery.
We want to defend those facilities that choose to use multidose bottles or dilute 10% Betadine, based on the best medical judgment of their clinical staff.

—David F. Chang, MD

This position statement is provided for information and educational use only. It is not intended to establish a standard of care or dictate a particular course of treatment. ASCRS members and other physicians must exercise their independent medical judgment in making treatment decisions for their patients.

“The Cataract Clinical Committee is not recommending or suggesting that there is only one best practice,” Dr. Chang said. “Rather, we want to defend those facilities that choose to use multidose bottles or dilute 10% Betadine, based on the best medical judgment of their clinical staff.”

Contact information
Abbie Elliott: aelliott@ascrs.org

One click away ... Read, search, and share current and past issues

DIGITAL.EYEWORLD.ORG