ASCRS releases position statement on 2 established ophthalmic practices

The American Society of Cataract & Refractive Surgery (ASCRS) has released an official position statement opposing directives that restrict 2 well-established presurgical 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, comes in the wake of some surgery 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 universally 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 practice 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 preps 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., dilating drops, NSAIDs, etc.). The safety and cost effectiveness of multidose bottles are well recognized in the clinic and in the surgery setting. 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 continued from page 3

> **"We want to defend those facilities that choose to use multiuse bottles or dilute 10% Betadine, based on the best medical judgment of their clinical staff."**
>
> **–David F. Chang, MD**

of utilizing multidose eye drops on multiple patients, when proper protocols are followed. Furthermore, diluting 10% povidone-iodine for surgical prophylaxis remains a common and appropriate option in preparing the surgical prophylaxis.

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 multiuse bottles or dilute 10% Betadine, based on the best medical judgment of their clinical staff." **EW**

Contact information
Abbie Elliott: aelliott@ascrs.org