of iris rigidity seen in IFIS, we clearly stated in our paper that this is a hypothesis. While acknowledging Kershner’s point that the pharmacological mechanism for IFIS is unknown, we firmly stand by our conclusion that IFIS is associated with tamsulosin use and that “knowledge, anticipation, and recognition of this syndrome may lead to a lower incidence of surgical complications in these patients.”—David F. Chang, MD, John R. Campbell, MD

REFERENCE


Reply: We thank Nguyen and coauthors for their comments. In fact, the FDA is planning to add precautions regarding IFIS to the labeling for tamsulosin. We commented on IFIS and other α-1 blockers in our previous reply. We believe there is a range of severity of iris pathology in IFIS. For this reason, a particular pharmacological or surgical compensatory strategy may not be uniformly effective. While one would have expected that a drug-induced syndrome would improve with cessation of the medication, this was not always true in our experience. Nonetheless, it seemed that stopping tamsulosin helped in some cases. Tamsulosin has a particularly strong affinity for the α-1 receptor. The recommendation for a 1- to 2-week abstinence period reflected our suspicion that receptor binding might continue for some time beyond the disappearance of a plasma level of tamsulosin.

We agree that patients may wish to consult with their urologist regarding an alternative medication during this temporary period. Given the variability in IFIS severity, a randomized or bilateral eye trial would be needed to conclusively determine whether stopping tamsulosin is effective in managing this problem. Of course, there would be little value in stopping tamsulosin if one planned to use iris retractors or a pupil expansion device.—David F. Chang, MD, John R. Campbell, MD

Antipsychotic agent as an etiologic agent of IFIS

Chang and Campbell’s case series describes a triad of characteristic intraoperative features to define the intraoperative floppy iris syndrome (IFIS). We faced a similar problem in June 2005, when a well-controlled schizophrenic man using Zuclopenthixol attended for cataract surgery. The triad of poor pupil dilation, bilowing iris with intraocular fluid currents, and a propensity to iris prolapse was observed at an early stage. One of us (R.P.) had begun using intracameral phenylephrine to increase iris rigidity and dilation as soon as features of IFIS are identified. This simple maneuver dramatically changed iris behavior and enabled safe, controlled lens removal by coaxial phacoemulsification followed by IOL implantation in the capsular bag.

In Chang and Campbell’s prospective series, IFIS occurred in 2.2% of cases; in 94.0% of these cases (15 of 16), patients were using or had been using the systemic α-adrenergic blocker tamsulosin. They noted that sphincterotomies and mechanical pupil stretch were often ineffective in maintaining adequate pupil dilation. Zuclopenthixol is a thioxanthene antipsychotic. It is thought to act by blocking dopamine D2 receptors in the brain, and its α-adrenergic blocking actions are well recognized. Phenylephrine is an α-adrenergic agonist known to act on the iris dilator. For intracameral use, it is prepared by diluting 7 drops of phenylephrine 2.5% preservative-free minims in 1 mL of balanced salt solution. Up to 1 mL is injected into the anterior chamber to prevent IFIS.

We believe there is a range of severity of iris pathology in IFIS. For this reason, a particular pharmacological or surgical compensatory strategy may not be uniformly effective. While one would have expected that a drug-induced syndrome would improve with cessation of the medication, this was not always true in our experience. Nonetheless, it seemed that stopping tamsulosin helped in some cases. Tamsulosin has a particularly strong affinity for the α-1 receptor. The recommendation for a 1- to 2-week abstinence period reflected our suspicion that receptor binding might continue for some time beyond the disappearance of a plasma level of tamsulosin.

We agree that patients may wish to consult with their urologist regarding an alternative medication during this temporary period. Given the variability in IFIS severity, a randomized or bilateral eye trial would be needed to conclusively determine whether stopping tamsulosin is effective in managing this problem. Of course, there would be little value in stopping tamsulosin if one planned to use iris retractors or a pupil expansion device.—David F. Chang, MD, John R. Campbell, MD

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