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Alternative strategies successful in managing IFIS

Stopping alpha blocker of questionable value, and pupil-stretching should be avoided

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Ophthalmology Times



Dr. Chang

Las Vegas—Ophthalmologists can use one of several modified strategies to perform cataract surgery in patients who are taking or have taken tamsulosin (Flomax, Boehringer Ingelheim Pharmaceuticals), with good outcomes and low complication rates, when they know of the medication history in advance, David F. Chang, MD, told those attending the annual meeting of the American Academy of Ophthalmology here. Combining different approaches also can be effective, he said. Stopping the drug is of questionable value, and pupil-stretching should be avoided, he added.

Dr. Chang, clinical professor of ophthalmology, University of California, San Francisco, presented the final results of a 10-center prospective trial that enrolled 167 consecutive eyes in 135 male patients receiving tamsulosin therapy.

The study aimed to provide data on the rate of posterior capsule rupture when intraoperative floppy iris syndrome (IFIS) caused by tamsulosin use was anticipated before cataract surgery. Previous retrospective trials had demonstrated a high posterior capsule rupture rate when IFIS was not expected. The drug is used to treat the symptoms of benign prostatic hyperplasia in men and recently has begun to be prescribed to treat urinary retention in women.

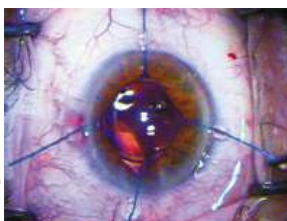


Figure 1 Iris retractors (Katena Eye Instruments) in a diamond configuration maintain good pupillary exposure in a patient receiving tamsulosin therapy.

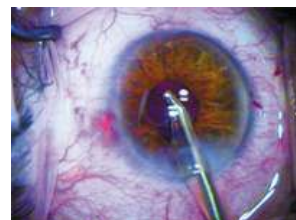


Figure 2 After the surgeon removes the retractors, the pupil immediately constricts and prolapses to the incision.

Surgeons were asked to use one of four management techniques of their choosing—2.3% sodium hyaluronate ophthalmic viscosurgical device (OVD; Healon 5, Advanced Medical Optics) with lowered fluidic parameters, iris hooks, pupil expansion rings, or atropine drops administered preoperatively. If necessary, surgeons could use a combination of these approaches. Institutional review board approval and patient consent were obtained for the study.

"We wanted the surgeons to be able to choose whatever strategy or combination they felt would be safest for their patients, so this was not a randomized comparison of different techniques in an attempt to see which was superior," Dr. Chang said.

Chosen strategies

The surgeons selected the OVD in 60% of the cases and hooks in 31% of the cases. "As primary strategies, rings or atropine were the least popular," he said, adding that these techniques were chosen in 4% and 5% of cases, respectively. Surgeons tended to use hooks and rings in patients with smaller preoperative pupil diameters (mean of 5.8 mm and 4.3 mm, respectively), which usually are indicative of more severe IFIS, Dr. Chang said.



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Thirty-five percent of all of the cases involved dense nuclei, he said. Seventy-five percent of the procedures were performed using topical anesthesia. "Most [91%] were done using a phaco chop method, which indicates that these were very experienced surgeons," Dr. Chang added.

Figure 3 A strong tendency for iris prolapse is demonstrated on instrument removal (same eye). (Figures courtesy of David F. Chang, MD)

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Nothing unusual was noted about the distribution of iris color, diabetes, or pseudoexfoliation in the patient population.

Results

Atropine as a single strategy was effective in only 42% (eight of 19) of the cases for which it was chosen, Dr. Chang said. In these cases, preoperative pupil diameter was very large (mean 7.2 mm) and decreased only slightly (mean 0.9 mm) by the end of the procedure. A well-dilated pupil at the start of surgery may indicate that the IFIS is less severe, he said.

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