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Groups issue advisory about alpha-blockers, iris syndrome

Publish date: Oct 1, 2006
By: Cheryl Guttman

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Urology Times

Linthicum, MD—AUA has partnered with two leading ophthalmology groups to raise awareness that individuals with past or present use of an alpha-1 blocker may develop a condition known as intraoperative floppy iris syndrome (IFIS) while undergoing cataract surgery and should inform their ophthalmologist about such medication use so that appropriate surgical techniques can be used.

IFIS occurs as a result of the action the alpha-1 blocker on the iris dilator muscle, and it can be associated with an increased risk of some cataract surgical complications if the operating ophthalmologist is not anticipating the condition (see, "What is IFIS?"). However, results of a prospective trial including more than 160 eyes of patients taking the alpha-blocker tamsulosin (Flomax) demonstrate cataract surgery can be completed safely and successfully if the surgeon knows a patient is taking or has taken an alpha-blocker, and so is able to employ appropriate surgical techniques. Other currently marketed alpha-blockers are alfuzosin (Uroxatral), doxazosin (Cardura), and terazosin (Hytrin).



Dr. Ross

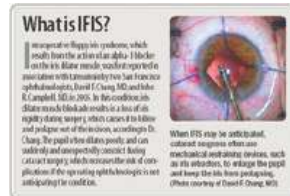
In August, AUA, the American Society of Cataract and Refractive Surgery (ASCRS), and the American Academy of Ophthalmology (AAO) sponsored a media conference call and issued a press release to launch an educational campaign targeting physicians who prescribe alpha-blockers and the patients who are taking them about the importance of providing this medication history to the ophthalmologist prior to cataract surgery.

"The alpha-1 blockers are a commonly prescribed group of medications, particularly for men with BPH, but they are also used to treat other men and women with lower urinary tract symptoms," said Lawrence S. Ross, MD, AUA president. "Therefore, it is critical to recognize that the potential for IFIS is with a class of drugs and not just with their use in men with BPH.

"So that these patients are not put at increased risk of complications at the time of cataract surgery, they need to be counseled about the importance of mentioning past or current use of an alpha-1 blocker to their ophthalmologist."

A similar advisory was issued by the Council for Refractive Surgery Quality Assistance about patients who are taking alpha-blockers and who may be considering undergoing refractive lens exchange, an alternative to Lasik laser eye surgery.

Studies indicate that the risk of IFIS is not eliminated by discontinuation of the alpha-blocker. In fact, IFIS has occurred in patients who had stopped taking an alpha-blocker up to 5 years earlier, so it is critical that patients be informed to indicate any past use to their ophthalmologist if they are candidates for cataract surgery.



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Given that medication cessation is not protective and because it can result in urinary complications, patients taking an alpha-blocker should also be counseled against stopping their medication on their own prior to cataract surgery.

"Stopping one of these agents abruptly can result in urinary retention, especially in men with prostatic disease, and that risk may be further increased in this situation because atropine treatment is one of the strategies used by cataract surgeons to manage IFIS," noted Dr. Ross, who is professor and head of urology at the University of Illinois, Chicago.



Dr. Chang

To inform urologists of the issues concerning alpha-blockers, AUA sent a press release to all members via e-mail, Dr. Ross said. In addition, updates to AUA practice guidelines will address these matters when appropriate.

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