

practice behavior of surgeons stratified by the number of cases performed. Since endophthalmitis is a relatively rare disease, one might expect that high-volume surgeons would be most attuned to the best practices of antibiotic prophylaxis. Even before the published results of the ESCRS trial, many high-volume surgeons in the United States and Canada were vocal proponents of intracameral antibiotics, at the risk of significant public criticism (Chang DF. Vancomycin mixture. Available at: www.changcataract.com/pdf/docstools.pdf. Accessed January 12, 2008).^{4,5} If a large percentage of high-volume cataract surgeons were already using intracameral antibiotics, the ESCRS study results would not change the behavior of this group of surgeons, who are the most likely to be sensitive to new information about best practices.

The complete impact of the ESCRS study on surgeon practice may not yet be realized. Perhaps many who were skeptical of the exhortations of our high-volume surgeon colleagues will slowly be persuaded by the best available evidence on this topic: a multicenter, randomized, controlled trial.

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REPLY: The survey was undertaken by the ASCRS Cataract Clinical Committee in January 2007 because of the controversy and confusion among ophthalmologists about what antibiotic prophylactic measures to institute for routine cataract surgery. The preliminary results of the ESCRS study were published in March 2006. In addition, on March 16, 2006, a 1-page press release was e-mailed to all ASCRS members. Entitled “Recruitment Halted on ESCRS Study on Antibiotic Prophylaxis of Endophthalmitis Following Clear

Table 1. Relationship between surgical volume and use of an intracameral antibiotic agent.

Antibiotic Use	Surgical Volume (Cases/Year)			
	0–100	100–300	300–500	> 500
Total number of respondents	143	446	361	362
Percentage using intracameral vancomycin	10	12	20	27
Percentage using any intracameral antibiotic	16	19	34	45

Beneficial Result,” this global alert summarized the investigators’ conclusion from this landmark multicenter prospective clinical trial: “This confirmation that a potentially blinding complication of postoperative intraocular infection can be reduced five-fold should convince surgeons to adopt the use of intracameral cefuroxime as a standard part of the procedure of modern phacoemulsification cataract surgery,” said Mr. Peter Barry, chairman and originator of the study.

The ESCRS endophthalmitis study immediately became a major ophthalmic story and was widely discussed in trade publications and at all major ophthalmology meetings. Because of the controversy it generated and in the absence of an approved antibiotic preparation for direct intracameral injection, we decided to survey the ASCRS membership. The goal was to learn more about current antibiotic practice patterns and to try to gauge the impact of the ESCRS study findings on practicing cataract surgeons worldwide.

In light of this, we feel that most cataract surgeons would have been aware of the study by January 2007 and would have had ample time to institute a practice change if they had been convinced of the need. Specifically, for the question, “Did you alter your regimen following the ESCRS study?” one response option was reworded—“Yes, I have now started, or plan to start, injecting intracameral antibiotic”—to allow for the fact that a major change in practice behavior does take time to implement. At the Spotlight on Cataracts Symposium at the November 2007 American Academy of Ophthalmology annual meeting, the same question was posed in an audience response poll following several presentations on the subject. Of 309 respondents, 70% were not using intracameral antibiotics, 14% had been doing so before the ESCRS study publication, and 17% had started or planned to start injecting intracameral antibiotics following the study. For the same question, the percentages of the 1312 ASCRS survey respondents were 77%, 16%, and 7%, respectively. Practice patterns will continue to evolve over time, but we

did not think it was necessary to wait for publication of the final results to query the membership on this particular issue.

Naseri makes a second interesting suggestion that practice behavior should have been stratified according to surgical volume. We reviewed the data on intracameral antibiotic use with respect to surgical volume and did find a difference, as Naseri predicted. Overall, 30% of respondents reported using intracameral

antibiotic (either by direct injection or by addition to the irrigating solution). The most common intracameral agent was vancomycin, which was used by 18% of respondents overall. [Table 1](#) shows that when so stratified, intracameral antibiotic use did correlate with higher surgical volume.

We certainly agree with Dr. Naseri that the use of intracameral antibiotic prophylaxis will continue to be a hotly debated issue.—*David F. Chang, MD*