



Cataract surgery in patients with neovascular age related macular degeneration—examination of current practice among UK ophthalmic surgeons

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To the Editor:

ARMD remains the leading cause of blindness in people over 50 in the developed world and accounts for over half of blind and partial sight certifications in the UK [12]. The UK National Institute of Clinical Excellence (NICE) approval of Ranibizumab injections for ARMD in 2008 led to the significant increase in the number of patients in the UK being offered injections for neovascular ARMD [3]. However, a significant proportion of these patients have coexisting ocular pathology requiring intraocular surgery, most commonly cataracts. The association between cataract surgery and progression of ARMD has been debated by ophthalmologists with several studies supporting or rejecting this link [4]. However, a recent Cochrane review concluded that surgery provides short-term improvement of vision in eyes with ARMD compared with no surgery, but that it is unclear whether the timing of surgery has an effect on long-term outcomes [5]. With no national guidance on the management of patients requiring both injections and cataract surgery, we sought to identify current practice among UK consultant ophthalmologists specialising in this area.

All UK consultant ophthalmologists registered with The Royal College of Ophthalmologists consultant database (1200 consultants) were sent a confidential online electronic questionnaire. Of the consultants specialising in this area, 102 responded with complete answers to all the questions.

90/102 (88%) surgeons considered cataract surgery in patients currently being treated for choroidal neovascularisation (CNV) but 47/90 (52%) reported no set criteria to base their clinical decision upon. Forty-three percent of surgeons reported no set criteria for the timing of injections after surgery, with a further 23% re-injecting after a one month delay. Fifty-seven percent of surgeons reported ‘personal experience’ as their rationale. Seventy-seven percent of surgeons followed up these patients at one month postoperatively with a further 20% asking for a one week review.

The majority of surgeons surveyed reported they would consider cataract surgery in patients with active CNV. However, there was significant variation among surgeons in the timing of surgery and post-operative follow-up in this subset of patients. This study highlights the need for further research and guidance in offering cataract surgery to patients being treated for active CNV.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest

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