

An Interventional Follow-Up Study to Determine the Effect of Nepafenac 0.1% in Macular Thickness in Patients who had Undergone Cataract Surgery as Determined by OCT

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Published August 10, 2019

ABSTRACT

Background: Pseudophakic cystoid macular edema (CME) also known as Irvine-Gass syndrome, is one of the most common causes of visual loss after cataract surgery. Pathogenesis is thought to involve the release of inflammatory mediators and non-steroidal anti-inflammatory medications are often used for CME prophylaxis. The aim of the study is to determine the role of Nepafenac 0.1% usage in altering the status of CME as determined by OCT who underwent Cataract Surgery.

Materials and methods: A total of 100 subjects with a 1:1 control: Treatment ratio that underwent small incision cataract surgery (SICS), Subjects were randomised in to 50 control group (standard of care only) and 50 treatment group (Standard of care plus nepafenac). Immediate post operatively, OCT scans were carried out on 1st post-operative day and at 4 weeks, using the macular thickness protocol with the stratus OCT version 5.0.1 at Santhiram General Hospital, Nandyal, between 2012-2015.

Results: In present study, the results demonstrated that with usage of postoperative topical nepafenac 0.1% there were differences between the treatment group and control group regarding the OCT measured macular thickness. After analysing the data and applying appropriate statistical analysis it can be concluded that 0.1% Nepafenac can be used as a treatment option for primary CME in post cataract patients. Topical therapy of 0.1% Nepafenac related side effects like Keratitis, corneal melt and corneal perforation are very rare and were not encountered in any patient in our study.

Conclusion: In our study, results concluding that the topical nepafenac 0.1% therapy has promising results for prevention of pseudophakic cystoid macular edema.

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Citation: Rama V. (2019) An Interventional Follow-Up Study to Determine the Effect of Nepafenac 0.1% in Macular Thickness in Patients who had Undergone Cataract Surgery as Determined by OCT. J Immunol Res Ther, 4(S1): 16.

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