

## Topical Anaesthesia for Cataract Surgery: A Promising Reality

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Cataract is the commonest cause of reversible blindness and cataract surgery is the commonest ophthalmic surgery performed worldwide. Over the years, cataract surgery has undergone tremendous technical advancements which have made the surgery safe and effective than ever before. Today, with small incision cataract surgery and foldable intra-ocular lens (IOL), not only have patient's postoperative expectations raised, perioperative experience has improved too. The western ophthalmology practice has observed a shift in the anesthesia technique during cataract surgery over the last decade. From a predominant peribulbar and retrobulbar anesthesia, today more and more cataract surgeries are now performed under topical-intracameral anesthesia. A major cause for such a shift has been a higher associated vision and life threatening complication rate with peribulbar and retro-bulbar techniques. Secondly, the need of akinesia during surgery to prevent squeezing of extra-ocular muscles and expulsion of globe contents has been reduced with small incisions. Today, medical literature conclusively points to the safety and efficacy of topical anesthesia in routine cataract surgery practice.

Overcoming cataract related blindness is a major national prerogative. The Government of India, through the National Program for Control of Blindness (NPCB) aims to reduce the burden of cataract related blindness. Conducting outreach screening programmes for cataract and hospital base surgery is a standard model widely adopted to meet the goals of the program. In India today, manual small incision cataract surgery with IOL implantation under peri or retro-bulbar anesthesia is the standard procedure for eye camp cataract surgery. Unfortunately, some of the studies have also pointed to additional complications which arise out of the anesthesia technique during surgery like conjunctival chemosis, lid hematoma, raised intra-ocular pressure (Hard Eye). In the recent past, studies conducted in India have found topical-intracameral anesthesia to be equally safe and effective while performing phacoemulsification or manual small incision cataract surgery (MSICS). Studies have also shown comparable surgical outcome and patient comfort

with topical-intracameral anesthesia both for MSICS and phacoemulsification in routine elective patients.

With an ever-increasing social outreach programs and related eye surgeries, it is now time for us to consider modifications in our practice which may further reduce the complications. It is time when we should consider topical-intracameral anesthesia for our outreach program patients. 'Topical Anesthesia in High Volume Cataract Surgery: Pain evaluation and feasibility study' [1] clearly outlines that the benefit of topical anesthesia can be safely extended to our camp patients. It is time we reconsider our choices and overcome the mental block with topical anesthesia. With studies highlighting the benefits of small incision and topical-intracameral anesthesia, is it really worthy to expose our patients to an additional risk of peribulbar or retrobulbar anesthesia? Well, the answer lies within us. Cataract surgery under topical anesthesia is a promising reality.

### REFERENCE

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