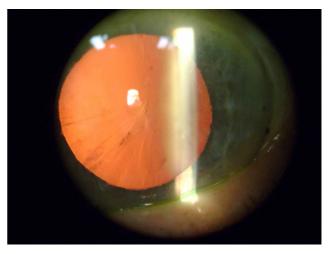
## **Mydriasert**

In preparation for cataract surgery the pupil of the eye has to be dilated. This is in order for the surgeon to gain access to the lens of the eye. Usually this is done with several different types of eyedrops that are placed into the eye every 15 min for the first hour and then every half-hour until surgery time. These drops often do sting quite a lot and thus somewhat uncomfortable the patients. In addition the nursing staff that administer these drops are required to wash their hands before and after instilling the drops. Thus it is significant workload to dilate the theatre list of patients with eyedrops.



Brian Little and ophthalmic surgeon from the Royal free Hospital many years ago demonstrated that by soaking a small sponge with Tropicamide 0.5% and Phenylephrine 10% it was possible to dilate the pupil by just leaving the sponge until surgical time.

The pharmaceutical company in France Thea have produced a commercial preparation called Mydriasert. These are small projects which essentially contain one drop of Tropicamide 0.5% and Phenylephrine 10%. These little projects are putting to the lower fornix of the eye. This is done by pinching the lid and pulling forward as opposed to pulling the lid down as one would with a standard eyedrops. They are easy to insert and I have found that the nursing staff pickup how to do this extremely quickly. They can then be left in until the time of surgery.

We have found that when the anaesthetist undertakes the anaesthetic block the cataract surgery the little pledge it often pops out. This clearly important that it is removed and no certainly a small risk of these small pledgets resting in the eye but I doubt whether this would cause any harm.

I have found that they produce excellent dilatation of the pupil. Studies have shown equally effective as standard Tropicamide and Phenyelphrine drops.

One benefit I noticed the next morning is that the pupil has already returned to the normal size and reacting. This is because standard dilating drops we use is cyclopentolate and Phenylephrine. The cyclopentolate lasts in my experience several days whereas trick I'd will wear off in a few hours. This clearly is an advantage in that the patient regains good vision more quickly. Very often the day after cataract surgery the pupil remains very dilated and the vision will be blurred. By using Mydriasert the pupil will be back to its normal shape and the patient's vision will in fact be better on day one.



Thus in conclusion my experience of Mydriasert over the past two months has been very positive we've had no complications and am sure that the patients have appreciated the greater comfort that this method a dilated pupil prior to surgery gives over the standard method.

In addition the nursing staff and much appreciated of not having to popping to administer drops every 15 min. This could make a huge difference to the workflow in larger units.

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