

NO REASON TO USE SHARP NEEDLE TECHNIQUES OR TOPICAL AS A BETTER OPPORTUNITY IS AVAILABLE

KEY FACTS OF THE SUPREMACY OF SUBTENON'S USED FOR IOL/RLE

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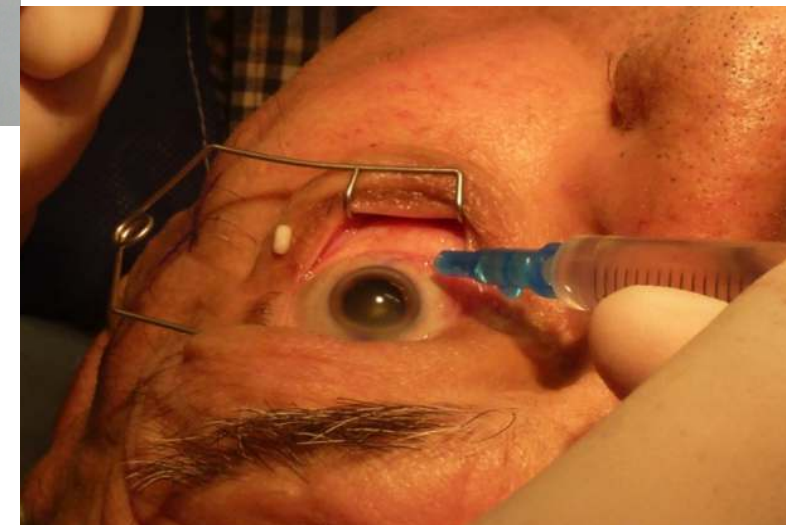
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	Benefit	Risk
	Pain control Mobility	Injury Bleeding Surgical OP-risk !!
Topical	+	-
Peribulbar	++	+(+)
Retrobulbar	+++	+++
Sub-tenon's	+++(+)	+(+Haemorrhage)



22 G Polyurethane atraumatic soft tip Plastic Cannula

Utmost posterior delivery of LA for higher efficacy using low volume



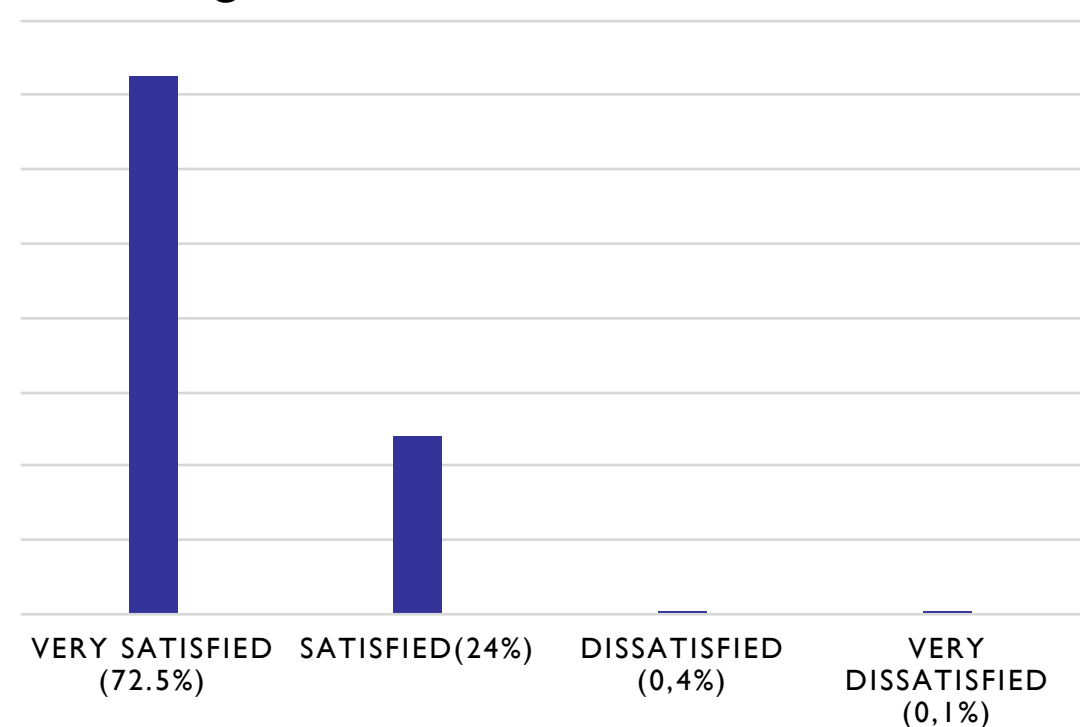
Objectives: To evaluate the supremacy of sub-tenon's in relation to sharp needle techniques regarding safety, efficacy and patient experience on 140,000 consecutive sub-tenon's blocks performed prior intraocular lens implantation as an exclusively used technique.

Designs and methods: This prospective study included consecutive eye operations on patients that underwent intraocular lens implant between 2007 and 2018 with the use of sub-tenon's blocks. Key Facts: all patients received sub-tenon's blocks using a plastic cannula with the aim to increase efficacy, minimise injury and chemosis and reduce haemorrhage by a novel self invented anti-haemorrhage technique. Common eye spears are used to drain the blood caused by the incision as long as the bleeding time last. All patients received mild conscious sedation with the dosage adjusted to age, medical and general condition. Sedation was increased by 50% for second IOL procedure performed on each patient. Data on outcome and patient satisfaction were collected using a computerised questionnaire.

Results: Average age of the study population was 52 years. Incidence of chemosis was 5.2%

and subconjunctival haemorrhage was reported by only 5% of patients.

Of all patients, 98% claimed to be satisfied with the vast majority being very satisfied in their procedure and journey. Zero sight threatening/enduring complication, life threatening events or infections occurred.



Conclusion: Sub-tenon's blocks with the use of a plastic cannula, in combination with conscious sedation, provides excellent eye immobilisation, positively affected patient experience, and reduced common complications associated with regional anaesthesia performed prior to intraocular lens implantation. The modernised technique has a relatively short learning curve. No severe complication occurred. Sub-tenon's blocks should be preferred as gold standard for IOL procedures and for the most indications for eye operation in adults.