Outcomes of Patients with Uveitis undergoing Cataract Surgery outside of Uveitis Specialty Care

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INTRODUCTION

- It is well-established that active uveitis complicates cataract surgery, requiring aggressive pre-operative and post-operative corticosteroid therapy to prevent complications such as cystoid macular oedema and post-operative uveitis.
- There is a lack of evidence regarding the risks of cataract surgery in patients with a history of uveitis in remission who have been discharged from Uveitis specialty care and the potential for post-operative uveitis recurrence and other complications associated with surgery.

AIM

1. This study aims to evaluate the visual outcomes and complication rates of cataract surgery in patients with a history of uveitis who are currently in remission and not under Uveitis specialty care.
2. The study will compare data from a similar audit of patients managed by the Uveitis clinic who underwent cataract surgery at the same centre.

CONCLUSIONS

This study highlights the significant risks associated with cataract surgery in patients with a history of uveitis, even when the disease is in remission for several years. Compared to national data on standard cataract surgery, the incidence of post-operative cystoid macular oedema was seven-fold higher in this study's patient group. However, the rate of post-operative CMO in patients managed by the Uveitis clinic was halved. This suggests that inadequate pre-operative and post-operative management, particularly in patients not managed by a uveitis specialist, can lead to increased risk of developing post-operative complications. To mitigate these risks, it is imperative to establish evidence-based protocols for the management of cataract surgery in patients with a history of uveitis in remission. These protocols should include referral to a uveitis specialist for pre-operative evaluation and the implementation of appropriate pre-operative and post-operative treatment regimens.

METHOD

This retrospective cohort study evaluated cataract surgery outcomes in patients with a history of uveitis now in remission who were not currently under the care of a uveitis specialist. The latter is defined as patients discharged from the uveitis service.

Data was extracted from electronic medical records (EMR) for patients who underwent cataract surgery between January 1, 2019, and March 1, 2024.

Clinical data, including the location of uveitis and associated systemic diseases was collected. Pre-operative and post-operative medication regimens were also recorded.

Primary outcomes included best-corrected visual acuity (BCVA) at one week, four to six weeks, and eight to sixteen weeks post-operatively.

Secondary outcomes included intra-operative and post-operative complications within five months of surgery.

Patients were excluded if they had less than three months of follow-up data, their only history of uveitis being isolated post-operative uveitis, or keratouveitis managed by the cornea service.

LIMITATIONS

- Limited sample size due to single centre approach.
- Retrospective study so difficult to adjust for missing data fields.

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RESULTS

Twenty-three eyes presenting with a history of uveitis in remission underwent cataract surgery during the study period.

The mean age of the patients was 65.4 years.

Most cases presented with anterior uveitis (79.2%), followed by intermediate uveitis (7.9%), panuveitis (7.9%), and posterior uveitis (4.2%).

The majority of cases were idiopathic in origin (70.8%).

No preoperative medication regimen was documented for any patient.

Postoperatively, patients received varied topical medication regimens, including: topical steroids and NSAIDs (37.5%), topical steroids and antibiotics (29.2%), topical steroids, antibiotics, and NSAIDs (8.4%), topical steroids alone (12.5%), or no documented regimen (12.5%).

Following surgery, the mean best-corrected visual acuity (BCVA) at one week, four to six weeks, and eight to sixteen weeks was 0.223, 0.354, and 0.268 LogMAR, respectively.

No intra-operative complications were reported.

Post-operatively, complications included cystoid macular oedema in five eyes (20.8%), postoperative uveitis in three eyes (12.5%), and elevated intraocular pressure in two eyes (8.4%).



