“Drop-free” Subconjunctival Triamcinolone Post-Cataract Surgery May Reduce Rate of Pseudophakic Cystoid Macular Oedema

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Introduction:

Pseudophakic Cystoid Macular Oedema (PCMO) occurs in 0.1–2.5% after cataract surgery.[1] This may in part be driven by poor compliance with postoperative topical therapy regimes.[2] “Drop-free” steroid strategies aim to reduce treatment burden. Following its building popularity in independent practice,[3] this service evaluation assesses safety and early outcomes of 4 mg subconjunctival triamcinolone acetonide (SCTA) (Kenalog® 40 mg/ml; Bristol-Myers Squibb, Princeton, NJ) in routine NHS practice.

Methods:

- ❑ Retrospective audit of cataract surgeries using 4 mg SCTA
- ❑ Single weekly half-day operating list (Mar–Sep 2025)
- ❑ Inclusion: ≥1 month follow-up
- ❑ Exclusion: operative complications or advanced glaucoma
- ❑ Outcomes assessed: VA, refraction, PCMO, IOP spike (≥30 mmHg or rise ≥10 mmHg), signs of uveitis or endophthalmitis, and unplanned review or casualty visits

Results:

- ❑ 69 eyes (55 patients), mean age 74.5 ± 11.1 years, 58% male
- ❑ Visual acuity improved Δ –0.28 logMAR (Figure 1)
- ❑ 65.6% and 95.1% met target ±0.50 D and ±1.00 D (Figure 2)
- ❑ No major safety events observed (See Safety Outcomes)

Figure 1: Visual acuity (mean ± SE)

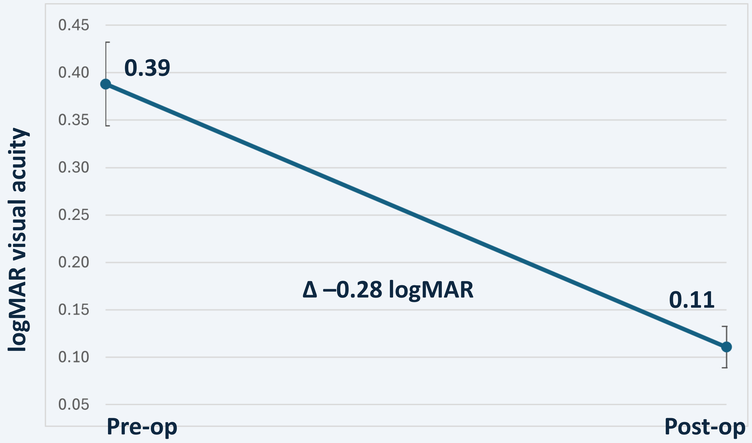
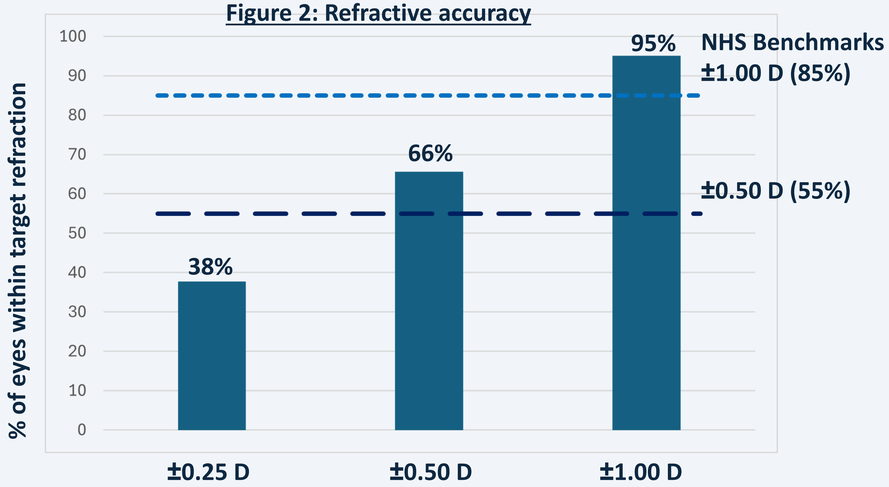


Figure 2: Refractive accuracy



Safety Outcomes:

- ❑0% PCMO rate – no episodes reported
- ❑0% clinically significant postoperative IOP rise observed
- ❑0% endophthalmitis – no cases reported
- ❑1 case uveitis (1.5%)* – patient with known recurrent uveitis

Conclusion:

- ❑ SCTA was safe and well-tolerated in routine practice
- ❑ No PCMO or clinically significant IOP rise observed
- ❑ Visual & refractive outcomes meet benchmarks
- ❑ Supports feasibility of a drop-free pathway
- ❑ Requires prospective comparative validation

“SCTA appears safe and well-tolerated as part of a drop-free cataract pathway in routine NHS practice.”

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