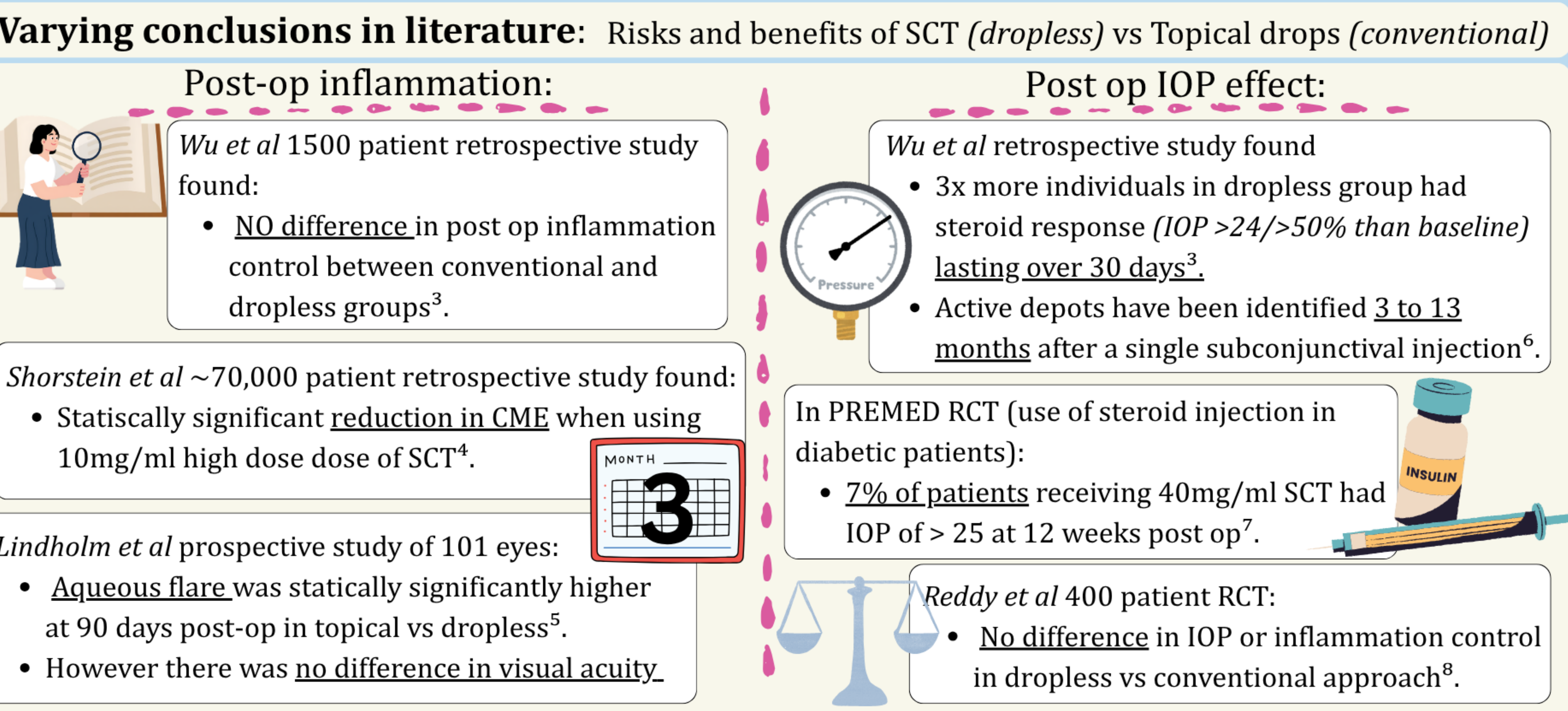
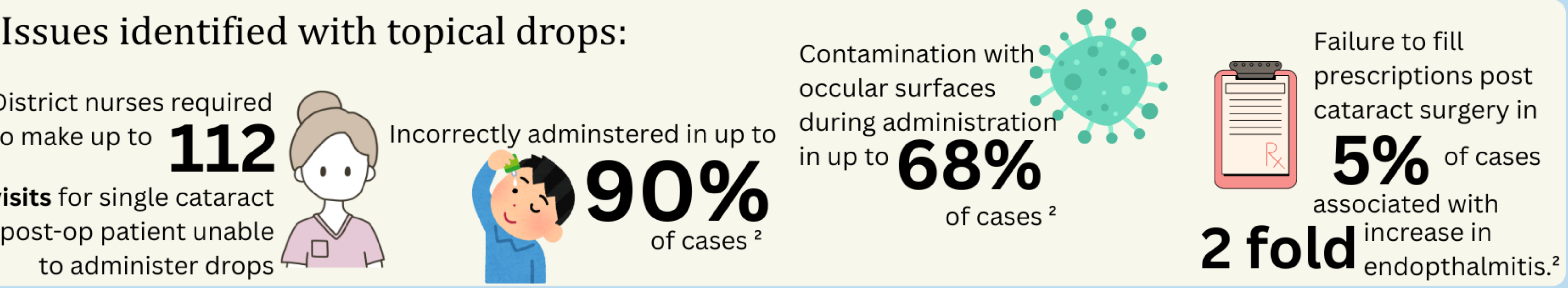


Subconjunctival Triamcinolone

Use in cataract surgery as an alternative to drops: *a survey of current usage*

Vernuja Vaseekaran¹, Nigel Kirkpatrick², Richard Stead², Ayad Shafiq²

Introduction  Cataract surgery is the most common ophthalmic procedure worldwide¹, with post-operative inflammation traditionally managed using topical steroid drops. *Dropless cataract surgery* with subconjunctival triamcinolone (SCT) has been described for several decades, but published evidence regarding its efficacy and safety remains mixed. Increasing surgical volumes and challenges with drop adherence have renewed interest in SCT as an alternative to drops. Our survey demonstrates wide variation in current clinical practice using SCT, highlighting a lack of clear guidance and ongoing uncertainty regarding its real-world benefit.



References 

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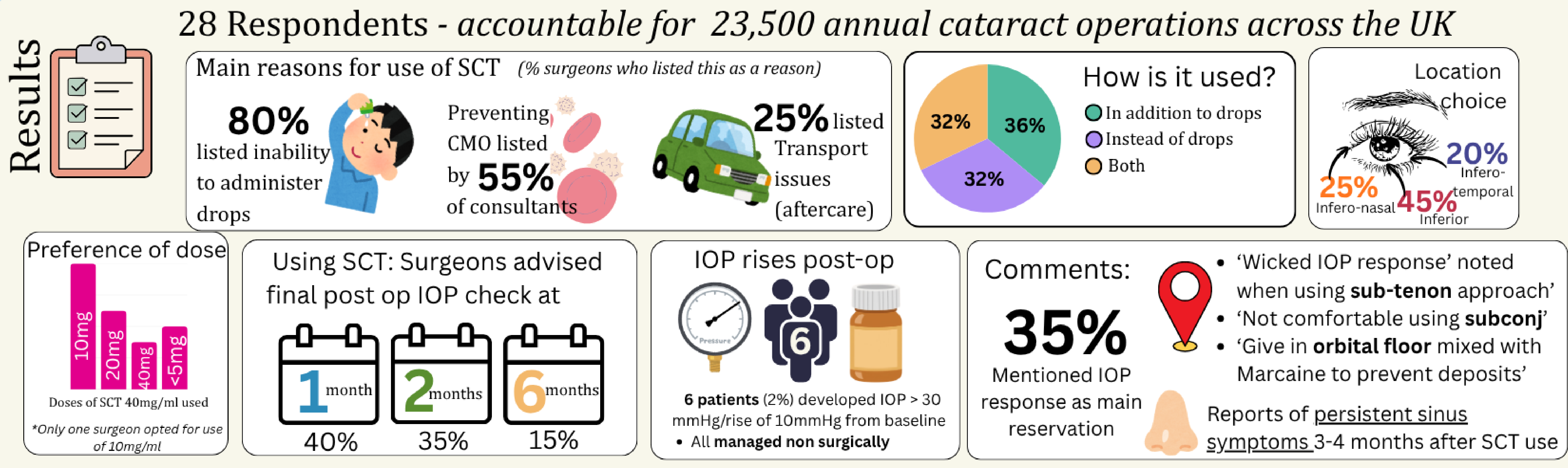
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Aim  Given the limited and variable evidence in the literature, we aimed to survey UK-based ophthalmologists on their *real-world experience with subconjunctival triamcinolone*.

Method 

- A *ten-question survey* was distributed to UK-based ophthalmologists to explore the indications, frequency, formulation, and method of administration of subconjunctival triamcinolone.
- Additional questions explored the occurrence of intraocular pressure (IOP) rises, how these were monitored and managed, and surgeons’ overall views on the injection.



Discussion 

- Subconjunctival triamcinolone (SCT) is selectively used in cataract surgery, particularly when postoperative drop administration is impractical. However, trial evidence is inconsistent and often excludes patients with systemic or ocular comorbidities, limiting real-world applicability.
- In our real-world survey, a *potential role* for SCT was recognised; however, 90% of surgeons expressed concern regarding routine use, particularly related to intraocular pressure (IOP) elevation and conjunctival effects.
- Surgeons reported marked variation in dosage and injection site, despite some evidence in literature of greater IOP elevation with higher concentrations and certain injection locations. This highlights the need for clear guidance to ensure the safest formulation and administration of SCT.
- Literature reports significant IOP rises as late as five months postoperatively. Interestingly, our survey found that 75% of surgeons followed patients for two months or less, raising concern that late IOP spikes may be missed with current follow up regimes.

Conclusion  While the survey identified a potential role for SCT in patients unable to administer drops, it demonstrated wide variation in surgeon use and IOP follow-up. Surgeons expressed caution regarding routine use, highlighting the need for further evidence on delayed IOP rises and effects on the conjunctiva to ensure safe practice.