



Five Things Physicians and Patients Should Question

1

Don't perform preoperative medical tests for eye surgery unless there are specific medical indications.

For many, preoperative tests are not necessary because eye surgeries are not lengthy and don't pose serious risks. An EKG should be ordered if patients have heart disease. A blood glucose test should be ordered if patients have diabetes. A potassium test should be ordered if patients are on diuretics. In general, patients scheduled for surgery do not need medical tests unless the history or physical examination indicate the need for a test, e.g., the existence of conditions noted above. Institutional policies should consider these issues.

2

Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.

If patients do not have symptoms or signs of significant disease pathology, then clinical imaging tests are not generally needed because a comprehensive history and physical examination will usually reveal if eye disease is present or is getting worse. Examples of routine imaging include: visual-field testing; optical coherence tomography (OCT) testing; retinal imaging of patients with diabetes; and neuroimaging or fundus photography. If symptoms or signs of disease are present, then imaging tests may be needed to evaluate further and to help in treatment planning.

3

Don't order antibiotics for adenoviral conjunctivitis (pink eye).

Adenoviral conjunctivitis and bacterial conjunctivitis are different forms of infection that can be diagnosed by the ophthalmologist by clinical signs and symptoms, and if needed, by cultures. Antibiotics are useful for patients with bacterial conjunctivitis, particularly those with moderate to severe bacterial conjunctivitis. However, they are not useful for adenoviral conjunctivitis, and the overuse of antibiotics can lead to the emergence of bacteria that don't respond readily to available treatments. In cases of diagnostic uncertainty, patients may be followed closely to see if their condition resolves on its own, or if further treatment is required.

4

Don't routinely provide antibiotics before or after intravitreal injections.

The routine use of antibiotics before or after intravitreal injections is unnecessary because research has shown that topical antibiotics don't prevent the occurrence of eye infection. The risks of antibiotic eye drops include allergic reactions. The overuse and repeated exposure to antibiotics can lead to the emergence of bacteria that don't respond readily to available treatments. Routine antisepsis is appropriate and important for prevention of eye infection.

5

Don't place punctal plugs for mild dry eye before trying other medical treatments.

Medical treatments to address dry eye are available, such as artificial tears, lubrication and hot, moist compresses. These medical methods, as well as ways to modify the environment, should be tried first to improve dry eye and normalize the tear film before using punctal plugs. If the patient's tear film and eyelids have been treated and dry eye symptoms persist, then punctal plugs can be added.

How This List Was Created

The American Academy of Ophthalmology's Medical Director of Health Policy and Health Policy Committee led the Academy's list development process. Members of the Health Policy Committee initially identified potential recommendations based on relevance, appropriateness and potential for improvement and efficiency. Through society notifications and newsletter notices, other ophthalmic organizations and subspecialty societies and members were invited to offer feedback and recommend ideas to be included in the final recommendations. Health Policy Committee members and the Medical Director of Health Policy reviewed the ideas and supporting evidence, and ranked them in order of potential impact. The top five recommendations were presented to the Academy's Board of Trustees for approval.

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