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## Review

# Perioperative pharmacological management in patients with glaucoma<sup>☆</sup>



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the Grupo Español para el Consenso acerca del Manejo Farmacológico Perioperatorio en  
pacientes con glaucoma

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## ABSTRACT

**Review's aim:** When a phacoemulsification, a filtration surgery or a combined surgery are necessary, questions about the convenience of continuing certain antiglaucomatous drugs could appear. The aim of this review article is to unify criteria that will guide daily clinical practice and including the developing algorithms of action in the preoperative and postoperative periods of filtration surgery and/or cataract surgery.

**Proposed protocols:** In the preoperative period of cataract surgery, the use of non-steroidal anti-inflammatory drugs is at the discretion of the surgeon, with the monodose presentation being recommended. The suspension of prostaglandines a few days before the surgery should be considered. Preservative-free drugs ensure a better recovery of the ocular surface (OS) after cataract surgery. Once all modifying factors of the intraocular pressure (IOP) have been removed, baseline IOP should be evaluated again, choosing preservative-free antiglaucomatous drugs when needed.

The use of preservative-free ocular antihypertensive drugs and steroids in the preoperative period of glaucoma surgery reduces the risk of surgical failure. The interruption of

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prostaglandines is recommended. In the postoperative period of glaucoma surgery, steroids are the anti-inflammatory treatment of choice, the preservative-free ones being preferred. When reintroducing antiglaucomatous treatment, preservatives should be avoided to prevent scarring. The appropriate perioperative management of patients with glaucoma is essential to obtain a correct control of IOP, improve the situation of the OS, prevent complications and improve the result of the filtration surgery and cataract surgery.

**Conclusions:** This protocol aims to unify the different lines of action in order to decrease the incidence of adverse events and maximize the surgical outcome.

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## Manejo farmacológico perioperatorio en pacientes con glaucoma

### R E S U M E N

#### Palabras clave:

Antiinflamatorios no esteroideos  
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Corticoides  
Facoemulsificación  
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Prostaglandinas

**Propósito de la revisión:** Ante la necesidad de realizar una facoemulsificación, una cirugía filtrante o la combinación de ambas, pueden plantearse dudas sobre la conveniencia de mantener determinados fármacos antiglaucomatosos. El objetivo del presente trabajo es unificar criterios que puedan orientar la práctica clínica diaria y que permitan desarrollar algoritmos de actuación en el preoperatorio y el postoperatorio de la cirugía filtrante o de catarata.

**Protocolos propuestos:** En el preoperatorio de la cirugía de catarata, el uso de antiinflamatorios no esteroideos queda a criterio del cirujano, recomendándose el formato de monodosis. Se plantea la suspensión de las prostaglandinas unos días antes de la cirugía. Los fármacos sin conservantes favorecen la mejor recuperación de la superficie ocular (SO) tras la cirugía de catarata. Una vez eliminados todos los aspectos modificadores de la presión intraocular (PIO), se debe reevaluar la PIO basal, prefiriendo los fármacos hipotensores sin conservantes, en caso de necesitarlos.

La utilización de hipotensores oculares y corticoides libres de conservantes en el preoperatorio de la cirugía de glaucoma reduce el riesgo de fracaso quirúrgico. Se recomienda interrumpir las prostaglandinas. En el postoperatorio de la cirugía de glaucoma los corticoides constituyen el tratamiento antiinflamatorio de elección, siendo preferibles aquellos libres de conservantes. Al reintroducir un tratamiento antiglaucomatoso, se deben evitar los conservantes para no potenciar la cicatrización.

**Conclusiones:** el presente protocolo de consenso persigue la unificación de las pautas de actuación con el fin de disminuir la incidencia de acontecimientos adversos y maximizar el resultado quirúrgico.

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## Introduction

Glaucoma and cataracts are age-related diseases and therefore are frequently found in a single patient. Sooner or later phacoemulsification, filtering surgery or the combination of both will have to be considered.

As patients affected by these diseases are usually on multiple medications and many exhibit deep ocular surface (OS) alterations, several perioperative measures could modify for better or worse glaucomatous patient management. On the other hand, doubts frequently arise about the convenience of maintaining a range of antiglaucoma drugs, particularly prostaglandin analogs, before and after surgery.

There are no validated clinical guides for the perioperative management of glaucomatous patients which could help

resolve the above issues. Accordingly, the authors have considered the convenience of such a review on the basis of their clinical experience and a review of existing literature. In any case, the adaptation of these general guidelines to each individual patient is important.

## Objectives

- To unify the criteria of a group of glaucoma experts which could be used as guidelines in daily clinical practice
- to develop action algorithms for presurgery cataract operations and for filtering surgery in glaucomatous patients
- to develop action guidelines for the post-surgery period of glaucomatous patients intervened for cataracts or glaucoma

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