( ) R1 (X) R2 ( ) R3 ( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC Last Name - Lago First Name - Aline Middle -

Service (sector) Trauma Nº CEP

Do we follow the Endophthalmitis Vitrectomy Study at UNIFESP?

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Introduction:The Endophthalmitis Vitrectomy Study (EVS) was a multicentre randomized clinical trial designed to guide the management of postoperative bacterial endophthalmitis. All over the world, there are doubts if ophthalmologists follow its recommendations or not, despite its intent. Objective: We surveyed anterior (AS) and posterior (PS) segment surgeons to know whether they are adopting the EVS recommendations in their management of bacterial endophthalmitis after cataract surgery. Methods: A survey was given to 79 ophthalmologists (48 AS and 31 PS) at UNIFESP who manage postoperative endophthalmitis following cataract surgery. The questionnaire explored the management of a clinical case of a patient who presented after two weeks of a cataract surgery with: low vision acuity, hypopion and vitreous turvation. For purpose of comparison with the EVS, the questions were divided into presenting visual acuity categories, antibiotics -AB-(types and way of administration) and corticosteroids (when and way of administration). Results: The preferred treatment for patients presenting with light perception between PS was pars plana vitrectomy (PPV) in 90,4% and vitreous tap (VT) was indicated in 9,6%. AS would use PPV in 73% and VT in 27%, with statistically significance difference (p-Value= 0,037), when comparing PPV between PS and AS. If patient presented with hand motions, VT was the first choice between PS and AS in 54,8% and 54,2%, respectivily. When vision acuity was better than 20/400, the surgeons preferred VT in 72,9% (AS) and 90% (PS). When asked about intravitreous (IV) AB, 77% (AS) and 87% (PS), chose one of two options: vancomycin and amikacin (1) or vancomycin and ceftazidime (2) . Option 1 was indicated in 62% (AS) and 37% (PS), and the second one was used by 35% (AS) and 65% (PS), with statistically significance difference for both choices (p-Value = 0,04) and (p= 0,022). Corticosteroids: which, when and how administrate, had many differences between surgeons and it would be described. Only four doctors (8,3% AS) would not use IV AB for patients with visual acuity better than 20/400, all of them with more than 9 years of medicine (mean 17,25 years). Conclusion: Most of the UNIFESP surgeons who responded to this survey heed the recommendations of the EVS in a first visit of patient with suspected endophthalmitis, but PS preferred ceftazidime instead of amikacin for IV AB.