

Risk factors for intraocular pressure rise following phacoemulsification

Dear Editor,

We read with interest the article by Coban-Karatas *et al.*^[1] We would like to congratulate the authors for taking up a study on this topic as postoperative rise in intraocular pressure (IOP) is a very common complication after phacoemulsification, but often

neglected by the surgeon. However, after going through the article we wanted to have clarification on the following queries.

1. When was the preoperative IOP recorded? Whether it was recorded on the day of surgery or couple of days before the surgery?
2. The article does not mention about the number of eyes having IOP >22 mmHg preoperatively. It is important to know that figure as the range given was 7-36 mmHg
3. We were surprised to note that the surgery was undertaken even with IOP as high as 36 mmHg without controlling it as the preoperative IOP range was 7-6 mmHg and no additional medication was advised
4. The range of IOP on 1st postoperative day was 6-58 mmHg, on 7th postoperative day 6-37 mmHg, and on 30th postoperative day 6-34 mmHg. Why no treatment was initiated inspite of very high IOP in some of the patients who were subjected to the sequelae of high IOP? It appears to be unethical
5. It was a retrospective study; still all data could be collected for postop day 1, 7, and 30. There was no dropout or no deviation from the schedule, which is a surprise to us
6. The analysis of mean IOPs for this study is not the true representation of the event. A better option would have been to record the number of eyes showing rise of IOP grouped in different ranges
7. It is not clear with the present data set that how many showed drop in IOP from the preoperative level?
8. The paired Student's *t*-test has been done which is not right for this type of data because the number of recordings of IOP were four (preoperatively, day 1, day 7, and day 30), hence the correct statistical test would have been 'repeated measure of analysis of variance (ANOVA)' followed by *post hoc* analysis if found significant
9. In the materials and methods section,

2nd paragraph, "Antiglaucoma drugs that incite more inflammation like prostaglandin analogs were stopped 2 weeks before surgery and an antiglaucoma drop that does not incite inflammation was prescribed" has been repeated, which shows that the article was not proofread well

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Reference

1. Coban-Karatas M, Sizmaz S, Altan-Yaycioglu R, Canan H, Akova YA. Risk factors for intraocular pressure rise following phacoemulsification. *Indian J Ophthalmol* 2013;61:115-8.

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| Quick Response Code: | Website: www.ijo.in |
|  | DOI: 10.4103/0301-4738.133531 |
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