

Glycine induced retinotoxicity is avoidable

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Sir,

We read the article 'glycine induced acute transient post-operative visual loss' by Pramod *et al.*^[1] and agree with the authors that the absorption of large amount of glycine and application of higher than the recommended pressure were responsible for the glycine induced retinotoxicity.

The 'American Association of Gynecologic Laparoscopists' guidelines^[2] for hysteroscopic surgery published in 2013 recommend avoidance of intrauterine distension pressure more than the patient's mean arterial pressure, and use of intra-cervical vasopressin (8 ml of 0.05 U/ml) to reduce the absorption of irrigation fluid.

Similar to transurethral resection of prostate (TURP) syndrome, use of neuraxial blockade in this case could have preserved consciousness of the patient and helped to detect the clinical features of volume overload and glycine toxicity at an earlier stage.^[3,4] Patients undergoing TURP, hysteroscopy, or surgery in prone position should be informed pre-operatively about the possibility of post-operative temporary and permanent vision loss and such complaint by the patient in the post-operative period warrant urgent assessment and intervention.

Hence, we believe that use of neuraxial blockade,

intra-cervical injection of vasopressin and adherence to the standard recommendations, could have avoided the complication.

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