

Comment on: Feasibility and safety of vitrectomy under topical anesthesia in an office-based setting

Sir,

We read with great interest the article titled "Feasibility and safety of vitrectomy under topical anesthesia in an office-based setting" by Trujillo-Sanchez *et al.*^[1] This is an interesting study highlighting

that 27-Gauge vitrectomy surgeries can be performed as an office procedure under topical anesthesia without complications.

However, there are few concerns that we would like to highlight. Although the safety of this procedure for cases with vitreous floaters has been proven by Wu *et al.*, macular surgeries such as vitreomacular traction syndrome and epiretinal membrane require high precision during surgery and even flickering movements of the eye can result in undesirable complications.^[2] Such cases represented only 9% of the total study group. Would the safety results represent a true picture for these cases?

A significant percentage of patients (25%) had moderate-to-unbearable pain during surgery. The majority of patients reported pain during trocar insertion. The authors do not report on the type of entry for the trocar. 27-Gauge vitrectomy surgeries do not require a beveled sclerotomy entry.^[3] If beveled entries were made, we would suggest that avoiding this step may help in further increasing the patient comfort.

The authors report the mean surgical time to be 12.35 ± 8.21 min. They do not mention about induction of posterior vitreous detachment and peripheral shaving of vitreous. These crucial steps could not be completed within a few minutes. Limited core vitrectomy leaves behind a risk of detachment of residual vitreous later and development of new-onset floaters, retinal breaks, and even retinal detachments.^[4] The follow-up of 30 days is too short to identify these complications and comment upon the safety of the procedure.

We would suggest that the authors should recommend office-based vitrectomy under topical anesthesia only for cases requiring media clearing like vitreous floaters. Preoperative assessment of the macula should be possible to prevent intraoperative surprises. In addition, these cases should be under close observation for late onset retinal complications.

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Conflicts of interest

There are no conflicts of interest.

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