Simultaneous Bilateral Cataract Surgery in Children

In 1990, Guo et al. published their excellent results for simultaneous bilateral cataract surgery (SBCS). At the time, this surgical approach was not frequently performed in children. This practice remains controversial due to the risk of vision-threatening complications, such as bilateral endophthalmitis.

In this issue, Gradin and Mundia report their results following SBCS and intraocular lens (IOL) implantation in children in Kenya. They remind us that the primary advantage of operating in successive sessions is to ensure that the first eye has safely recovered before subjecting the second eye to surgery. Vision-threatening complications of SBCS may include visual axis obstruction from a fibrinous membrane, anterior to the IOL, re-growth or phimosis of the posterior capsule opening, or endophthalmitis. In developing world institutions, there is pressure to control costs, to increase the efficiency of operating room time use, and to reduce hospital admissions. I believe many surgeons in developed countries face these same pressures. In Gradin and Mundia’s series, SBCS resulted in a 20% cost savings compared with sequential surgery and reduced the hospital stay from 8 to 5 nights. In their comparative study of 98 patients, complications were minor and few in both groups and no cases of endophthalmitis occurred. They correctly conclude that SBCS with IOL implantation may be performed safely in children, with advantages in cost savings and efficiency.

For children with cataracts in a developing world setting with limited resources, the benefits of SBCS may outweigh the risks of vision-threatening complications when performed by experienced surgeons with a strict aseptic protocol. Minimizing procedures performed under general anesthesia in a child is always desirable. Some surgeons in the United States perform SBCS in infants in an attempt to expedite bilateral optical correction and possibly avoid deprivation and sensory nystagmus. These are all good reasons to consider this surgical approach.

REFERENCE


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