Research

Preoperative Testing in Medicare Patients With Cataract 231
Chen and coauthors investigate whether the full extent of routine preoperative testing in patients undergoing cataract surgery can be ascertained. In a cross-sectional study of 440,857 Medicare beneficiaries undergoing cataract surgery, testing rates increased 41% during the interval between ocular biometry and cataract surgery, even after excluding tests occurring within 30 days before surgery. This expanded capture method estimates that Medicare expenditures for routine preoperative testing cost up to $45.4 million annually. Although this study has limitations associated with using administrative billing databases, it suggests that routine preoperative testing can be identified earlier than 30 days before surgery and may be costlier than previously described.

Optic Nerve Sheath Diameter and Intracranial Pressure 250
Wang and coauthors determine the association between the optic nerve sheath diameter and intracranial pressure (ICP) in patients with elevated ICP before and after treatment. The ICP and optic nerve sheath diameter values obtained before lumbar puncture were strongly associated. The subsequent change in optic nerve sheath diameter was strongly associated with the change in ICP. While further studies are needed to confirm these findings, the results suggest ultrasonographic optic nerve sheath diameter may be a useful, noninvasive tool for dynamically evaluating ICP.

Outcomes of Persistent Diabetic Macular Edema 257
To assess outcomes of diabetic macular edema (DME) persisting at least 6 months after randomization to treatment with 2.0-mg aflibercept, 1.25-mg bevacizumab, or 0.3-mg ranibizumab, Bressler and coauthors report a post hoc analysis, which showed that persistent DME through 24 weeks was less likely with 2.0-mg aflibercept or 0.3-mg ranibizumab than 1.25-mg bevacizumab. Among eyes with persistent DME through 24 weeks, chronic persistent DME through 2 years was more likely with bevacizumab than aflibercept. However, regardless of DME persistence or anti–vascular endothelial growth factor agent, few eyes lost substantial vision. These data suggest that when using the study treatment protocol for DME, at least 2-line visual acuity loss was uncommon through 2 years with any of these anti–vascular endothelial growth factor agents, even when DME chronically persisted.

Contact Lens Adherence in Children With Aphakia 279
To understand contact lens adherence in children with aphakia, Cromelin and coauthors in the Infant Aphakia Treatment Study undertake a secondary analysis of a randomized clinical trial to determine how successful contact lens wear is in children after unilateral cataract surgery during infancy if contact lenses are provided at no charge to caregivers. Most families reported that their child wore a contact lens more than 80% of waking hours from the time of cataract extraction through age 5 years. These results suggest that adherence to wearing contact lenses provided at no charge is high through age 5 years by most caregivers of children with unilateral aphakia.

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