



Antiplatelet and anticoagulant agents in vitreoretinal surgery: a prospective multicenter study involving 804 patients

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We thank our colleague Andrei Grzybowski for his interest in our paper, recently published in Graefe's Archives for Clinical and Experimental Ophthalmology [1]. We agree with him that continuing or discontinuing antithrombotic drugs before any ocular surgery is still a matter of debate and may differ in diverse countries and cultures [2].

The number of combined surgeries, i.e., cataract extraction concomitant to vitreoretinal procedures, varies greatly from one country to another. In fact, in France, combined procedures are very popular and our group has shown the value of such combined surgeries for epiretinal membrane and macular hole surgery [3, 4]. The proportion of combined surgery in this study was 13.9%. This in accordance with our recent study, currently under review, examining this topic for the 2005–2014 period in France, where combined surgeries were performed versus standalone procedures with a 15.8% ratio. In our present series, no posterior capsule rupture was observed among the combined surgeries ($n = 112$).

We agree that in the past, aphakia and pseudophakia were reported as risk factors for developing a suprachoroidal hemorrhage [5]. However, we wonder whether this finding remains valid with the less invasive surgeries we are using today. The proportion of pseudophakic eyes was 36.9% in our series.

We agree that lid ecchymosis, which was defined as a visible hematoma of the lids, was remarkably low in our series. This may be related to the technique used in these eyes. The needles used were 27-G Becton Dickinson (BD) needles. An intracocular injection was performed with a BD Microlance needle (length = 19 mm, diameter = 0.4 mm) and an inferior peribulbar injection was performed with a BD Rhaxis needle (length = 32 mm, diameter = 0.4 mm, with a short bevel). The

inferior peribulbar injection was not done through the skin of the eyelid, but directly through the inferior conjunctiva in the inferior cul-de-sac after gentle eversion of the lower eyelid. In an earlier series of 206 eyes, we found no lid ecchymosis, but seven subconjunctival hemorrhages with this technique [6].

In conclusion, millions of people are treated worldwide with antithrombotic agents, including new agents such as novel oral anticoagulants [7]. Every professional involved in health care should strive to offer the best strategy for a given patient taking antithrombotic therapy.

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