SUBJECTIVE ANESTHESIA IN CONTACT DIODE LASER CYCLOPHOTOCOAGULATION.
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Abstract
BACKGROUND: Retro-or peribulbar anesthesia are the standard procedures for cyclodestructive surgery. Because these methods of anesthesia may further compromise optic nerve function, especially in advanced glaucoma, subconjunctival anesthesia was evaluated as an alternative procedure in contact diode laser cyclophotocoagulation (CPC).

PATIENTS AND METHODS: A prospective study concerning diode laser CPC in advanced glaucoma was started using subconjunctival anesthesia with 2% mepivacaine. Complications and pain during CPC (5 point rating scale) and on the first postoperative day were recorded. Only the first CPC in every patient was included for evaluation.

RESULTS: Included in the study were 120 eyes of 120 patients. During CPC, 82.5% of patients experienced no pain, 11.7% mild pain, and 5.8% moderate pain. No instances of pain or excess motion occurred that required peribulbar anesthesia or discontinuation of the procedure.

CONCLUSION: Most of the patients experienced no pain during diode laser CPC using subconjunctival anesthesia. Therefore, risks and side effects of retro- or peribulbar anesthesia can be successfully avoided by this simple modification.

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