

## Combined Intravitreal Avastin with Phacoemulsification in Visually Significant Cataract and Visually Significant Maculopathy

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### PURPOSE

We investigated the safety of a combination therapy (phacoemulsification with intravitreal avastin) for an optimal visual recovery.

### METHODS

The study is a prospective review of consecutive patients treated by 2 surgeons at one medical center from January 2006 to March 2006. Intravitreal avastin (0.1ml) was injected at the end of uneventful phacoemulsification with foldable acrylic intraocular lens implantation.

### RESULTS

12 patients (9 males, 3 females; 7 right eyes, 5 left eyes, median age 73 with a range of 45 to 87) were treated (8 subfoveal neovascular age-related macular degeneration, 2 diabetic maculopathy, 2 central retinal vein occlusion-related cystoid macular edema). Mean (SD) logMar best corrected visual acuity improved from -1.58 (0.42) preoperatively, to -1.40 (0.62) in the first postoperative week ( $p=0.1$ ), and to -0.56 (0.38) in the first postoperative month ( $p=0.000$ ). The fovea flattened on follow-up by 90-diopter slit lamp examination and OCT. No adverse events were observed, including endophthalmitis, clinically evident inflammation, retinal tears, retinal detachment, or thromboembolic events in any patient. Complications were noted in 2 patients that developed unexplained high intraocular pressures within 24 hours postoperatively (38 and 45 mmHg respectively) despite complete viscoelastic removal.

### CONCLUSION

The combination of intravitreal avastin and phacoemulsification is safe in the short term and beneficial for maximal visual rehabilitation in the first postoperative month in this small case series. Monitoring of intraocular pressure is indicated.