

# STANDARD OPERATING PROCEDURE OF MEDICAL ACTIONS FOR AFTE ENDOPHTHALMITIS AFTER CATARACT SURGERY

Zabolotniy A.G.<sup>1,2</sup>, Nabatova O.S.<sup>1</sup>, Nefedov D.A.<sup>1</sup>

<sup>1</sup>*Krasndar branch of The S. Fyodorov Eye Microsurgery Federal State Institution, Krasnodar, Russian Federation*

<sup>2</sup>*FSBEI of High Education "Kuban State Medical University" of the Ministry of Health of Russia*

**Introduction.** The introduction of the stage of femtolasers assistance in microinvasive cataract surgery has qualitatively improved the optical results. The risk of postoperative endophthalmitis has decreased, but is not excluded due to the persistence of surgical invasion as a whole. Acute development of endophthalmitis requires well-coordinated regulated actions of all the medical staff of the clinic.

**Purpose.** Prospective development of a regulated algorithm - a standard of an operating procedure (SOP), the actions of ophthalmologists of a hospital in case of early postoperative posterior uveitis, endophthalmitis.

**Methods.** The recommendations of the European (ESCRS Guidelines for Prevention and Treatment of Endophthalmitis Following Cataract Surgery, 2013) and Russian (2015) levels, relevant specialized scientific articles were used. When developing the SOP, the method of "brainstorming" was applied by a working group of mixed composition: ophthalmologists, diagnosticians, surgeons; pharmacists, doctors of clinical laboratory diagnostics, ophthalmic anesthesiologists.

**Results.** The result of this development was the SOP, approved by the administration of the clinic, with a phased schedule of actions for residents, on weekends - for doctors on duty, clinics, starting with the initial diagnosis: posterior uveitis, endophthalmitis. I - performing a diagnostic complex, visometry, biomicro- and ophthalmoscopy, mandatory eye sonography; drug therapy, according to ophthalmological status. II - during the first 2 hours, a medical consultation, including a vitreoretinal surgeon, to determine the need, timing and volume of surgery. III - within an hour scan of the operating room, preoperative preparation of the patient. IV - performing the operation in the time and volume determined by the medical council, sampling biomaterial for the analysis of flora, antibiotic sensitivity. V - medical supervision of the patient, pharmacotherapy according to the current ophthalmological status. This SOP was used in 6 patients with early postoperative posterior uveitis (4 eyes) and endophthalmitis (2 eyes). Timely surgical interventions - rinsing the anterior chamber of the eye and the introduction of an antibiotic (3 eyes), vitreous surgery (2 eyes), in all cases stopped the intraocular inflammatory process while maintaining the VA of  $\geq 0.1$  UCVA.

**Conclusion.** The use of SOP in current clinical practice provides timely and successful surgical and drug relief of early postoperative endophthalmitis during cataract surgery.

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