On the Use of Ophthalmic Ointment to Prevent Corneal Abrasions during General Anesthesia

To the Editor:—In their report on the use of ophthalmic preparations during general anesthesia, Siffering and Poulton note a high incidence of blurred vision and decreased visual acuity after the use of petroleum-based ointments. The authors conclude that ophthalmic ointments should be avoided for routine short procedures. They maintain that their omission will not compromise safety.

Siffering and Poulton did not detect any corneal abrasions in the 127 patients studied. This complication appears to be a rare but extremely painful one. Corneal abrasions have been noted after surgery even when the patient has been supine and the surgical field was not in proximity to the head. The problems noted would be considered minor if corneal abrasions were prevented by the ointment. To evaluate the efficacy of a technique to prevent corneal injuries, a large number of cases would be needed. In the absence of such a study, I plan to continue the routine use of ophthalmic ointment, as has been advocated.

Siffering and Poulton have confirmed a previous investigation which concluded that “...ointment is retained on the eye longer than other vehicles.” This property may be precisely the one which will decrease the chance of a corneal abrasion occurring during general anesthesia, since the production of tears is decreased during anesthesia and eyes may open even when they are thought to be securely taped shut.

MITCHEL SOSIS, M.D., PH.D.
Assistant Professor of Anesthesiology
Indiana University School of Medicine
Indianapolis, Indiana 46223

REFERENCES

(Accepted for publication October 9, 1987)