



## VISION ACADEMY VIEWPOINT

The Vision Academy is a partnership between Bayer and ophthalmic specialists, established with the aim of addressing key clinical challenges in the field of retinal diseases: www.visionacademy.org.

# Use of Topical Antibiotics with Intravitreal Injections

## **Background**

Intravitreal injections are increasing in frequency due to the widespread adoption of anti-vascular endothelial therapies factor (VEGF) arowth the management of retinal diseases. Many physicians continue to use topical antibiotics alongside intravitreal injections with expectation of minimizing the risk of serious complications such as endophthalmitis, yet evidence lacking regarding the efficacy of antibiotics in preventing endophthalmitis following intravitreal injection.

A review of the literature and available evidence was conducted to:

- Determine the validity of the use of topical antibiotics as a prophylactic measure alongside intravitreal anti-VEGF injections
- Evaluate the potential effect of topical antibiotics on the prevention or reduction of intravitreal injectionassociated infections

Endorsed by the Vision Academy in May 2019.





## Viewpoint

An aseptic technique for intravitreal injection is essential for minimizing the risk of serious complications such as endophthalmitis. Procedures should ensure adequate anesthesia and asepsis, including a topical broad-spectrum microbicide (such as povidone-iodine), and should be conducted according to prescribing information, medical standards, and applicable guidelines.

Based on an extensive literature search, the Vision Academy does not recommend the use of topical antibiotics alongside intravitreal injections for the following reasons:

- There is **no evidence** for prevention of infection and they may even be associated with an increased risk of endophthalmitis<sup>1–4</sup>
- There is no evidence for the reduction of infection-related morbidity<sup>1</sup>
- Repeated use is proven to increase the occurrence of antibiotic resistance and potentially increased virulence<sup>1</sup>
- There is additional cost and burden to patients, physicians, and healthcare systems<sup>1</sup>

Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis (e.g. eye pain, redness of the eye, photophobia, and blurring of vision) without delay.

#### **Further considerations**

Topical antibiotic use **prior to** the injection procedure has an appealing rationale, since the entry of organisms into the vitreous typically occurs at the time of injection; however, there have been no prospective studies demonstrating that pre-injection antibiotics reduce the risk of endophthalmitis and the available literature indicate the omission of prophylactic application can be justified.<sup>1,5-8</sup>

In addition, application of topical antibiotics, either concurrent with or after the injection procedure, has not shown additional benefit over topical broad-spectrum microbicides and antiseptic administration.<sup>9,10</sup>

#### References

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Antibiotic resistance is a serious concern. In multiple large case series comparing intravitreal injection with or without the use of antibiotics, there is a numerical trend in most toward increased rates of endophthalmitis. 1,10 Moreover, the repetitive nature of intraocular injection of anti-VEGF agents, and thus repeated use of topical antibiotics, significantly increases the potential for colonization of the ocular surface with resistant bacteria. 11,12 This approach also interferes with clinical care models and increases cost and patient inconvenience, particularly when patients are managed in a reactive/ pro re nata (as needed) manner. Furthermore, topical antibiotics have poor penetration into the eye due to various physiological barriers, so they do not reach therapeutic levels in the vitreous. 13

There are significant regional differences concerning the use of topical antibiotics in intravitreal injection clinics. In 2014, 84% of physicians from the Asia-Pacific region said they used topical antibiotics, compared with only 11% of US physicians. 14 Reasons for continued use include personal preference, peer-pressure, and medico-legal concerns. In Japan, the use of topical antibiotics alongside anti-VEGF injections is mandated by the label and considered standard use. Therefore, changes in practice habits may be achieved through the revision of drug labels and the amendment of local and professional society guidelines.



