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Topical anesthesia for treatment infants with retinopathy of prematurity

Pedro Mattar

King Khaled Eye Specialist Hospital, KSA

Retinopathy of prematurity (ROP) in Venezuela has become the first cause of childhood blindness because of the high incidence of preterm births and poor oxygen control in the neonatal units. Venezuelan screening guidelines are: Infants ≤ 1750 grs and ≤ 35 weeks of gestation. The first exam should be done on the fourth week of life. Treatment follows the CRYO-ROP and ET-ROP criteria. Diode laser photo-ablation and anti-VEGF intravitreal injections are the treatments of choice in ROP. Variation in anesthesia, the risk of neurodevelopmental disorders associated with general anesthesia in small babies and developmental changes in preterm infants in responses to pain has been reported. A total of 103 babies with ROP who received Diode Laser Photocoagulation (93 patients) and intravitreal injections of anti-VEGF (10 patients) under topical anesthesia and suction of a pacifier with fructose were evaluate under the Premature Infant Pain Profile (PIPP). In the Laser group 64% presented moderate pain and 36% minimal pain. In the intravitreal injection groups all of then presented minimal pain. Topical anesthesia with no sedation and suction of a pacifier with fructose is a safe and effective anesthetic technique for treatment in infants with ROP.

Biography

Pedro Mattar is a Consultant of Pediatric Ophthalmology at Strabismus Division at King Khaled Eye Specialist Hospital in Saudi Arabia. He is a Pediatric Ophthalmology Fellow at University of Colorado, Denver, USA. He has completed his Ophthalmology course from A.V.A.O, Venezuela and Medicine from Universidad Central de Venezuela. His associations include, American Association of Pediatric Ophthalmology and Strabismus, American Society of Cataract and Refractive Surgery, Venezuelan Society Ophthalmology, Pan American Association of Ophthalmology, Latin-American Pediatric Ophthalmology Society and Pan American Society of Retinopathy of Prematurity.

pmattar@gmail.com

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