

Sir,

Response to Park *et al*

We would like to thank Park *et al*¹ for their response to our original correspondence.² The original aim of the survey was to obtain a snapshot of endophthalmitis rates in the UK following 23-gauge transconjunctival sutureless vitrectomy (23G TSV). This survey took place for two reasons. The first was that at the time (early 2009), there was no previously published evidence from the UK on 23G TSV, although there was one publication on 20-gauge vitrectomy.³ The second reason was that although other published evidence from around the world had not found a significant difference in endophthalmitis rates between 20-gauge and 23-gauge vitrectomy,^{4–6} one published article had found a significantly higher rate (12 times greater than 20-gauge vitrectomy) in 25-gauge vitrectomy,⁷ and we were concerned that this would end up being extrapolated to 23-gauge vitrectomy, as both 23-gauge and 25-gauge techniques can be considered ‘small gauge’.

We agree that a British Ophthalmic Surveillance Unit study should be considered as a gold standard for investigating rare complications, and are pleased to see that such a study is in progress for this topic. We look forward to the final results, and hope that they can confirm that endophthalmitis rates following 23G TSV are closer to published 20-gauge rates, rather than 25-gauge rates.

Conflict of interest

The authors declare no conflict of interest.

References

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Eye (2012) **26**, 483; doi:10.1038/eye.2011.330;
published online 16 December 2011