

emphasis in the study *per se* seems light handed and therefore the article title, conclusion, and summary are rather controversial. It makes the reader believe that postoperative day 1 review could be omitted in most cases of vitrectomy; however, it does not take into account a lot of variables as pointed out earlier. Perhaps as far as IOP control is concerned the postoperative day 1 visit could be spared in selected cases but, it would be interesting to see a study with a larger sample size and varied surgical cases to arrive at a conclusive guideline.

Conflict of interest

The authors declare no conflict of interest.

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KB Harshey¹ and R Madhukumar²

¹Vitreo-Retina and Ocular Oncology, Sankara Eye Hospital, Bangalore, India

²Vitreo-Retina, Sankara Eye Hospital, Guntur, India
E-mail: kaustubh.harshey@gmail.com

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Sir, Intraocular pressure is not the only important postoperative variable following vitrectomy

We thank Harshey and Madhukumar¹ for their interest in our article, but they have unfortunately either misread or misunderstood the purpose of our study. Unlike several previous studies that have focused solely on intraocular pressure on the first postoperative day,^{2–4} the primary outcome measure of our study was the need for a change in treatment. We have explicitly stated this in the discussion.⁵

Of the 273 patients included in the study, 10 patients required an unexpected intervention. Of these 10 patients, 7 required a change in treatment due to intraocular pressure, while three patients needed a return to theatre for anterior chamber washout for other reasons. Therefore, our study demonstrates that intraocular pressure is not the only important postoperative variable following vitrectomy, but that it is the most common reason for a change in treatment.

Harshey and Madhukumar are concerned about the medicolegal implications of omitting the day-1 review, and one of the reasons for conducting this study was to provide contemporary data. This is particularly important given that more than a third of VR surgeons in the United Kingdom have already abandoned review on the first postoperative day.⁶

Harshey cites the paper by Schubert that discusses mechanisms of hypotony, but this reference, almost 20 years old, is now outdated and not relevant in the era of modern small-gauge vitrectomy. We would propose that the commonest cause of hypotony on day 1 after vitrectomy is wound leak from a sutureless sclerotomy incision. In our study, hypotony was observed in five patients, of whom one required reformation of the anterior chamber. The remaining four patients were treated with a change in treatment regimen and the IOP normalised in these four patients within 48 h.

To our knowledge, ours is the largest series reported in the published literature of post-vitrectomy intervention rates on day 1, but we would encourage surgeons from other centres to publish their outcomes to provide more data for this interesting and clinically relevant debate.

Conflict of interest

The authors declare no conflict of interest.

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P Alexander, L Michaels and RS Newsom

Department of Ophthalmology, University Hospital
Southampton, Southampton, UK
E-mail: p.alexander@soton.ac.uk

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