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Sir,  
**Ocular perforation during peribulbar injection**  
**Reply**

I read with concern a case report by Gauba *et al*<sup>1</sup> describing a case of ocular perforation and intra vitreal injection of depomedrone during peribulbar injection.

This is a most unfortunate and frightening complication of a routine injection.<sup>2</sup>

However, it should be appreciated that such complications will become more common at the hands of ophthalmologists who are rapidly becoming deskilled in the valuable art of making periocular injections.

Until a few years ago the retrobulbar/epibulbar/peribulbar injections to effect akinesia and anaesthesia for ocular surgery were made by the ophthalmologists. This practice has now been passed on to anaesthetists/nurse practitioners. As a direct consequence of this the ophthalmologists have lost an opportunity to develop expertise in making such injections. The ophthalmologists are now required to make such injections on rare occasions as in the case described by Gauba *et al*.<sup>1</sup>

The present training programmes do not give ophthalmologists ample opportunities to practice and develop this most useful skill of making such injections. It should therefore come as no surprise that ophthalmologists have lost the ability to appreciate

whether the needle is in the vicinity of the globe or is inside it. Ophthalmologists should make some serious attempt to reclaim the art of retro/peri/epibulbar injections to minimise and eliminate such unfortunate complications.

## References

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- 2 Gillow JT, Aggarwal RK, Kirkby GR. A survey of ocular perforation during ophthalmic local anaesthetic in the United Kingdom. *Eye* 1996; **10**: 537–538.

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Sir,  
**The author replies**

The correct and safe technique of peribulbar/retrobulbar injection, as alluded to in the original article, should indeed be emphasized in the training of junior ophthalmologists. However, in the current environment of blunt injection techniques, most periocular injections, including steroid administration, can be performed safely and efficaciously by a subtenon approach.<sup>1</sup>

## References

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