

aetiological factor as the upper incisors were most affected in our patient.⁵ When prescribing oral tetracycline for the treatment of blepharitis in adult patients, it is important to advise on oral hygiene measures and on avoidance of sunlight to minimize staining of teeth. Patients should also be reassured that the stain may be removed with abrasive cleansing by dental surgeon.

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increased bacterial cell counts,⁵ but there are no prospective studies of face-mask use and PIE. It would be surprising to find a greater effect from mask use in the prevention of PIE than pertains in general surgery, given that the majority of PIE organisms are presumed to originate from the patients' conjunctival flora.

Where the evidence for benefit is uncertain, it is appropriate to assess adverse effects. Theatre masks increase condensation on operating microscopes and may impair the surgeons' view. Masks may rub on the face, thus displacing facial skin squames onto the operative site. Unnecessary use is inconvenient, wasteful, and impairs communication. In the absence of direct evidence of harm, we consider it reasonable to continue our current practise of not wearing face-masks in theatre.

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Sir,
Risk factors for endophthalmitis: does non-wearing of face-masks increase relative risk?

As non-wearers of surgical masks, we were interested to read the editorial by Trivedi and Wilson¹ recommending the use of face-masks during cataract surgery. The immediate evidence for this recommendation was the multivariate analysis of retrospectively reported risk factors for postoperative infective endophthalmitis (PIE) from the British Ophthalmic Surveillance Unit, reported by Kamalarajah *et al.*²

The evidence for the use of face-masks in surgery generally is poor, with no effect on theatre air bacterial counts³ and no effect on wound infection rates in a major randomised controlled general surgical trial.⁴ Culture plates placed around the patient during cataract surgery without masks have been shown in one study to have

Sir,
Reply to: Risk factors for endophthalmitis: does non-wearing of face-masks increase relative risk?
We thank Leyland and colleagues for sharing their views on the use of face-masks during ophthalmic surgery. As stated in our editorial, the wearing of face-masks during an operation to prevent potential microbial contamination of the incision is a long-standing surgical tradition.¹ However, many well-meaning traditions have inconclusive evidence of benefit underlying them. It is proper to challenge those traditions and critically examine the scientific evidence for continuing them.

We recommended, in our editorial, the proper use of face-masks based on studies such as the prospective randomized study by Alwitary *et al.*,² which reported in the ophthalmic literature, significantly fewer bacterial counts from blood agar plates placed adjacent to the patient's head in the operating field when the surgeons