

eye does achieve '0' mmHg, i.e. reaches equilibrium with atmospheric pressure, but the significance is the differential drop from the preoperative IOP value to zero. We are all aware of the surgical complications in operating on eyes with higher IOPs, i.e. uveal prolapse, flat anterior chamber, vitreous loss. Our study shows that IOP is raised with peribulbar anaesthesia and that external compression reduces it. We believe that a lower IOP is beneficial at the commencement of intraocular surgery.

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Sir,

I was particularly interested to read Mr McKibbin's article on the pre-operative assessment and investigations of ophthalmic patients.¹ It was interesting to find that despite the presence of systemic diseases in patients undergoing ophthalmic surgery most of the pre-operative investigations were inappropriate.

In this particular series, the number of patients undergoing surgery under local anaesthetic was quoted as 43%. One year previously in the same hospital I had sent a questionnaire to SHOs in the other surgical departments which included ENT, Plastic Surgery, General Surgery, Orthopaedics and Trauma, Obstetrics and Gynaecology, Urology and Vascular Surgery. The questionnaire simply asked whether or not the following pre-operative tests were performed on patients about to undergo an operation under local anaesthetic: FBC, U&Es, random blood glucose, ECG. All the forms were returned indicating that none of these tests were routinely performed in the departments mentioned above. However, these tests were performed in the Ophthalmology department.

These and Mr McKibbin's findings should make us seriously reconsider whether such investigations are really necessary. If other departments are not undertaking such tests for patients undergoing procedures under local anaesthetic then why are we doing so in the Ophthalmology department? I fully agree that tests should only be undertaken if clinically indicated and likely to affect management. This makes more sense clinically and financially. Certainly, in my experience, abnormal results whether unexpected or not have not altered the decision to operate under a local anaesthetic. It would be interesting to find out if other units share similar views.

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