

the unusual ERM appearance in our patient presumably reflects this situation. Interestingly, experimental subretinal injection of PFCLs results in phagocytosis of PFCL by RPE within 3 h of injection,<sup>4</sup> which may help explain the appearances of the epiretinal RPE in our patient.

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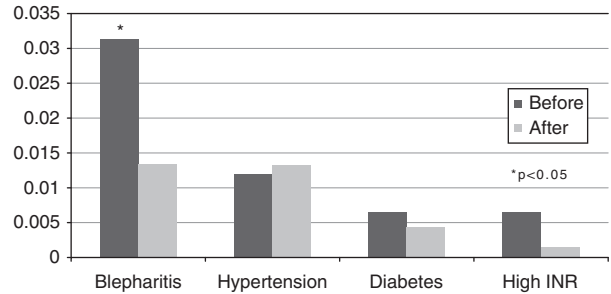
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Sir,  
**Reducing the rate of cataract surgery cancellation due to blepharitis**

On-the-day cancellation of cataract surgery causes much distress for the patient and increases the burden on already stretched services, in addition to significant financial implications. A primary risk factor for endophthalmitis is thought to be local eyelid disease, with the majority of cases attributable to the patients' own flora.<sup>1,2</sup> Current guidelines therefore suggest that surgery is postponed pending disease control, usually with a lid hygiene regimen.<sup>3</sup> We recently assessed the efficacy of applying a blanket policy of lid hygiene advice to all pre-operative cataract patients with a view to reducing the number of cancellations due to blepharitis.

In audit cycle 1 ( $n = 960$ ), case notes were reviewed retrospectively over a 5-month period and the reasons for on-the-day cancellation were recorded. Subsequently, all patients received both verbal and written advice about how to clean their eyelids and why it was necessary. Cancellation data were then collected prospectively over a 4-month period ( $n = 677$ ). A significant reduction in the incidence of cancellations due to blepharitis was noted ( $P = 0.03$ , odds ratio 0.45) Figure 1.



**Figure 1** Proportion of operations cancelled before and after instituting lid hygiene measures.

Unfortunately, diagnosis of significant blepharitis is based on a subjective assessment that makes generating any strict audit criteria difficult and introduces a potential confounding factor. However, on an intention-to-treat basis we believe that providing all preoperative cataract patients with lid hygiene advice can help reduce cancellation rates. Although it is difficult to prove this would reduce endophthalmitis rates (there were no cases in either audit period) one would intuitively believe so. Assuming a constant cancellation rate from the first audit cycle (3%), this simple, non-invasive policy is estimated to have saved our trust £11 000 over a 4-month period.

**Conflict of interest**

The authors declare no conflict of interest.

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Sir,  
**Ocular hypertension and glaucoma in Graves' orbitopathy**

I read with interest the article by Silva *et al.*<sup>1</sup> The authors are not aware of corticosteroids usage in the study. Although corticosteroids may be used to treat Graves'