

Group, and the analysis of the LUMINOUS observational data will be an important contribution to the debate.^{2,3}

Conflict of interest

Andrew Lotery has attended scientific advisory boards and received educational grants from Novartis Pharma AG, Basel, Switzerland and Bayer HealthCare AG, Leverkusen, Germany. Stephane Regnier is an employee of, and owns shares in, Novartis Pharma AG, Basel, Switzerland.

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Sir, New antithrombotic agents and the need for updated ophthalmic surgery guidelines

Since the publication of the Royal College of Ophthalmologists' Cataract Surgery Guidelines in 2010,¹ several new antithrombotic agents have been introduced into clinical practice that have significant impact on perioperative management and surgical outcomes. These agents are currently frequently missed during pre-assessment as healthcare professionals lack knowledge of their generic as well as trade names. This could potentially lead to a precarious situation where surgery proceeds on a patient taking anticoagulant or antiplatelet therapy, which has not been appropriately managed with potential significant consequences. We feel there is a need for the Royal College of Ophthalmologists to update the published guidelines on cataract surgery incorporating the new antithrombotic agents. There also needs to be published guidelines for other ophthalmological procedures with a view to appropriately manage

antithrombotic therapy. We believe that all healthcare professionals involved in pre-assessment of ophthalmic surgery should be made aware of these agents, trade names, and mechanism of action to appropriately and safely manage patients.

The following is a quick list of frequently missed medications to look out for:

- Antiplatelet agents: Prasugrel (Efient) and Ticagrelor (Brilique).
- Anti-thrombin inhibitor: Dabigatran (Pradaxa).
- Anti-factor Xa inhibitors: Rivaroxaban (Xarelto) and Apixaban (Elliquis).
- Vitamin K antagonists: Acenocoumarol (Sinthrome) and Phenindione.

We believe that the lack of awareness of these agents during pre-assessment can lead to avoidable and potentially sight threatening complications. The newer antithrombotic agents should be screened for along with other anticoagulants and antiplatelet agents that are better known and mentioned in the Cataract Surgery Guidelines.¹ Some of the newer agents require monitoring of renal function to calculate the appropriate duration of withholding preoperatively. Others require bridging therapy with reversible agents. Recent review articles of these newer antithrombotic agents suggest practical strategies for appropriate risk stratification and perioperative management.^{2,3} We hope that this correspondence raises awareness of these newer agents and the need to create updated formal guidelines with references to the newer antithrombotic therapies. Everyone involved in listing or assessing patients for ophthalmic surgery should be aware of these newer medications and their potential impact on perioperative management and complications.

Conflict of interest

The authors declare no conflict of interest.

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