

CORRESPONDENCE

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Comment on: 'Transconjunctival versus transcutaneous local anaesthetic administration for lower eyelid surgery: a randomised controlled trial'

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TO THE EDITOR:

We note with interest the article by Jawad et al. [1] demonstrating that transconjunctival local anaesthesia for lower eyelid surgery was associated with less discomfort and bruising than conventional transcutaneous local anaesthesia. Many oculoplastic surgeons now regularly perform transconjunctival local anaesthesia for some eyelid surgeries and report patients feeling less discomfort than with transcutaneous approaches. The publication of randomised controlled trial evidence of this is to be welcomed.

This trial did not include any patient reported assessment of pain during the surgical procedure itself or the need for additional administration of local anaesthesia intra-operatively. The primary aim of any local anaesthesia is to provide effective analgesia for the whole duration of surgery, minimising patient discomfort or the need for repeated injections. Many of our patients need a further transcutaneous injection of anaesthetic after the transconjunctival injection. Anecdotally, they report less discomfort from this if given after a transconjunctival injection as opposed to it being the first injection though we have not quantitatively assessed this. It would be useful to know the authors experience of patient-reported pain during surgery and need for further anaesthesia. Local anaesthesia preparations and techniques have been more extensively studied in cataract surgery than eyelid surgery but during these studies, patient reported pain during surgery and need for additional anaesthesia are common primary outcomes [2, 3].

The authors cite Rafilov et al.'s [4] study looking at topical lidocaine gel as an adjunct to transconjunctival anaesthesia versus transcutaneous anaesthesia for minor eyelid surgeries. Rafilov et. al. reported that transconjunctival anaesthesia reduced pain compared to the transcutaneous approach in minor eyelid surgeries such as incision and curettage of chalazia. However, in this study, participants only rated pain following local anaesthetic administration rather than separately intra-operatively. They did however look at the use of additional anaesthesia intra operatively between the two groups and found no significant difference.

We agree with the authors that transconjunctival anaesthesia for eyelid surgeries is a safe and effective technique and reduces the initial pain. We would welcome further comments and research into patient reported pain and satisfaction during eyelid surgery and the need for additional anaesthesia during the procedures.

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AUTHOR CONTRIBUTIONS

VC conceived the idea for the manuscript, MG researched and wrote the manuscript, and the manuscript was critically reviewed by VC.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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