

- ▶ **Voltarol Ophtha Multidose** (Thea Pharmaceuticals Ltd)
Diclofenac sodium 1 mg per 1 ml Voltarol Ophtha Multidose 0.1% eye drops | 5 ml [PoM] £6.68 DT = £6.68

Flurbiprofen

27-Apr-2020

● INDICATIONS AND DOSE

Inhibition of intra-operative miosis (but does not possess intrinsic mydriatic properties) | Control of anterior segment inflammation following postoperative and post-laser trabeculoplasty when corticosteroids contra-indicated

- ▶ TO THE EYE
- ▶ Adult: (consult product literature)

- **INTERACTIONS** → Appendix 1: NSAIDs

● SIDE-EFFECTS

- ▶ **Common or very common** Eye discomfort · haemorrhage
- ▶ **Frequency not known** Eye disorders
- **ALLERGY AND CROSS-SENSITIVITY** Contra-indicated in patients with a history of hypersensitivity to aspirin or any other NSAID—which includes those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin or any other NSAID.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Eye drops

- ▶ **Ocufen** (Allergan Ltd)
Flurbiprofen sodium 300 microgram per 1 ml Ocufen 0.03% eye drops 0.4ml unit dose | 40 unit dose [PoM] £37.15 DT = £37.15

Ketorolac trometamol

17-Apr-2020

● INDICATIONS AND DOSE

Prophylaxis and reduction of inflammation and associated symptoms following ocular surgery

- ▶ TO THE EYE
- ▶ Adult: (consult product literature)

- **INTERACTIONS** → Appendix 1: NSAIDs

● SIDE-EFFECTS

- ▶ **Common or very common** Eye discomfort · eye disorders · eye infection · eye inflammation · headache · hypersensitivity · keratic deposits · paraesthesia · retinal haemorrhage · vision disorders
- ▶ **Uncommon** Dry eye
- ▶ **Frequency not known** Asthma exacerbated · bronchospasm
- **ALLERGY AND CROSS-SENSITIVITY** Contra-indicated in patients with a history of hypersensitivity to aspirin or any other NSAID—which includes those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin or any other NSAID.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Eye drops

EXCIPIENTS: May contain Benzalkonium chloride, disodium edetate

- ▶ **Ketorolac trometamol (Non-proprietary)**
Ketorolac trometamol 5 mg per 1 ml Ketorolac 0.5% eye drops | 5 ml [PoM] £3.99 DT = £3.99
- ▶ **Acular** (Allergan Ltd)
Ketorolac trometamol 5 mg per 1 ml Acular 0.5% eye drops | 5 ml [PoM] £3.00 DT = £3.99

CORTICOSTEROIDS

Loteprednol etabonate

21-Dec-2017

● INDICATIONS AND DOSE

Treatment of post-operative inflammation following ocular surgery

- ▶ TO THE EYE
- ▶ Adult: Apply 4 times a day for maximum duration of treatment of 14 days, to be started 24 hours after surgery

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: CORTICOSTEROIDS: RARE RISK OF CENTRAL SEROUS CHORIORETINOPATHY WITH LOCAL AS WELL AS SYSTEMIC ADMINISTRATION (AUGUST 2017)
See Corticosteroids, general use p. 707.

● SIDE-EFFECTS

- ▶ **Common or very common** Dry eye · eye discomfort · eye disorders · headaches
- ▶ **Uncommon** Conjunctival oedema · vision disorders
- ▶ **Rare or very rare** Breast neoplasm · face oedema · muscle twitching · taste altered

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Eye drops

EXCIPIENTS: May contain Benzalkonium chloride, disodium edetate

- ▶ **Lotemax** (Bausch & Lomb UK Ltd)
Loteprednol etabonate 5 mg per 1 ml Lotemax 0.5% eye drops | 5 ml [PoM] £5.50 DT = £5.50

5 Glaucoma and ocular hypertension

Glaucoma and ocular hypertension

11-Apr-2018

Description of condition

Glaucoma is a group of eye disorders characterised by a loss of visual field associated with pathological cupping of the optic disc and optic nerve damage. While glaucoma is generally linked to raised intra-ocular pressure, which is the main treatable risk factor, it can also occur when the intra-ocular pressure is within the normal range. Other risk factors include age, family history, ethnicity, corticosteroid use, myopia, type 2 diabetes mellitus, cardiovascular disease, and hypertension.

The most common form of glaucoma is chronic open-angle glaucoma (also known as primary open-angle glaucoma) where drainage of the aqueous humour through the trabecular meshwork is restricted, and the angle between the iris and the cornea is normal. Initially, this condition tends to be asymptomatic, however, as glaucoma progresses, patients may present with irreversible sight loss or visual field defects. Patients with ocular hypertension (an intra-ocular pressure greater than 21 mmHg) are at high risk of developing chronic open-angle glaucoma. The diagnosis, monitoring, and management of patients with ocular hypertension, suspected chronic open-angle glaucoma, or chronic open-angle glaucoma should be carried out by a specialist.

Acute angle-closure glaucoma is less common and occurs when the outflow of aqueous humour from the eye is totally obstructed by bowing of the iris against the trabecular meshwork. It is characterised by its abrupt onset of symptoms, and it is a sight-threatening medical emergency