Risk factors of retinal detachment after cataract surgery: Review

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Abstract:

Retinal detachment (RD) is a well-known and serious complication following lens surgery.

The primary aim in this specific review was to estimate the cumulative risk of retinal

detachment (RD) after routine cataract surgery. Detailed search was conducted throughout the

electronic databases; PubMed, and Embase, for relevant studies discussing Risk factors of retinal

detachment after cataract surgery. Studies which are published up to October, 2017. Retinal

detachment is among the most severe complications following cataract surgery that can occur in

the early or late postoperative periods. Younger age and male sex remain to be determined as

considerable danger aspects. High myopia likewise was discovered to have greater rates of

pseudophakic retinal detachment in current studies compared to emmetropic controls. That's why

identifying factors that increase the risk of pseudophakic retinal detachment can aid in

management.

Introduction:

Rhegmatogenous retinal detachment is an acknowledged threat of cataract surgery. It is thought that the rate of retinal detachment after extracapsular surgical treatment is less than after intracapsular removal, yet there is possibly no distinction in between the rates after various kinds of extracapsular surgical treatment [1]. The reported occurrence of retinal detachment after phacoemulsification differs extensively with a variety of 0% to 3.6% and also approximately 0.7% [2]. This variant might show distinctions in difficulty rates and also the period of follow-up in between research studies. The collective occurrence of retinal detachments attributable to cataract surgical treatment raises with the period of follow-up, and also there is still an excess threat of 5.5 compared to unoperated eyes 10 years after cataract surgical treatment [3]. It has been approximated that 94% of the retinal detachments that happen in the very first year after surgical treatment is attributable to the cataract procedure, however, this percentage progressively minimizes throughout succeeding years. Numerous threat elements for the advancement of pseudophakic retinal detachment have actually been recognized, and also the subject has actually been lately evaluated [2]. These threats could be unmodifiable elements such as the patient's sex, age, or the axial size of the eye. Possibly flexible threat aspects consist of medical difficulties such as posterior pill tear or succeeding treatments such as neodymium: yttrium- lightweight aluminum- garnet (Nd: YAG) laser capsulotomy. The excess danger after a posterior pill tear compared to uncomplicated surgical treatment has actually been formerly approximated to be in between 10 as well as 13.4 [4]. The excess danger after Nd: YAG capsulotomy versus no capsulotomy has actually been approximated to be in between 3.9 and also 4.9 [5].

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The primary aim in this specific review was to estimate the cumulative risk of retinal detachment (RD) after routine cataract surgery.

Methodology:

Detailed search was conducted throughout the electronic databases; PubMed, and Embase, for relevant studies discussing Risk factors of retinal detachment after cataract surgery. Studies which are published up to October, 2017 with English language and human subjects were included. Search strategies used following MeSH terms in searching: "Retinal detachment",

"cataract", "surgical", "risk factors", "surgery".

Discussion:

• Risk Factors

Patients demographic

Demographic elements such as more youthful age and also male sex have actually long been recognized to enhance danger of retinal detachment adhering to cataract surgical treatment, as well as the current literary works continuouslies support these features as threat elements. In the retrospective collection from Singapore, Quek et al. [6] discovered the mean age of patients that established pseudophakic retinal detachment was 55.3 years at the time of preliminary cataract surgical procedure compared to an ordinary age of 66.9 years in the whole accomplice. When contrasting more youthful patients to patients greater than 70 years old, more youthful patients had substantially greater threat proportions of retinal detachment (risk proportion 19.7, P < 0.05). A 2nd big retrospective instance-- control collection of 63 298 cataracts at Moorfield's Eye Hospital in London likewise located more youthful age to be a considerable threat aspect for retinal detachment postoperatively. Mean age in the control team was 71.9 years, whereas mean age in the pseudophakic retinal detachment team was 63.5 years. Furthermore, the probabilities proportion contrasting patients 64 years as well as more youthful to those older compared to 64 for a bad visual result (vision gauged at 6/18 or even worse) in eyes with the retinal detachment

was 3.1, with a P 1/4 0.002 [8]. The collection from Taiwan located the 8-year RRD rate to be 6.65% in patients 50 years or more youthful, 2.57% in patients in between 50 as well as 60 years, and also 2.01% of patients older compared to 60 years, additional proof that more youthful age stays a substantial danger variable for pseudophakic RRD [7]. The moment program to retinal detachment varied in between these 2 kinds of research. The research from Moorfield's Eye Hospital discovered 75% of the retinal detachments were determined within the very first 2 postoperative years, whereas Sheu et al. [7] located that the mean time period in between cataract surgical procedure to medical diagnosis of retinal detachment was 40 months [8]. The etiology of raised threat in more youthful patients continues to be speculative. Modifications in the glasslike generated by elimination of the crystalline lens are assumed to underlie a raised danger of RRD; for that reason, the a lot more structurally created glasslike in more youthful patients in addition to the absence of a PVD might add to the enhanced danger [9]. Nonetheless, one current research study did not locate the postoperative advancement of PVD per se to statistically enhance the rate of pseudophakic RRD [10]. A male control in the pseudophakic retinal detachment team was likewise kept in mind in the research from Moorfield's [8]. In the control team, 38.2% of cataract instances were done on male patients, whereas 67.5% of the instances in the pseudophakic RRD team were males [8]. Sheu et al. [7] additionally discovered male sex to be a threat variable for pseudophakic RRD. The 8-year RRD rate for ladies in this research study was 1.52% compared to 3.28% for males. Male sex has actually long been connected with an enhanced threat of RRD, both phakic as well as pseudophakic, as well as is not completely comprehended [16]. Sheu et al. [7] assumes a raised and also underreported background of injury in males versus females, nonetheless, this has actually not been validated with proof.

Eye characteristics

High myopia, specified as axial length higher than or equal to 26 mm, is likewise a well established threat element for pseudophakic retinal detachment. Countless current researches additionally clear up the threat for pseudophakic RRD in myopia. The retrospective collection by Sheu et al. [7] discovered a boost in the retinal detachment rate with raising axial size. An eye with an axial size of 23- 25 mm had an 8-year RRD rate of 2.44% compared to 6.14% in eyes more than or equal to 26 mm. These very myopic eyes had a modified relative threat of 4.19 compared to eyes with axial size of 23 mm or much less. A retrospective research study by Jeon et al. [11] in Korea checked out 347 eyes with high myopia as well as located the occurrence of pseudophakic RRD in this team was 1.72%, compared to a postoperative retinal detachment rate of 0.28% in the control (hyperopic or emmetropic) team. These rates are rather reduced compared to various other released researches, nevertheless, indicate follow-up time in this research was only 7.27 months as well as the research study might not have actually caught the total rates of pseudophakic RRD. A 3rd retrospective research from Spain considered 439 very nearsighted eyes with a mean follow-up time of 61.5 months and also located an RRD rate of 2.7% [12]. Additionally, patients were separated right into 2 teams inning accordance with age at the time of surgical treatment. The team with patients aged 50 years or much less had an RRD rate of 3.65% compared to a rate of 2.52% in the team with patients matured over 50 years. A trend was discovered, suggesting an organization in between age at surgery and also enhanced danger of retinal detachment in high myopes [12].

Zuberbuhler et al. [13] released a series of 156 eyes with severe myopia, specified as axial lengths more than 30 mm, going through phacoemulsification cataract surgical procedure. The eyes in this research had not had any kind of previous retinal therapies or surgical treatments, consisting of preventative laser therapies. The writers figured out a retinal detachment rate of

1.3%. This rate is a lot below various other researches considering very myopic eyes undertaking cataract surgical procedure [11]. It is once more feasible that mean follow-up time (2 years) affected the reduced retinal detachment rate. Sheu et al. [7] located a trend in their situation evaluation for a 'late wave' of raised retinal detachment after 4 years in patients with axial sizes of greater than 26 mm. Nonetheless, the previous literature reveals no proof of a substantial late rise in the lens extraction-related occurrence of retinal detachment as well as takes into consideration situations of retinal detachment taking place after 4 or even more years postoperatively to just be questionably pertaining to the surgical procedure [14].

Myopic eyes have a much greater threat of RRD, whether pseudophakic or phakic. One research revealed a four-fold rise in spontaneous retinal detachment danger for the refractive mistake of 1.00 to 3.00 D and also myopia over 3.00 D was discovered to have a 10-fold greater threat of retinal detachment [15]. None of the existing researches contrast retinal detachment rates in agematched pseudophakic myopic eyes to phakic myopic eyes, as a result, the general raised retinal detachment threat with cataract surgical procedure has actually not been developed in current literary works. In 2003, Ripandelli et al. [16] released a possible research contrasting eyes of 930 patients with myopia more than 15.00 D undertaking cataract surgery in one eye and also contrasted RRD rates with the phakic, fellow (control) eye over a 3-year duration. Postoperatively, 8% of the run eyes had actually pseudophakic RRD compared to a spontaneous RRD rate of 1.2% for the control eyes, recommending a raised threat with cataract surgical procedure. Nevertheless, a research by Neuhann et al. [17] took a look at 2356 eyes with axial size more than 27 mm as well as discovered the danger of postoperative retinal detachment to be 1.5-2.2%, which was not various compared to the occurrence of idiopathic retinal detachment in phakic myopic eyes.

Table1. Risk Factors for Adverse Postsurgical Events

Age: Greenberg *et al.* reported that older age (≥60 y) was associated withincreased odds of postsurgical complications [19].

Race: West et al. found higher endophthalmitis rates among black patients than white patients [20].

Gender: Stein *et al.* found that men had a 23% higher risk for endophthalmitis and other serious cases, compared with female [18].

Diabetes: hose with ophthalmological manifestations of diabetes had a 33% increased risk for complications, compared with other patients [19].

cantagonist Use: Bell *et al.* found that patients previously receiving tamsulosin—which has a known association with intraoperative floppy iris syndrome, a condition that can increase the complexity of cataract surgery—had a 133% elevated risk for adverse events [21].

Same-Day Combined Cataract/Other Intraocular Surgery: Stein *et al.* found that those who underwent same-day combined surgery had a 151% increased risk for severe adverse events, compared with patients undergoing cataract surgery alone [18].

Intraoperative complications

PCR has been separated as one of one of the most substantial threat elements for pseudophakic retinal detachment. It is proposed that the former motion of the glasslike as a result of PCR causes vibrant grip on the glasslike with a subsequent retinal tear development. The research by Quek et al. [6] talked about formerly verified a dramatically greater rate of PCR if established retinal detachment postoperatively compared to in the whole accomplice of cataract procedures carried out (23.1 vs. 2%). Typical time for medical diagnosis of RRD was 15.7 months in this research study; nonetheless, in cases with PCR there was a mean period of just 6.6 months from cataract surgical procedure to medical diagnosis of RRD [6] Tuft et al. [7] additionally recognize PCR as a danger variable for pseudophakic RRD. In patients with RRD, the rate of PCR without

vitrectomy was 4% (as compared to 1.1% in controls) as well as the rate of PCR with vitrectomy was 34.5% in the pseudophakic retinal detachment team (3.6% in controls). An effort within the Swedish National Cataract Register established a study hall to examine, retrospectively, just how posterior capsular difficulties impact threat for succeeding pseudophakic retinal detachment. They accumulated an accomplice of 23 285 cataract surgical procedures, which 2.94% had capsular difficulties. From these patients with capsular difficulties, a part was arbitrarily chosen to be in the study hall. A control team was likewise arbitrarily picked from the accomplice. The 3-year occurrence of pseudophakic RRD with capsular difficulties was 4%, compared to 0.3% in the control team. The distinction in RRD regularity in between the control as well as study groups was considerable, with a probabilities proportion of 14.8 at a multiple-factor degree. Generally, the authors discovered greater than a 10-fold boost in the danger for RRD after cataract surgical treatment in patients with a capsule difficulty [22].

• Specific Complications

Endophthalmitis

Endophthalmitis is a severe difficulty arising from microbes getting access right into the eye. Various researches have looked for to determine the regularity of acute postoperative endophthalmitis, whether there has been a rise or decrease in regularity with adjustments in medical strategies, as well as danger elements that incline patients to this issue. Quotes of postoperative endophthalmitis from 8 big research studies vary from 0.05% to 0.30%[23]. Taban et al., in a meta-analysis of the literary works, determined 215 researches reporting postoperative rates of endophthalmitis after cataract surgical treatment. Jointly, amongst the 3,140,650 patients undertaking cataract surgical treatment, the endophthalmitis rate was 0.128% [24]. These authors

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stratified their outcomes gradually and also kept in mind reducing endophthalmitis rates, from 0.327% in the 1970s to 0.158% in the 1980s as well as 0.087% in the 1990s. Nonetheless, they kept in mind a spike in endophthalmitis rates, approximately 0.265%, throughout 2000-2003[24]. West et al. likewise kept in mind greater rates of endophthalmitis in the late 1990s and also very early 2000s, about earlier years. It is guessed the increase in endophthalmitis rates in the late 1990s to very early 2000s might be attributable to the popularization of sutureless clear corneal incisions [24]. 2 various other teams reported lowered rates of postoperative endophthalmitis amongst surgical procedures in the mid-2000s about those carried out in the late 1990s, recommending sutureless incisions could not be the perpetrator [25].

Suprachoroidal Hemorrhage

Suprachoroidal hemorrhage is an uncommon sight-threatening difficulty related to the incisional intraocular surgical procedure. In minority researchers that have actually measured the occurrence of suprachoroidal hemorrhage throughout or after cataract surgery, the rates have actually varied from 0.03% to 0.13%[26].Ling et al. recognized threat aspects for poor prognosis adhering to suprachoroidal hemorrhage consisting of ECCE (versus phacoemulsification), concomitant RD, massive hemorrhage, as well as the consistency of the retina arising from the hemorrhage.In another series, risk factors associated with suprachoroidal hemorrhage included high myopia, glaucoma, diabetes, atherosclerotic vascular diseases, and hypertension.[27] Benzimra *et al.* reviewed data of 55,567 surgeries and found no increased suprachoroidal hemorrhage risk among blood thinning medication users.[28]

Retinal Detachment

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Various researches have actually evaluated the danger for RD after cataract surgery as well as the threat aspects related to pseudophakic and also aphakic RD. Rates of RD after ICCE in the literary works differ from 0.4% to 3.6% [29]. Wetzig reported rates of RD to be 5 times greater in patients going through ICCE compared to inpatients obtaining ECCE. Post-ECCE rates of RD in the literary works (0.55% to 1.65%) resemble rates of RD after phacoemulsification (0.75% to 1.65% [29]. Tuft et al. done a case-control research study with 249 patients with pseudophakic RDs as well as 845 matched controls that had cataract surgical procedure as well as discovered that varying medical strategy (ECCE vs. phacoemulsification) was unassociated to RD. Furthermore, Erie et al.reviewed all cataract surgical treatments done in Olmstead County, Minnesota in between 1980 and also 2004 and also discovered no substantial distinction in RD threat amongst patients going through ECCE, compared to phacoemulsification[30]. Evaluating Medicare asserts information from 1994-2006, Stein et al. reported a 1-year postoperative rate of rhegmatogenous RD of 0.26% [26]. The research with the lengthiest follow-up after cataract surgical procedure to check for RD was carried out by Erie et al., that reported a 1.79% collective possibility of RD at 20 years after the surgical procedure [30].

Posterior Capsule Rupture

One of the most typical intraoperative complication related to cataract surgical procedure is disruption of the posterior capsule, which could cause vitreous loss, the requirement for vitrectomy, positioning of the intraocular lens in the ciliary sulcus or anterior chamber, as well as sometimes the demand for added medical treatments. Two current massive researches have actually evaluated the percentage of patients experiencing posterior capsule tear throughout cataract surgical treatment.

4 Conclusion:

Retinal detachment is among the most severe complications following cataract surgery that can occur in the early or late postoperative periods. Younger age and male sex remain to be determined as considerable danger aspects. High myopia likewise was discovered to have greater rates of pseudophakic retinal detachment in current studies compared to emmetropic controls. That's why identifying factors that increase the risk of pseudophakic retinal detachment can aid in management.

Reference:

- 1. Javitt JC, Street DA, Tielsch JM, et al. National outcomes of cataract extraction: retinal detachment and endophthalmitis after outpatient cataract surgery. Cataract Patient Outcomes Research Team. Ophthalmology 1994;101:100–5, discussion 106
- 2. Lois N, Wong D. Pseudophakic retinal detachment. Surv Ophthalmol 2003;48:467–87.
- 3. Rowe JA, Erie JC, Baratz KH, et al. Retinal detachment in Olmsted County, Minnesota, 1976 through 1995. Ophthalmology 1999;106:154–9.
- 4. Desai P, Minassian DC, Reidy A. National Cataract Surgery Survey 1997–8: a report of the results of the clinical outcomes. Br J Ophthalmol 1999;83:1336–40.
- 5. Javitt JC, Tielsch JM, Canner JK, et al. National outcomes of cataract extraction. Increased risk of retinal complications associated with Nd:YAG laser capsulotomy. The

- Cataract Patient Outcomes Research Team. Ophthalmology 1992;99: 1487–97, discussion 1497–8.
- 6. Quek DT, Lee SY, Htoon HM, Ang CL. Pseudophakic rhegmatogenous retinal detachment in a large Asian tertiary eye center: a cohort study. Clin Experiment Ophthalmol 2011.
- 7. Sheu SJ, Ger LP, Ho WL. Late increased risk of retinal detachment after cataract extraction. Am J Ophthalmol 2010; 149:113–119.
- 8. Tuft SJ, Gore DM, Bunce C, et al. Outcomes of pseudophakic retinal detachment. Acta Ophthalmol 2011 Feb 18. Doi: 10.1111/j.1755- 3768.2011.02124.
- 9. Lois N, Wong D. Pseudophakic retinal detachment. Surv Ophthalmol 2003; 48:467–487
- 10. Ripandelli G, Coppe AM, Parisi V, et al. Posterior vitreous detachment and retinal detachment after cataract surgery. Ophthalmology 2007; 114:692–697.
- 11. Jeon S, Kim HS. Clinical characteristics and outcomes of cataract surgery in highly myopic Koreans. Korean J Ophthalmol 2011; 25:84–89.
- 12. Alio JL. Lens surgery (cataract and refractive lens exchange) and retinal detachment risk in myopes: still an issue? Br J Ophthalmol 2011; 95:301–303.
- 13. Zuberbuhler B, Seyedian M, Tuft S. Phacoemulsification in eyes with extreme axial myopia. J Cataract Refract Surg 2009; 35:335–340.
- 14. Smith PW, Stark WJ, Maumenee AE, et al. Retinal detachment after extracapsular cataract extraction with posterior chamber intraocular lens. Ophthalmology 1987; 94:495–503.
- 15. The Eye Disease Case-Control Study Group. Risk factors for idiopathic rhegmatogenous retinal detachment. Am J Epidemiol 1993; 138:749–757.
- 16. Ripandelli G, Scassa C, Parisi V, et al. Cataract surgery as a risk factor for retinal detachment in very highly myopic eyes. Ophthalmology 2003; 110:2355–2361.
- 17. Neuhann IM, Neuhann TF, Heimann H, et al. Retinal detachment after phacoemulsification in high myopia: analysis of 2356 cases. J Cataract Refract Surg 2009; 34:1644–1657.
- 18. Stein JD, Grossman DS, Mundy KM, et al. Severe adverse events after cataract surgery among medicare beneficiaries. Ophthalmology. 2011 Sep;118(9):1716–1723.

- 19. Greenberg PB, Tseng VL, Wu WC, et al. Prevalence and predictors of ocular complications associated with cataract surgery in United States veterans. Ophthalmology. 2011 Mar;118(3):507–514.
- 20. West ES, Behrens A, McDonnell PJ, et al. The incidence of endophthalmitis after cataract surgery among the U.S. Medicare population increased between 1994 and 2001. Ophthalmology. 2005;112:1388–1394.
- 21. Bell CM, Hatch WV, Fischer HD, et al. Association between tamsulosin and serious ophthalmic adverse events in older men following cataract surgery. JAMA. 2009;301:1991–1996.
- 22. Jakobsson G, Montan P, Zetterberg M, et al. Capsule complication during cataract surgery: retinal detachment after cataract surgery with capsule complication. Swedish Capsule Rupture Study Group report 4. J Cataract Refract Surg 2009; 35:1699–1705.
- 23. Javitt JC, Vitale S, Canner JK, et al. National outcomes of cataract extraction: endophthalmitis following inpatient surgery. Arch Ophthalmol. 1991;109:1085–1089.
- 24. Taban M, Behrens A, Newcomb RL, et al. Acute endophthalmitis following cataract surgery: a systematic review of the literature. Arch Ophthalmol. 2005;123:613–620.
- 25. Freeman EE, Roy-Gagnon M, Fortin E, et al. Rate of endophthalmitis after cataract surgery in Quebec, Canada, 1996–2005. Arch Ophthalmol. 2010;128:230–234.
- 26. Stein JD, Grossman DS, Mundy KM, et al. Severe adverse events after cataract surgery among medicare beneficiaries. Ophthalmology. 2011 Sep;118(9):1716–1723.
- 27. Obuchowska I, Mariak Z. Risk factors of massive suprachoroidal hemorrhage during extracapsular cataract extraction surgery. Eur J Ophthalmol. 2005 Nov-Dec;15(6):712–717.
- 28. Benzimra JD, Johnston RL, Jaycock P, et al. The Cataract National Dataset electronic multicentre audit of 55,567 operations: antiplatelet and anticoagulant medications. Eye (Lond) 2009 Jan;23(1):10–16.
- 29. Ramos M, Kruger EF, Lashkari K. Biostatistical analysis of pseudophakic and aphakic retinal detachments. Semin Ophthalmol. 2002 Sep-Dec;17(3–4):206–213.
- 30. Erie JC, Raecker MA, Baratz KH, et al. Risk of retinal detachment after cataract extraction, 1980–2004: a population-based study. Ophthalmology. 2006;113:2026–2032.