

LETTER

A simple technique to administer mydricaine in needle-phobic patients

Subconjunctival mydricaine injections are used in routine practice in patients with uveitis to prevent the formation of permanent posterior synechiae.¹ Mydricaine No 2 (Moorfields Eye Hospital formulation) contains a combination of 6 mg procaine hydrochloride, 1 mg atropine sulphate and 0.12 ml epinephrine solution (1 in 1000). As it is normally injected subconjunctivally, this may prove difficult to administer to anxious, young patients, especially those who are needle-phobic. Belonephobia, the abnormal fear of sharply pointed objects, especially needles, affects up to 10% of the population and has implications for treatment and follow-up.²

We describe a very simple but effective method of administering mydricaine in needle-phobic, uveitic patients. We use two small sterile cotton wool pledgets which are fully soaked in 0.3 ml mydricaine No 2 (which is usually used in adults <75 years of age). The patient receives topical anaesthetic drops into the eye. The lower lid is pulled downwards gently, and the first mydricaine-soaked pledget is placed securely with forceps into the inferior conjunctival fornix as the patient looks upwards (fig 1A). The second is tucked into the superior fornix under the upper eyelid as the patient looks downwards (fig 1B). Care should be taken to avoid abrading the cornea. The patient should be instructed to keep their eyes closed for 20–30 min. The pledgets can then be removed carefully. Topical steroid and mydriatic drops can subsequently be prescribed. The patient may be reviewed the following day to check the efficacy of the treatment. We have even successfully used this technique in a young Afro-Caribbean

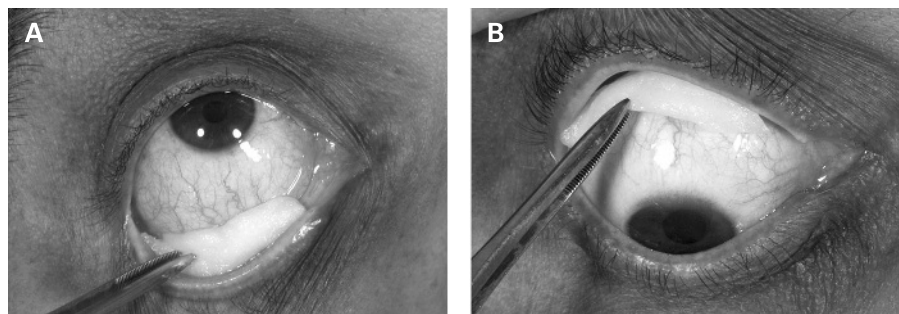


Figure 1 Mydricaine-soaked pledget placed with forceps into (A) the inferior conjunctival fornix and (B) the superior conjunctival fornix.

patient with black irides and severe fibrinous uveitis.

We propose using this pain-free technique in the outpatient setting for needle-phobic patients who require subconjunctival administration of a drug, to avoid the unnecessary use of local anaesthesia (with sedation) or general anaesthesia or the utilisation of valuable theatre time. It also avoids the complications of subconjunctival haemorrhage, chemosis and globe perforation.^{3,4} It may be worthwhile considering this technique in cooperative children (using mydricaine No 1) in order to avoid a general anaesthetic. We certainly advocate its use in the first instance, before considering further protracted interventions, as it is safe and effective. Indeed, this technique is a useful alternative to a subconjunctival injection for any patient, although the exact amount of drug absorbed through the conjunctiva is difficult to quantify, and also, it does not allow distribution of the drug in all quadrants, which would be useful in cases of 360° of posterior synechiae. This would therefore be a limitation of the technique in needle-phobic patients with 360° of posterior synechiae, in whom it may not be as effective as subconjunctival injections in breaking the synechiae.

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CORRECTION

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In the paper by Goldschmidt *et al* (*Br J Ophthalmol* 2008;**92**:112–15) the fourth author should be H Yera.