Safety and Efficacy of Dextenza Implant (Intracanalicular Dexamethasone 0.4 mg) for Postoperative Control of Inflammation after Vitrectomy

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Purpose:
We sought to evaluate the safety and efficacy of Dextenza Implant (Dexamethasone 0.4 mg Intracanalicular) after vitrectomy surgery with air or gas tamponade.

Methods:
Retrospective review of first 20 consecutive patients receiving Dextenza Implant for vitrectomy surgery. Cases were selected for vitrectomies excluding retinal detachment repair. The patients received Dextenza Implants preoperatively or intraoperatively. Subconjunctival antibiotic was injected at case completion and no postoperative drops were prescribed. Results were reviewed through the first postoperative month. The primary endpoint was the number of patients requiring steroid drops for control of postoperative pain or inflammation. Secondary endpoints included number of patients developing intraocular pressure > 25 mmHg, number of patients developing central foveal thickness increase > 50 microns on spectral domain optical coherence tomography, and visual acuity change.

Results:
10% (2 out of 20) of patients developed pain or intraocular inflammation requiring supplementation with topical steroid. Both patients underwent combined cataract and vitrectomy surgery. Mean intraocular pressure change at 1 month was +3.8 mmHg and no patients developed intraocular pressure >25 or required topical antiglaucoma therapy. Mean CFT change at 1 month was -97 microns and no patients developed CFT > 50 microns from preoperative measurements. Patients gained a mean of 17.5 letters at 1 month and no patients lost vision. No patients developed endophthalmitis.

Conclusions:
In this small retrospective pilot study, intracanalicular Dextenza implant was safe and efficacious in providing postoperative control of inflammation and pain after primary vitrectomy. It allowed most patients to avoid postoperative drop regimens.