

## **General Practitioner's Section**

# **Beware of Patients on Alpha Blockers Undergoing Cataract Surgery**

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**H**ypertension is now extremely common in more than 1/3 of the elderly population. Most of the ophthalmologists refer the patients to physicians to find out if the blood sugar, blood pressure and heart are normal, so that the patient is fit for surgery. All the ophthalmologists must also start working if the patient is on alpha blocker like Prazosin. If so, these patients can develop

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floppy iris syndrome during cataract surgery which will need a tactful hand by a surgeon during the operation.

Since, I have never seen ophthalmologists working for this information, I would advise all the G.Ps to take up the responsibility of informing the eye surgeon of this information. Although, this is not a contra-indication to cataract surgery, it's an indication for the eye surgeon to be very smart on the operation table.

### **Subclinical Hyperthyroidism**

The patient described in the vignette meets the criteria for mild subclinical hyperthyroidism, with a serum thyrotropin level between 0.1 and 0.5 mU per liter and a normal free T<sub>4</sub> level. She has a history of paroxysmal atrial fibrillation and osteoporosis, both of which can be caused or exacerbated by mild hyperthyroidism in older persons.

If her thyroid function worsens and the serum thyrotropin level falls below 0.1 mU per liter, treatment would clearly be advisable. If a functioning left thyroid nodule is found, we would discuss with the patient the benefits and risks of radioiodine therapy. Low-dose methimazole or radioiodine therapy would be recommended if the patient has Graves' disease.

**Bernadette Biondi, David S. Cooper, The NEJM, 2018, Vol 378;25, 2411-2418**

### **Risk of stroke and transient ischaemic attack in patients with a diagnosis of resolved atrial fibrillation**

What are the rates of stroke or transient ischaemic attack (TIA) and all cause mortality in patients with a coded diagnosis of "atrial fibrillation resolved" compared with rates in patients with unresolved atrial fibrillation and those without atrial fibrillation?

Patients with resolved atrial fibrillation are at a 60% greater risk of stroke or TIA than patients without atrial fibrillation. These patients may benefit from continued anticoagulant prophylaxis.

**Adderley NJ, Nirantharakumar K. Marshall T, The BMJ, May 2018, 232-233**