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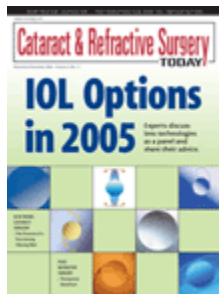
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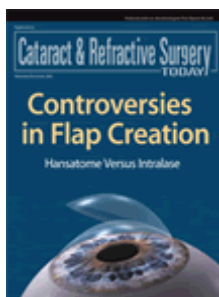
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Physician Advisory: Flomax Appears to be the Cause of a Newly Described Small Pupil Syndrome.

Intraoperative Floppy Iris Syndrome (IFIS), a new small pupil disorder, appears to be associated with the use of tamsulosin (Flomax; Boehringer Ingelheim Pharmaceuticals, Inc., Ridgefield, CT), according to an ASCRS member alert. In response to preliminary reporting of two companion studies that identified the new syndrome and its association with this drug, the ASCRS issued a physician advisory on Flomax, a common treatment for symptomatic benign prostatic hypertrophy (BPH). The results of the studies have been submitted for publication in the *Journal of Cataract & Refractive Surgery* and will also be reported at the ASCRS Symposium in April.

David F. Chang, MD, of Los Altos, CA, and John R. Campbell, MD, of San Rafael, CA, performed the studies (one prospective, the other retrospective), which involved more than 1,600 patients combined. The studies sought to characterize the operative features, incidence, cause, and best course of management of IFIS.

"With the studies' results, we found convincing evidence that the cause of IFIS is Flomax, and that the incidence of this syndrome in a cataract surgical population is 2.3%," Dr. Chang told *CRSToday*.

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Flomax is unique among the class of alpha₁ antagonists in that it is highly selective for the alpha_{1A} receptor subtype that predominates in the prostate. In terms of other systemic effects, such as postural hypotension, Flomax is more uroselective when compared to other nonsubtype specific alpha₁ blockers used for symptoms of BPH. Drs. Chang and Campbell's review of the pharmacologic literature suggests that the same alpha_{1A} receptor subtype that predominates in the prostate is also the primary subtype that mediates contraction of the iris dilator smooth muscle. The authors hypothesize that as patients take Flomax over time there is atrophy of their iris dilator smooth muscle. "It is the loss of this normal tone that we believe causes the iris to billow and prolapse in response to normal intraocular fluid currents," Dr. Chang told *CRSToday*. "This finding also explains why IFIS still occurs in some patients who have been off the drug for more than 1 year." Although in some cases, stopping Flomax use preoperatively for 1 to 2 weeks results in less miosis and billowing, the benefit is variable, and it unfortunately does not prevent IFIS in many eyes.

The authors state that IFIS is characterized by subnormal preoperative pupil dilation and repeated incisional prolapse of a billowing, floppy iris, which results in progressive intraoperative miosis. According to Dr. Chang, in IFIS, mechanical pupil stretching and partial thickness sphincterotomies do not effectively expand or maintain the pupil diameter. Iris retractors or pupil expansion rings are the most effective way to manage these cases, Dr. Chang said. He points out that these devices are less commonly used for small pupil management because of the increased surgical time and expense. In addition, these devices are more difficult to safely insert once the capsulorhexis has been completed. "The ability to anticipate IFIS in advance of surgery can allow surgeons to alter their usual method of pupil expansion before the capsulorhexis step," he said.

"As one might predict, Dr. Campbell and I found that the iris prolapse and the unpredictable and unexpected miosis associated with IFIS increases the risk of cataract surgery complications," Dr. Chang said. "These complications include posterior capsule rupture, and permanent iris transillumination defects." However, what is not clear is what the complication rate will be going forward, now that surgeons can anticipate IFIS and be prepared to use iris retractors. "The belief that such knowledge, understanding, and recognition of IFIS can make a difference in surgical outcomes is the reason that we wrote the preliminary article, and that ASCRS issued this special member alert," said Dr. Chang.