

# Bevacizumab, triamcinolone up outcome after cataract surgery

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( $P = 0.501$ ). Triamcinolone, but not bevacizumab, correlated with a sustained reduction in CMT ( $P = 0.006$  over six months). Additional injections were required by 70.6 and 16.7 percent of patients in the bevacizumab and triamcinolone groups, respectively, following surgery ( $P$  triamcinolone group experienced an increase of intraocular pressure, compared with no patients in the bevacizumab group ( $P = 0.103$ ).

"Further follow-up will determine whether this translates into better long term visual outcomes in the TA group," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—For patients undergoing cataract surgery, both bevacizumab and triamcinolone administered at the time of surgery correlate with improvements in visual acuity (VA), but only triamcinolone is associated with sustained improvements in central macular thickness (CMT), according to a study published online Feb. 12 in *Clinical & Experimental Ophthalmology*.

Lyndell L. Lim, D.Med.Sci., from the University of Melbourne in Australia, and colleagues randomized 41 [patients](#) with clinically significant cataract and diabetic macular edema to receive [bevacizumab](#) or triamcinolone during [cataract surgery](#). The change in CMT and best corrected VA were compared at six months.

The researchers found that both groups gained vision after six months (+21.4 letters and +12.5 letters in the triamcinolone and bevacizumab groups, respectively;  $P = 0.85$ ). Overall, 60.9 and 73.3 percent of eyes receiving triamcinolone and bevacizumab, respectively, achieved a VA of  $\geq 6/12$

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