Pearls From the Experts: Part 3
Administration Techniques

Please refer to the full Prescribing Information for management of IOP or other side effects.

What are your experiences with DEXYCU® (dexamethasone intraocular suspension) 9% to date?

Steven M. Silverstein, MD, FACS: DEXYCU has truly changed the way we approach cataract surgery. There are several techniques that have been employed, including placing the medicine in the ciliary sulcus, inside the capsular bag, or painting it like a bead of caulk, along the ciliary sulcus opposite the main surgical wound. The key is to get the medicine in the eye and allow the dexamethasone to impact the inflammatory cascade.

What administration technique do you use? Do you find it a challenge to administer DEXYCU?

Michael Saidel, MD: My process has changed a great deal over time as I have developed more experience with DEXYCU. In my initial cases with DEXYCU, I began by placing it in the sulcus and using a variety of techniques to get it to stay in the sulcus. Over time, as I become more comfortable with injecting the medication, I found that the best technique for me is putting DEXYCU in the capsular bag. I did not find it challenging, but I do think there is a very short learning curve, perhaps somewhere between one and five cases.

John A. Hovanesian, MD: Like any technique, there's a small learning curve, but with DEXYCU it really calls upon the same skills that every anterior segment surgeon has refined for their entire career. I insert DEXYCU after all the steps of surgery have been completed. The wounds are hydrated and everything's sealed, then I go inside the eye through the side-port incision. I place the tip of the cannula in the capsular bag peripheral to the optic of the lens.

One important tip while injecting is to sweep the cannula, a slight movement side to side, with it parallel to the edge of the optic. So, you're not yet withdrawing it from the eye, but you're sweeping it through the capsule. Begin by moving slightly with the cannula, then injecting and withdrawing quickly from the eye. Quick withdrawal of the cannula allows DEXYCU, in the capsular bag peripheral to the optic, to detach from the cannula tip. It also allows us to remove that cannula from the eye with a minimum amount of fluid loss. That helps to prevent the DEXYCU from following the cannula out of the capsular bag.

Could you share your patient experience with their usual postoperative drop regimen? How would you expect that to change if they were using DEXYCU as opposed to a postoperative steroid drop?

Eric D. Donnenfeld, MD: I would estimate that at least 50% of my patients are currently using their medications inappropriately. In my experience, I have found that patients are overwhelmingly non-compliant with their medications, and there's nothing more frustrating to me as a surgeon than to have a patient who uses their drops incorrectly and, in the end, have it affect patient outcomes. DEXYCU is administered at the time of surgery, which effectively shifts the steroid compliance from the patient to the doctor. The cumulative

In the conclusion to this three-part series, Eric D. Donnenfeld, MD; Steven M. Silverstein, MD, FACS; Michael Saidel, MD; and John A. Hovanesian, MD, share their experiences with administration and side effects of DEXYCU (EyePoint Pharmaceuticals), the first intracameral steroid approved for the treatment of postoperative inflammation.




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percentage of subjects receiving rescue medication of ocular steroid or nonsteroidal anti-inflammatory drug (NSAID) by day 30 was significantly lower in the DEXYCU (517 mcg) treatment group (20%; n=31/156) compared to placebo (54%; n=43/80).[1]

What kind of side effects, and incidence, are you seeing with DEXYCU? How do you resolve them in your patients?

Dr. Hovanesian: Occasionally, DEXYCU will end up in the anterior chamber. For surgeons, this is a little surprising because we're not used to seeing this, and we worry about the corneal endothelium. Having used DEXYCU both in the clinical trial and since, I have noticed that DEXYCU reabsorbs in the anterior chamber at the expected rate, and it still has its therapeutic effect on inflammation.

My advice to surgeons is, if you get DEXYCU inside the eye and it stays inside the eye, and if it's visible in the anterior chamber and you think the patient is going to see it, advise the patient so they're not alarmed if they see a tiny white pearl in their eye. Let them know that that's the medication and it will disappear in a matter of days, but it will continue to work after it disappears. That has not been a problem for any of my patients when we've had this discussion, but it is helpful for them to understand and expect that they'll see the DEXYCU in those few cases where it ends up in the anterior chamber. ■

1. DEXYCU® (dexamethasone intraocular suspension) 9% full U.S. Prescribing Information. EyePoint Pharmaceuticals, Inc. June 2020.

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