

Intracameral Vigamox (moxifloxacin HCl 0.5%)

Feb. 20, 2009.

Supplied as Vigamox eye drops = 500µg / 0.1 cc

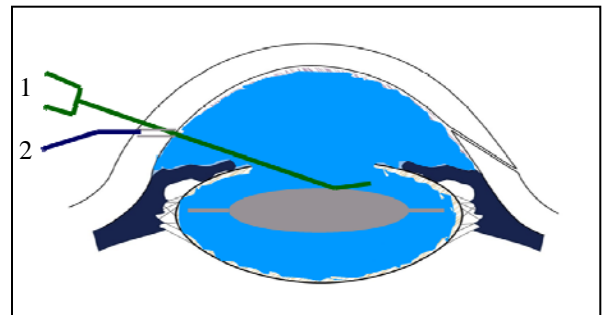
To get 100 µg / 0.1 cc: Simply dilute eye drops 5:1 (50 µg / 0.1 cc = 10:1 dilution).

I use Vigamox in one of 2 ways:

1. 0.2 cc of Vigamox 50 µg / 0.1 cc at the end of each case or:
2. 0.1 cc of Vigamox 100 µg / 0.1 cc at the end of each case. (preferred method)

To make it up:

1. 50 µg / 0.1 cc:
 - a. 1 ml Vigamox withdrawn into 10 cc syringe with sterile needle from new bottle.
 - no Millipore filter needed.
 - 9 ml BSS drawn into the syringe from new 25 cc BSS bottle
 - the turbulence of drawing it up mixes the solution.
 - b. Syringe further mixed by rotating in hands.
 - c. ½ cc placed in medicine cup per case, by circulating nurse, and scrub nurse draws up 0.3 cc in TB syringe (you have enough for 20 cases).
 - d. 0.2 cc injected via side port into capsular bag, under capsulorhexis edge remote from side port, then washed through AC as cannula is withdrawn.
 - if syringe is filled by scrub nurse to exactly 0.3 cc, after you get the “feel” for the necessary travel of the barrel, exactly 0.2 cc becomes easy to inject and pressurize the eye.
2. 100 µg / 0.1 cc (preferred method)
 - a. 2 ml Vigamox withdrawn into 10 cc syringe with sterile needle from new bottle.
 - b. 8 ml BSS drawn into syringe, from new 25 cc BSS bottle, mixed as above, & distributed in same way. 0.5 cc placed in medicine cup by circulator, per case.
 - c. Scrub nurse draws up 0.3 cc in TB syringe to hand to surgeon
 - extra allows for loss in cannula, etc.
 - d. Surgeon injects it through side port as the last step of surgery, under the distal capsulorhexis edge (1) and then rapidly exits the eye, with a final spurt of injection at the incision (2), making sure the AC is left pressurized.



I have done 350 cases with 50µg/0.1cc, and 3,000+ cases with 100µg/0.1 cc. I prefer the second method. (Feb. 2009).

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