

## Intracameral Vigamox®

Jan. 1, 2019.

**Supplied: Alcon Laboratories: Vigamox® (moxifloxacin) 0.5% eye drops = 500µg / 0.1 ml.**

(The Sandoz authorized generic is also OK, the others have not been tested and confirmed safe for IC use)

**Goal: 150µg / 0.1 ml (dilution: 3 parts Vigamox + 7 parts BSS)**

i.e. to get 150 µg / 0.1 cc. simply dilute eye drops to 30% concentration of supplied Vigamox®

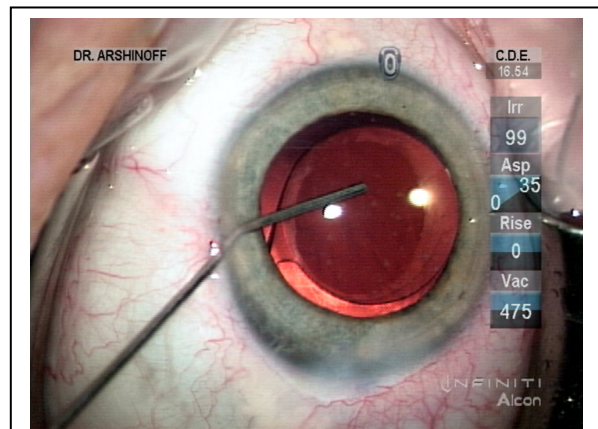
**Method: Inject 0.3-0.4 ml Vigamox® 150 µg / 0.1 cc at the end of case = 450-600 µg. → 1.0 - 1.2 mg/ml in AC**

(Essentially, this is an exchange of most of newly pseudophakic AC volume [0.5 ml] with the Vigamox® solution.

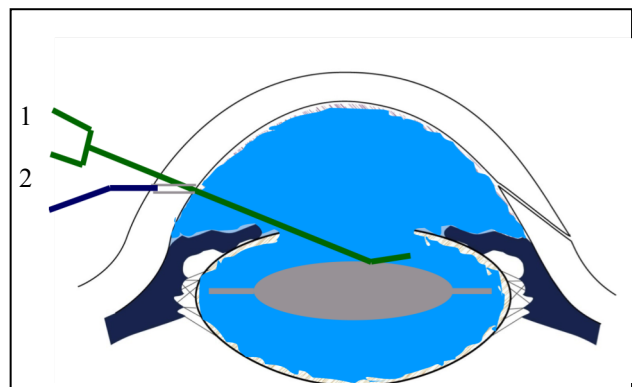
The volume indicated (0.3-0.4 ml) is what is likely left in the AC at the end of surgery.)

### Detailed Instructions:

1. 3 ml Vigamox® withdrawn into a 12 cc syringe with sterile needle, from new Vigamox® bottle.
2. 7 ml BSS drawn into same syringe, from a new 15 ml BSS bottle (mixed by the turbulence of aspiration, and rolling the syringe).
  - 0.8 ml injected into medicine cup on surgical tray by circulating nurse.
3. Scrub nurse draws up 0.6 ml Vigamox solution into a TB syringe to hand to surgeon.
4. Surgeon expels 0.1 ml, to be sure of no bubbles, and then injects 0.3 - 0.4 ml via the side port as the last step of surgery, under the distal capsulorhexis edge (1) and then as the eye is exited, with a final spurt of injection at the incision (2), to hydrate the incision and make sure the AC is left pressurized. This is a planned exchange of most of AC contents, and is therefore very easy to do.
5. I have done > 9,000+ cases to date with variations of this method, and have seen no toxicity in any case to date.



**Note: IOL depressed by cannula to inject below capsulorhexis.**



**Steve Arshinoff MD FRCSC**