THE EFFECT OF LOW TENSION ANAESTHESIA USING INTRAVENOUS GANGLION BLOCKING AGENTS ON THE INTRA OCULAR PRESSURE.

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The intra ocular pressure was measured at five minute intervals using a Perkin's applanation tonometer in five patients undergoing routine dacryocystorhinostomy under low tension anaesthesia with a continuous intravenous infusion of Trimetaphan (Arfonad), where the systolic blood pressure was maintained at 60 mm Hg.

Fifteen patients undergoing cataract surgery under the same premedication and anaesthesia but where the systemic blood pressure was maintained at normal levels served as controls.

A sudden and dramatic lowering of the intraocular pressure to very low levels was noted when the systolic blood pressure was reduced to 60 mm Hg. The effects of hypotensive anaestgesia in arresting the progress of hyphaema have been observed before (Moore & Youngman, 1968). It seems likely that a collapse of the choroidal circulation rather than a decreased aqueous formation due to low perfusion pressure is the most likely cause for the sudden lowering of intraocular pressure.

Reference:

1. More, J. G. & Youngman, P. M. E. (1968). British Journal of Ophthalmology, **52**, 172.