Reply

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Dear Sir,

Allow us to offer a few remarks about the letter concerning our article [1]. The aim of our study was to measure the adverse effects of neonatal eye examination as a whole, rather than to quantify those produced by mydriatics instillation and absorption.

According to this objective, we performed the first CRIES pain score measurement half an hour after the instillation of eye drops, when the early adverse effects of mydriatics should have appeared, and the second 5 min after eye examination.

Thus, the difference between the two measurements would be mainly explained by the pain produced by the manipulation of the ocular globe, and not by the adverse

effects appearing between measurements. Moreover, some physiological variables can be affected both by manipulation – pain – and mydriatics. The adverse effects of the ophthalmic drug, if any, should have modified them. No differences in pulse rate and blood pressure were found before and after the exam. Moreover, gastric aspirates, vomiting and apnoeas (that could be explained by the adverse effects of mydriatics) were not significantly higher after the procedure. We focused on behavioural variables to assess the occurrence of pain and a statistical increase in pain score was shown. For all these reasons, we think the results are more due to globe manipulation than to mydriatics. Nevertheless, we agree that harmful

stimuli should be avoided and negative consequences of instillation of mydriatics kept to a minimum. Techniques that prevent absorption of mydriatics might be considered, and evidence that shows they are effectively safer and less painful for newborns in practice would be very welcome. Therefore, further studies should determine the more effective manoeuvre which minimises pain and stress during eye examination in pre-term babies.

Reference

- 1 Belda S, Pallás CR, De la Cruz J, Tejada P: Screening for retinopathy of prematurity: Is it painful? *Biol Neonate* 2004;86:195–200.