

Document Title	Protocol of Topical Natamycin 5% eyedrops for fungal keratitis	
Document Type	Protocol	
Directorate/Institution	Al Nahdha Hospital	
Targeted Group	Al-Nahdha Theatre	
Document Author	Dr Haitham Al Mahrouqi	
Designation	Sr. Specialist	
Document Reviewer	Dr Mohammed Al-Salmi	Ph. Abdulla Al Toobi
Designation	Consultant	Clinical Pharmacy
Release Date	Sep, 2024	tions each are
Review Frequency	Three years	

Validated by		Approved by	
Name	Ms. Salama Al Hajri	Name	Dr. Al Yaqdhan Al Ghafri
Designation	Head of Quality Management and Patient Safety	Designation	Hospital Director
Signature	Solor	Signature	Min S
Date	07.10.24	Date	8/10/24

# **Table of Contents**

Acronyms	2
Introduction	
Aim and Objectives	3
Method and procedure	
Requirements	
Document History and Version Control	4
Figure 1	

# Acronyms

AK	Acanthamoeba Keratitis	

### **Definitions**

- Keratitis: inflammation of the cornea, can be infectious or non-infection.

# Protocol of Topical Natamycin 5% eyedrops for fungal keratitis

#### Introduction

Fungal keratitis is a devastating eye condition. This condition often leads to blindess often necessating a corneal transplant or removal of the eye.

There are a variey of fungi which can cause this infection in the eye. Filamentous fungi include fusarium and aspergillus. Non-filamentous include candida.

The studies have shown that filamentous fungal keratitis which are the more prominent better respond to natamycin 5%. Candida reponds better to amphotericine B.

Voriconazole is an alternative anti-fungal which can treat both filamentous and non-filamentous, however unfortunately sub-optimally. It also should not be used solely which is now happening at Al Nahdha Hospital. This has been should in the MUTT-2 trial.<sup>2</sup>

# Aim and Objectives

To develop guidelines in the effective management of fungal keratitis, and prevent it's possible complications in patients at Al Nahdha Hospital.

#### Method and Procedure

- 1. When to consider Natamycin 5%
  - 1.1. In cases presented with clinical suspicious of fungal keratitis
  - 1.2. In cases confirmed by conceal scrapping culture
- 2. Who can instill the eye Natamycin 5%
  - 2.1. The patient him/herself, caregivers, allied heath staff
- 3. Dosage:

One drop into the affected eye(s) every 1 hour initially. Then the frequency will be tapered down.

No dilution is needed.

#### 4. Monitoring:

depending on the clinical response- which may take up to 6 weeks treatment. Close observation is required when the treatment is discontinued to role out recurrence. Please see **figure 1.** 

# **Requirements:**

- Natamycin 5% is not available at Al-Nahdha Hospital. It is expected that with the start of using natamycin, the hospital stay for treating keratitis will be reduced along with the complications and their expenses. The rate of corneal transplantation and loss of eye will be reduced.
- No additional human/non-human resources are needed.
- See the flow-chart above on how Natamycin 5% is going to be used.

### **Document History and Version Control**

Version	Description	Review Date
1	Initial Release	

### References

- 1. Prajna NV, Krishnan T, Mascarenhas J, et al. The mycotic ulcer treatment trial: a randomized trial comparing natamycin vs voriconazole. *JAMA Ophthalmol*. Apr 2013;131(4):422-9. doi:10.1001/jamaophthalmol.2013.1497
- 2. Prajna NV, Krishnan T, Rajaraman R, et al. Effect of Oral Voriconazole on Fungal Keratitis in the Mycotic Ulcer Treatment Trial II (MUTT II): A Randomized Clinical Trial. *JAMA Ophthalmol*. Dec 1 2016;134(12):1365-1372. doi:10.1001/jamaophthalmol.2016.4096

Figure 1

Outpatient or inpatient prescription

Patient / caregiver or a allied health professional will instill one drop four times per day

Doctors will monitor the clinical signs for improvement