

Inflammation and Pain Post Cataract Surgery and Epidemiology Market - A Global and Regional Analysis: Focus on Therapy Class, Route of Administration, Distribution Channel, Country, and Region - Analysis and Forecast, 2025-2035

<https://marketpublishers.com/r/I86690ECDDDB8EN.html>

Date: June 2026

Pages: 0

Price: US\$ 4,900.00 (Single User License)

ID: I86690ECDDDB8EN

Abstracts

The global market for managing inflammation and pain after cataract surgery rides almost one-to-one on procedure volume: roughly 28 million cataract surgeries are performed worldwide each year, and every one of those eyes needs an anti-inflammatory plan, often with an analgesic component. That single epidemiologic fact defines the addressable market. High-volume programmes can even spike demand abruptly, India alone performed 8.34 million cataract surgeries in FY 2022–23 under the national “mission mode” campaign, demonstrating how government-led backlog clearing instantly expands downstream drug use. On the product side, the market has moved beyond commodity steroids and NSAIDs: the 2024 US approval of clobetasol ophthalmic (APP13007) was justified by companies on the basis of a ~\$1.3 billion U.S. opportunity just for post-ocular-surgery inflammation/pain, showing there is real premium headroom inside a predominantly generic space. Meanwhile, DEXTENZA’s 2025 pediatric-cataract label extension confirms regulators are still widening indications for sustained-release options.

Trend

The clearest trend is simplification and front-loading of therapy. Surgeons and ambulatory surgery centres want the anti-inflammatory given at the time of surgery or as a single placement because four-week tapering regimens are where adherence collapses. That is why intracanalicular dexamethasone (DEXTENZA) has kept its relevance and even gained pediatric scope, and why short, high-potency courses like

APP13007 (BID for 14 days) passed FDA review — the risk/benefit is acceptable if patients finish the course. At the system level, procedure migration to private/NHS-funded centres in England — where nearly 60% of cataracts are now done by private providers, doubling NHS cataract spend in five years — rewards products that cut post-op visits or patient errors, so “convenience = economic value” is becoming visible to payers too.

Three growth levers stand out. First, epidemiology itself: ageing in OECD markets plus aggressive backlog-clearing in India and other NPCBVI states mean procedure counts are structurally rising, so even flat per-case spend produces topline growth. Second, there is still white space for “visit-sparing” or “drop-less” products — DEXTENZA’s reimbursement documents explicitly position it as an alternative to topical corticosteroids after cataract surgery, so any product that can document fewer complications (IOP spikes, CME, extra visits) has a story that payers in Europe and the UK will listen to. Third, emerging markets create an opening for price-segmented post-op kits bundled to high-volume providers; an 8.34-million-case year like India’s cannot be served only with premium US-priced inserts, so companies that can supply both the low-cost steroid/NSAID and a premium option for urban private hospitals can capture the whole curve. There is also a smaller but real opportunity in label extensions to other ophthalmic surgeries (pediatric cataract, keratoplasty) that reuse the same sustained-release tech.

The market’s biggest drag is generic gravity: conventional topical NSAIDs and steroids are well-known, cheap, and clinically good enough for most uncomplicated cataracts, so they set a low reference price almost everywhere outside the US. In payer-sensitive systems, that interacts with a second problem — budget scrutiny in high-throughput cataract programmes.. Safety is the third headwind: every time the market moves to more potent steroids, ophthalmologists watch intraocular-pressure data closely and will slow uptake if monitoring burden rises. Finally, in the US, compounded “dropless” injections given at surgery can quietly displace branded scripts without appearing in traditional market audits, making share capture less predictable for manufacturers.

North America will stay the revenue leader: about 15% of global cataract procedures occur in the US, but it buys a disproportionate share of premium or sustained-release therapies, and 2024–25 FDA approvals (APP13007, DEXTENZA supplement) give prescribers new tools. Europe has equally high procedure throughput but tighter reimbursement; success there will hinge on proving that a depot or intra-op product reduces nurse time and post-op visits, which is attractive to systems that have already pushed cataracts into high-volume pathways. Asia–Pacific is the volume engine: India’s

campaign alone produced more cataract surgeries in a year than many European countries do in several, so demand for basic post-op anti-inflammatories is secure, but pricing is set by public tenders, not innovation. Latin America and MEA will continue to run mixed public-private models — private eye chains will use the same branded steroids and NSAIDs as the US/EU, while ministries of health procure generics for outreach or cataract camps. The upshot is a market that expands everywhere, but monetizes best where procedures are done in ASCs or private clinics that can bill for convenience.

The competitive picture is layered. At the top sit the global ophthalmic market players using ophthalmic drug delivery devices — Alcon, Bausch + Lomb, AbbVie/Allergan, Novartis/Sandoz, and Indian majors like Sun — that already supply cataract surgeons with lenses, viscoelastics, and standard post-op drops; their advantage is channel control and the ability to bundle. Alongside them are the innovation-first players using digital surgery based technologies such as Ocular Therapeutix, which has turned DEXTENZA into the reference “drop-less” steroid and is now armed with 2025 FDA material extending to paediatric cases, and Eyenovia/Formosa, entering with a high-potency, short-course steroid explicitly hunting a \$1.3-billion US niche. Beneath that, in India and parts of Southeast Asia, are local generics manufacturers who dominate state cataract missions on price and volume and are therefore hard to dislodge. Competition, therefore, is less about molecule novelty and more about route (drop vs insert vs intra-op), total episode cost, and ability to sell into very high-throughput centres such as NHS-funded private cataract clinics or Indian mission hospitals.

Market Segmentation:

Segmentation 1: by Therapy Class

Topical Corticosteroids

Topical NSAIDs

Sustained-release / Depot Steroids

Intracameral / Intraocular Steroids

Combination Drugs

Segmentation 2: by ROA

Intracameral/Intracanalicular injection

Oral

Segmentation 3: by Distribution Channel

Online Pharmacy

Retail Pharmacy

Hospital Pharmacy

Segmentation 4: by Region

North America

Europe

Asia-Pacific

Rest-of-the-World

Hard copy option is available on any of the options above at an additional charge of \$500. Please email us at order@marketpublishers.com with your request.

This report will be delivered in 7-10 working days.

Contents

Executive Summary

Scope of the Study

1. GLOBAL INFLAMMATION AND PAIN POST CATARACT SURGERY AND EPIDEMIOLOGY MARKET: INDUSTRY OUTLOOK

1.1 Market Overview and Ecosystem

1.2 Inflammation and Pain Post Cataract Surgery and Epidemiology Disease Profile

1.3 Epidemiological Analysis of Inflammation and Pain Post Cataract Surgery and Epidemiology Market

1.4 Market Trends

1.5 Pipeline Analysis

1.6 Growth Share Analysis by Company

1.7 Regulatory Landscape Analysis

1.7.1 Legal Requirement and Framework in U.S.

1.7.2 Legal Requirement and Framework in E.U.

1.7.3 Legal Requirement and Framework in Asia-Pacific

1.7.4 Legal Requirement and Framework in Rest-of-the-World

1.8 Market Dynamics

1.8.1 Impact Analysis

1.8.2 Market Drivers

1.8.3 Market Restraints

1.8.4 Market Opportunities

2. GLOBAL INFLAMMATION AND PAIN POST CATARACT SURGERY AND EPIDEMIOLOGY MARKET, (BY THERAPY CLASS), \$MILLION, 2024-2035

2.1 Overview

2.2 Topical Corticosteroids

2.3 Topical NSAIDs

2.4 Sustained-release / Depot Steroids

2.5 Intracameral / Intraocular Steroids

2.6 Combination Drugs

3. GLOBAL INFLAMMATION AND PAIN POST CATARACT SURGERY AND EPIDEMIOLOGY MARKET, (BY ROUTE OF ADMINISTRATION), \$MILLION, 2024-2035

3.1 Overview

3.2 Intracameral/Intracanalicular injection

3.3 Oral

4. GLOBAL INFLAMMATION AND PAIN POST CATARACT SURGERY AND EPIDEMIOLOGY MARKET, (BY DISTRIBUTION CHANNEL), \$MILLION, 2024-2035

4.1 Overview

4.2 Online Pharmacy

4.3 Retail Pharmacy

4.4 Hospital Pharmacy

5. GLOBAL INFLAMMATION AND PAIN POST CATARACT SURGERY AND EPIDEMIOLOGY MARKET, (BY REGION), \$MILLION, 2024-2035

5.1 North America

5.1.1 Key Findings

5.1.2 Market Dynamics

5.1.3 Market Sizing and Forecast

5.1.3.1 North America Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Country)

5.1.3.1.1 U.S.

5.1.3.1.2 Canada

5.2 Europe

5.2.1 Key Findings

5.2.2 Market Dynamics

5.2.3 Market Sizing and Forecast

5.2.3.1 Europe Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Country)

5.2.3.1.1 Germany

5.2.3.1.2 France

5.2.3.1.3 Italy

5.2.3.1.4 Spain

5.2.3.1.5 U.K.

5.2.3.1.6 Rest-of-Europe

5.3 Asia-Pacific

5.3.1 Key Findings

5.3.2 Market Dynamics

5.3.3 Market Sizing and Forecast

5.3.3.1 Asia-Pacific Inflammation and Pain Post Cataract Surgery and Epidemiology

Market (by Country)

5.3.3.1.1 Japan

5.3.3.1.2 China

5.3.3.1.3 Rest-of-Asia-Pacific

5.4 Rest-of-the-World

5.4.1 Key Findings

5.4.2 Market Dynamics

5.4.3 Market Sizing and Forecast

6. COMPETITIVE BENCHMARKING AND COMPANY PROFILES

6.1 Competitive Benchmarking

6.2 Competitive Landscape

6.2.1 Key Strategies and Developments by Company

6.2.1.1 Funding Activities

6.2.1.2 Mergers and Acquisitions

6.2.1.3 Regulatory Approvals

6.2.1.4 Partnerships, Collaborations, and Business Expansions

6.2.2 Key Developments Analysis

6.3 Company Profiles

6.3.1 Alcon

6.3.1.1 Company Overview

6.3.1.2 Product Portfolio

6.3.1.3 Target Customers/End Users

6.3.1.4 Key Personnel

6.3.1.5 Analyst View

6.3.2 Bausch+Lomb

6.3.2.1 Company Overview

6.3.2.2 Product Portfolio

6.3.2.3 Target Customers/End Users

6.3.2.4 Key Personnel

6.3.2.5 Analyst View

6.3.3 AbbVie, Inc.

6.3.3.1 Company Overview

6.3.3.2 Product Portfolio

6.3.3.3 Target Customers/End Users

6.3.3.4 Key Personnel

- 6.3.3.5 Analyst View
- 6.3.4 Ocular Therapeutix
 - 6.3.4.1 Company Overview
 - 6.3.4.2 Product Portfolio
 - 6.3.4.3 Target Customers/End Users
 - 6.3.4.4 Key Personnel
 - 6.3.4.5 Analyst View
- 6.3.5 Novartis AG
 - 6.3.5.1 Company Overview
 - 6.3.5.2 Product Portfolio
 - 6.3.5.3 Target Customers/End Users
 - 6.3.5.4 Key Personnel
 - 6.3.5.5 Analyst View

7. RESEARCH METHODOLOGY

List Of Figures

LIST OF FIGURES

Figure: Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Scenario), \$Million, 2024, 2030, and 2035

Figure: Global Inflammation and Pain Post Cataract Surgery and Epidemiology Market, 2024 and 2035

Figure: Global Inflammation and Pain Post Cataract Surgery and Epidemiology Market Key Trends, Impact Analysis, 2024-2035

Figure: North America Inflammation and Pain Post Cataract Surgery and Epidemiology Market, \$Million, 2024-2035

Figure: Europe Inflammation and Pain Post Cataract Surgery and Epidemiology Market, \$Million, 2024-2035

Figure: Asia-Pacific Inflammation and Pain Post Cataract Surgery and Epidemiology Market, \$Million, 2024-2035

Figure: Rest-of-the-World Inflammation and Pain Post Cataract Surgery and Epidemiology Market, \$Million, 2024-2035

List Of Tables

LIST OF TABLES

Table: Market Snapshot

Table: Market Dynamics

Table: Global Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Therapy Class), \$Million, 2024-2035

Table: Global Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Route of Administration), \$Million, 2024-2035

Table: Global Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Distribution Channel), \$Million, 2024-2035

Table: Global Inflammation and Pain Post Cataract Surgery and Epidemiology Market (by Region), \$Million, 2024-2035

I would like to order

Product name: Inflammation and Pain Post Cataract Surgery and Epidemiology Market - A Global and Regional Analysis: Focus on Therapy Class, Route of Administration, Distribution Channel, Country, and Region - Analysis and Forecast, 2025-2035

Product link: <https://marketpublishers.com/r/l86690ECDDDB8EN.html>

Price: US\$ 4,900.00 (Single User License / Electronic Delivery)

If you want to order Corporate License or Hard Copy, please, contact our Customer Service:

info@marketpublishers.com

Payment

To pay by Credit Card (Visa, MasterCard, American Express, PayPal), please, click button on product page <https://marketpublishers.com/r/l86690ECDDDB8EN.html>