

PRE AND POST-OPERATIVE CONSIDERATIONS AND MANAGEMENT OF THE IOL PATIENT

- I. PRE – OPERATIVE
 - a. CATARACT VS RLE?
 1. CLEAR LENS EXCHANGE IF GOAL IS REFRACTIVE IN NATURE
 2. PATIENTS IN 50'S AND 60'S CONSIDERING LVC
 3. HYPEROPES, HIGH ASTIGMATS, MF OPTIONS
 4. BVA VS SYMPTOMS
 - b. NEW FEDERAL GUIDELINES - CMS
 - i. "MUST HAVE AN IMPAIRMENT OF VISUAL FUNCTION DUE TO CATARACT(S) RESULTING IN THE DECREASED ABILITY TO CARRY OUT ACTIVITIES OF DAILY LIVING SUCH AS READING, VIEWING TELEVISION, DRIVING OR MEETING OCCUPATIONAL OR VOCATIONAL EXPECTATIONS, WITH FURTHER ANNOTATION OF THE FOLLOWING..."
 - c. COMANAGEMENT CONSIDERATIONS INCLUDE PX CHOOSING THE COMANAGING PHYSICIAN, REPORTS BACK TO SURGEON
 - d. IMPORTANCE OF HISTORY
 - i. TAMSULOSIN/FLOMAX
 1. INTRAOPERATIVE FLOPPY IRIS SYNDROME – AFFECTS IRIS DILATOR
 2. ANY HISTORY OF TAKING IN PAST AS WELL – STOPPING DOES NOT MAKE A DIFFERENCE
 - ii. HSV
 1. STRESS OF SURGERY CAN ELICIT A RE-OCCURANCE
 2. PROPHYLACTIC TREATMENT WITH VALTREX
 - iii. UVEITIS
 - iv. TRAUMA
 1. SYNECHIAE
 2. ANGLE RECESSION
 3. ZONULAR DEFECTS, CAPSULE RISKS
 - a. PREPARE W/ ZONULAR TENSION RING
 - b. BACK UP LENSES (SULCUS, ACIOL PRESELECTED)
 4. RD RISKS
 - v. PRIOR LVC – IOL CALCULATION DIFFICULTIES AND NEED FOR PRE-LVC INFO AS WELL AS POST INFO.
 - vi. KC
 1. HOW DOES THIS AFFECT THE CALCULATION?
 2. IS TORIC AN OPTION?
 - a. IF KC AVOIDS CENTRAL CORNEA, MAYBE?
 - b. IF BVA GOOD BY HISTORY, MAYBE?
 - c. IF AXIS AND CORNEAL POWER ALL MATCH UP WITH MANUAL K, TOPOGRAPHY, REFRACTION HISTORY, MAYBE?
 - d. AVOID MF
 - vii. RETINA CONDITIONS-RISK AND PATIENT EXPECTATIONS

1. HIGH MYOPIA
 2. ERM, AMD, RD
 - viii. GLAUCOMA
 1. ISTENT
 - e. OTHER CONSIDERATIONS
 - i. CONTACT LENS WEAR
 - ii. CORNEAL ASTIGMATISM > .75 D
 - iii. TARGET – DVO/NVO/MONO – WHICH IS HISTORICALLY DOMINANT EYE?
 1. IF YOU CHANGE THE TARGET – **CALL** AND SEND REPORT
 - iv. CORNEAL CONDITIONS – BMD, DRY EYE, BLEPHARITIS – TX 1ST
 - f. ADDITIONAL TESTING
 - i. ECC, OCT, PACH, TOPO, IOLM – PENDING IOL OPTIONS AND HISTORY
 - g. OPTIONS
 - i. TORIC – UP TO 4 D CORNEAL CYL
 - ii. LRI – CAN BE COMBINED WITH TORIC AND MF WHEN NECESSARY
 - iii. MF IOL
 1. ADV – DISTANCE AND NEAR ACHIEVED
 2. DISADV POTENTIAL HALOS/NIGHT VISION AND RANGE LIMITATIONS
 - iv. ADDITIONAL COSTS INVOLVED, BUT DON'T PREJUDGE YOUR PATIENT'S INTEREST AND ABILITY TO PAY. MUST INFORM OF ALL OPTIONS THAT THEY ARE A POTENTIAL CANDIDATE FOR
 - v. LASER – ASSISTED CATARACT SURGERY (2010)
 1. HOW DO YOU HANDLE THIS QUESTION? IS IT NECESSARY?
 2. FEMTO CAN MAKE CLEAR CORNEAL INCISION, CREATE CAPSULORHEXIS, FRAGMENT LENS, TREAT CORNEAL ASTIGMATISM
 - a. USES LESS PHACO TIME AND ENERGY
 - b. LESS INFLAMMATION
- II. POST-OPERATIVE CONSIDERATIONS
- a. CURRENTLY 90 DAY GLOBAL PERIOD. TYPICAL 1D, 1WK, 1MO, 3MO
 - b. ONE DAY POST-OP
 - i. INCISION, SEIDEL
 - ii. IOP – IF INCREASED EARLY – LIKELY VISCOELASTIC OR PRE-DISPOSITION TO GLAUCOMA
 1. VA MAY BE AFFECTED, EDEMATOUS CORNEA
 2. NAUSEA
 3. TREATMENT BASED ON THE DEGREE OF IOP
 - iii. DILATION DAY ONE
 1. TORIC (TO CHECK AXIS)
 2. HIGH MYOPES (TO CK RETINAL TEARS)
 3. DILATE AT ANY VISIT IF PATIENT C/O F/F
 - iv. ENDOPHTHALMITIS (DAY 3-7 TYPICALLY), TASS EARLIER
 - v. RETAINED LENS FRAGMENT

c. LATER CONSIDERATIONS

i. DEC VA

1. PCO
2. CME
3. UNEXPECTED RESIDUAL REFRACTIVE ERROR

ii. INCREASED IOP D/T STEROID RESPONDER

iii. DYSPHOTOPSIA

1. CAN LEAD TO AN UNHAPPY 20/20 PATIENT
2. NEUROADAPTATION AFTER FEW WEEKS-REASSURANCE
3. POSITIVE V. NEGATIVE
 - a. POSITIVE
 - i. MORE COMMON
 - ii. BRIGHT ARTIFACTS
 - b. NEGATIVE
 - i. LESS PREVALENT
 1. SEEN IN SMALL PUPILS
 2. SHARP EDGE IOL DESIGNS
 3. PLACEMENT OF IOL BEHIND PUPIL
 - ii. SHADOWS IN THE PERIPHERY

4. WHY NOW? MORE IN LAST 20 YEARS

a. IOL EVOLUTION

- i. PMMA WITH ROUND EDGE
 1. LOW COST
 2. DURABLE
 3. LITTLE DYSPHOTOPSIA
- ii. MODERN ACRYLICS
 1. FOLDABLE/SM INCISION
 2. SHARP EDGE DESIGN-LOWER PCO
 3. RISE IN DYSPHOTOPSIA
- iii. IOL EXCHANGE?
 1. IF PERSISTS >6 WEEKS
 2. AVOID YAG PRIOR (OPEN CAPSULE=VITRECTOMY, INC CME)

iv. WHEN DO YOU SEND BACK TO THE SURGEON??

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COURSE DESCRIPTION:

THIS COURSE IS DESIGNED TO REVIEW THE CONSIDERATIONS INVOLVED IN BOTH PREPARING THE CATARACT PATIENT FOR SURGERY, AS WELL AS PROVIDING THE TOOLS AND SKILLS TO HANDLE MORE COMMON POST-OPERATIVE SITUATIONS THAT MAY ARISE.

COURSE LEARNING OBJECTIVES:

- TO REVIEW THE FEDERAL GUIDELINES FOR CATARACT SURGERY
- TO REVIEW THE IMPORTANCE OF VARIOUS PAST AND CURRENT SYSTEMIC AND OCULAR HISTORY PRIOR TO SURGERY
- TO DISCUSS THE IMPLICATIONS OF CERTAIN HISTORY SUCH AS PRIOR LASER VISION CORRECTION, KERATOCONUS, ETC IN AN IOL CALCULATION
- TO REVIEW THE ROLE OF THE REFERRING DOCTOR IN GUIDING LENS SELECTION AND TARGET OPTIONS OF PREMIUM IOL'S, GOALS, ETC.
- TO REVIEW KEY POINTS TO CONSIDER IN BOTH THE IMMEDIATE AND EXTENDED POST-OPERATIVE EXAMINATION
- TO DISCUSS THE RISE IN DYSPHOTOPSIAS SO THAT THERE CAN BE AN IMPROVEMENT IN PATIENT CARE, COMPASSION AND REASSURANCE
- TO REVIEW INDICATIONS FOR REFERRING BACK TO THE SURGEON