

Surgical Mythbusters

1 Hour

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Course Description:

Through case examples, this course will review common misconceptions of ocular surgery from cataracts to glaucoma to oculoplastics to retina. Presenters will discuss questions often received from patients and referring providers and provide evidence-based medicine to address the issues.

Learning Objectives:

- Gain a better understanding of the most common surgical procedures
- Review evidence-based literature on surgical rationale
- Discuss perioperative management considerations

Outline:

- I. First Line Therapy is Always a Drop
 - A. Selective laser trabeculoplasty
 1. Review the LiGHT Trial - both 3-year and 6-year data
 2. Review new SLT technology
 3. Katz Study – Meds vs. SLT
 4. Common considerations surrounding SLT
 - B. Glaucoma Drug Delivery
 1. Where does this fit in regards to 1st line therapy in glaucoma?
 - a. Bimatoprost SR - indications and data
 - b. Travoprost intraocular implant (iDose) - review data, the procedure
- II. Surgery is a Last Resort
 - A. Discussion on interventional glaucoma
 1. Physician controlled vs. patient controlled
 2. Definition – intervening earlier in the disease process with a mindset of using safer procedures and decreasing the medication burden to increase compliance and slow down progression
 - B. Why Exhausting Medications is Not Always the Right Thing
 1. Denis Study - visual field progression due to side effects
 2. Considering the quality of life for our glaucoma patients
 3. Considering compliance for our glaucoma patients
 - C. Is there a safe surgery?
 1. Reviewing the safety profile of various MIGS

III. Full Corneal transplant is your only Option

- A. Advanced Keratoconus that has been putting off corneal transplant for years
 - 1. Very thin cornea
 - 2. Central corneal scarring
 - 3. Central corneal neovascularization
 - 4. Central corneal edema
 - 5. Unfunctional vision
 - 6. Review of images
 - 7. Review of corneal imaging
- D. Non surgical options
 - 1. Contacts
 - 2. Oral investigational meds
 - 3. Topical investigational meds
 - 4. Overall risk of blindness
- E. Surgical options
 - 1. Full thickness corneal transplant
 - a. Risks
 - b. Complications
 - c. Process
 - d. Recovery
 - e. Lifetime rejection risk
- F. Corneal Collagen Crosslinking
 - 1. Theory
 - 2. Candidacy
 - 3. Post treatment results
 - a. Vision
 - b. Stability
 - c. Concerns
 - d. Lessons learned

IV. There are No Effective Treatments for Floaters

- A. Case example
- B. Vitreous anatomy and physiology
- C. Pathogenesis of vitreous detachment
- D. Treatments
 - 1. Monitor
 - 2. Laser vitreolysis
 - a. Indications
 - b. Review procedure
 - c. Postoperative considerations
 - i. Medications
 - ii. Complications
 - Inflammation
 - Increased IOP

- Cystoid macula edema
- Lens capsule rupture
- 3. Par Plana Vitrectomy
 - a. Review procedure
 - b. Postoperative considerations
 - i. Medications
 - ii. Management and follow ups
 - iii. Complications
 - Endophthalmitis
 - Increased IOP
 - Hypotony

- V. I Have to See Patients for all Postoperative Visits
 - A. What is your pre/postoperative protocol?
 - 1. Drop regimens
 - 2. Is there a role for telehealth?
 - B. Role of bilateral sequential cataract surgery?
 - C. Where do you see in-office cataract surgery?

VI. Questions and Discussion