NEWSLETTER

Info@ilase.co.uk

Spring

Dear Colleagues and Friends

I hope you all had a restful and enjoyable Christmas break with loved ones and close friends. And I hope that you've had a great start to 2024 with a year of health, joy and success ahead of you.

I'm excited to be setting the schedule for CPD events in 2024 and will share the dates when they are confirmed. The plan is to offer lectures, and interactive CPD points through case discussion workshops, and online events.

As always, the greatest professional joy has been helping my patients regain their independence and achieve their visual objectives through refractive cataract surgery and refractive lens exchange.

But first, the answer to the Quiz Question in the autumn newsletter. The risk factors for poor pupil dilatation and intraoperative floppy iris syndrome include but are not limited to:

- Taking alpha antagonist medication such as tamsulosin, doxazosin and alfuzosin
- Pseudoexfoliation syndrome
- Glaucoma
- Prior anterior uveitis
- Prior eye surgery
- Trauma and previous trauma repair
- Argyll Robertson pupil
- Long-term use of miotic drops

Evolving Practice of Ophthalmology Middle East Conference

In November 2023 I attended the Evolving Practice of Ophthalmology Middle East Conference (EPOMEC) which was held in Dubai. I was invited to deliver a presentation and share my results with the HOYA Surgical Optics trifocal lens implant at a symposium arranged by HOYA and Medicals International, the Middle East distributor for HOYA lens implants. A few years ago, I was one of a handful of surgeons around the world who were offered access to the HOYA Geometric trifocal lens implant. Having previously developed the CLEARlog software and App for exactly this purpose, I was able to collect data on all my surgeries, objective results, and subjective outcomes.

I was, of course, happy to share with fellow surgeons the excellent results that patients achieve, including excellent unaided vision at distance, middle and near; a high level of spectacle independence; low rates of halos or starbursts; and high satisfaction rates.

My presentation was very well received and generated a great deal of discussion. It was a wonderful opportunity to meet old friends from various countries, make new acquaintances, and share clinical experiences.

Talk to us

073 80 80 2000

Info@ilase.co.uk

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OPTOMETRY WALES AWARDS

Winner: Elinor Hobby

I'd like to share a quick story about how proud we were to sponsor a category at the Optometry Wales Awards before Christmas. It was an amazing experience to be part of an event that recognizes the hard work and dedication of Opticians, CLOs, DOs, and practice staff in Wales.

Our team was thrilled to attend the event, and we were excited to see the incredible work being done in the field of optometry. We were proud to sponsor the Innovator of the Year category, which was won by Elinor Hobby of Osmond Drake Opticians. Special mention goes to the runners-up Francesca Blackmore of Pearce & Blackmore Opticians and Kim James of Optimise Opticians Newport.

It was a wonderful experience to be part of such an inspiring event, and we are looking forward to continuing to support the optometry community in the future.

CAPTAIN CATARACT

Introducing...

Captain Cataract exists to reduce the burden of poor vision caused by cataracts and to ensure that every patient gets the best possible result from cataract surgery. He will be an integral part of the Case Studies in these Newsletters.

Now, I'm not saying that I am Captain Cataract, I'm just saying that you don't see me and Captain Cataract in the same room simultaneously.

CLEARlog

CLEARlog has been available for over 2 years and arose out of my strong desire to analyse and understand the results of my surgery. The were no options that provided the information I wanted and were easy to use.

So, I decided to create something new! It has been and fulfilling process. I use the data from CLEARlog to make continuous improvements and I'm happy to share them with patients and optometrists.

CLEARlog is used by surgeons in many countries and interest in it continues to grow.

CLEARlog is a software and App that I developed and is available of the App Store and Google Play Store, free of charge, for cataract and RLE surgeons (any anyone else that wants to download it!).
https://clearlogportal.com

Website Updates

- **FREE 15-minute call with an optometrist.**
- **Direct request for a consultation or call back.**
- **Communicate directly with iLase**
- **No hospital switchboards.**

I recently renewed my website and I'm excited about its new look and features that can help both you and our patients.
Along with a new colour scheme, I'd like to share some of the new features with you, stated above. So please check them out yourself by visiting the website and clicking on "For Optometrists" at the top of the homepage: www.ilase.co.uk

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Patient Feedback

In this newsletter, I would like to share the feedback of a particular patient, which I found touching:

Just letting you know that I am so grateful to restore my eyesight and the operation is a fantastic success! Thanks to you and the wonderful modern techs!
I feel transformed! My piano playing and my art is much clearer and functioning better.
Thank you again and your manner and confidence....helped a lot!

CASE STUDIES

A 71-year-old man, Mr P, presented for management of a cataract in his left eye. Keep reading, there's more to come and it's going to be interesting.
He had radial keratotomy to both eyes 40 years previously with 8 RK scars on the right cornea and 16 RK scars on the left cornea.

Right cataract surgery had been performed elsewhere in 2012.
The gentleman had visited a local optometrist as a new patient and was found to have the following refraction:
RE +6.50 / -6.50 x 36 = 6/72
LE +4.75 / -4.50 x 34 = PL

He reported never having achieved useful vision in the RE following cataract surgery.
When I met him initially the visual acuity of each eye was: RE CF with glasses and 6/24 pinhole; LE 6/36 with glasses and no increase with pinhole. The RE had a well-placed IOL and the LE had a dense missed cataract with a hazy view of the fundus. Both fundi displayed typical myopic features.

Mr P wanted to achieve good vision in both eyes, like he used to have after his RK procedure.
There were many issues to discuss.

- The RE has not achieved useful vision since the cataract operation and we should manage expectations. I suggested a trial of contact lenses and after a lengthy discussion, Mr P agreed. I called the referring optometrist who said he did not provide this service and was happy for me to make a referral to an experienced CL optometrist in another location whom we both knew well.
- Cataract surgery to the LE was not going to be straightforward in terms of the biometry, the surgery itself, and the post-operative visual rehabilitation.
    - With 16 RK scars it would be difficult to get any kind of reasonable biometry calculations and so Mr P should expect a very significant post-operative refractive error and poor unaided vision.
    - The 16 RK scars will create significant challenges for the surgery and in particular for placement of the surgical incisions. Crossing the RK scars can result in the opening of the scars (dehiscence) and a section of the cornea lifting and causing an open-eye scenario. This would lead to obvious surgical difficulties and require suturing at the end. Options for the incisions would be a peripheral corneal or scleral tunnel to go beneath the RK scars.

CASE STUDIES

- The axial length of the LE was 31.46mm and the anterior chamber depth was 3.70mm. Both are features of high myopia and increase the challenge of cataract surgery.
- The 16 RK scars will have resulted in an irregular corneal surface which could result in a difficult contact lens fitting post-operatively and poor quality of vision, even with correction.
- With so many RK scars Mr P should expect significant post-operative glare.

We agreed to proceed with a CL trial for the RE and then plan for LE cataract surgery. Mr P visited the CL optometrist with the following outcome.

RE: Unaided 6/76 ICD scleral CL -14.00 / -2.50 x 130 6/12+2
LE: Unaided 6/120 ICD scleral CL -16.00 / -6.00 x 150 6/150

Mr P was delighted with the result of the ICD CL in the RE and proceeded to use it.

Meanwhile, I scheduled further biometry measurements and ran into difficulties. With so many RK incisions in the left cornea, the cornea was very flat with K readings of 27.85 D (12.16mm) and 28.35 D (11.94mm), with a SE of 28.09 D (12.05mm). The calculation formula would not accept a K reading below 30mm. So, what should I do...???
I entered K readings of 30.0 D to achieve a lens calculation for emmetropia. However, 30.0 D is a more powerful cornea than Mr P's 28 D cornea and would result in a lower power of IOL than he requires for emmetropia. Therefore, Mr P required a higher dioptre IOL so I added +2.5 D to the IOL selection. As you can see from the resulting refraction towards the end of this case report, either of the IOL choices would have resulted in a good outcome.

We planned to schedule LE cataract surgery. I reduced my list to allow more time for this case and I scheduled Mr P to be the last patient on the list. I took time to establish the best location for the
incision in between RK scars and did not need to make a scleral tunnel. I used Vision Blue and adjusted the fluid settings to minimise lens-iris-diaphragm-retropulsion syndrome (LIDRS) with anterior chamber deepening.
With slow and careful progress through the stages of surgery, the procedure came to a successful and uneventful conclusion. No sutures were required, and the post-operative recovery was smooth. I implanted a standard monofocal IOL using the HOYA pre-loaded XC1 Vivinex lens which can be implanted through a 2.2mm incision and unfolds very smoothly in the eye, allowing excellent control of IOL placement.

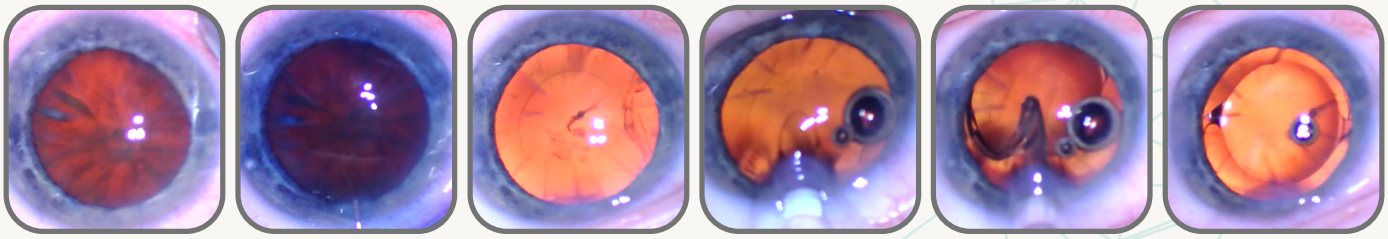
At the 6-week post-op refraction, the left eye returned a result of:

6/48-3 unaided +4.00 / -6.50 x 47 = 6/12-3
+1.50 add = 0.36 LogMAR at 66cm
+2.50 add = N8 – N10 at 40cm

When I saw Mr P 5 weeks later the LE achieved 6/9+1 with the correction in his glasses.

At his final CL fitting 3 months post-op Mr P was fitted with an ICD FlexFit Toric semi-scleral CL and achieved 6/7.6-2. Result: Mr P is a very happy man.

The success of this case relied on several factors. First, the initial optometrist made a referral to the consultant that he felt was best suited to manage the patient, and then facilitated the transfer of care to another optometrist who was able to offer the specialist services required for the patient. Second, appropriate assessment, counselling, and management of all the issues raised by the case. Not least the surgical aspects described above. Third, effective communication between optometry and ophthalmology at each stage. Fourth, and by no means least, high-quality optometric management of the contact lens fitting of each eye.



What are the specific surgical complications and and post-operative consideration in eyes with RK?

Answer next time....

Telephone
073 80 80 2000

Fax
029 2140 7096

Email info@ilase.co.uk

Website www.ilase.co.uk

iLase