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AECOS SUMMER SYMPOSIUM: MEETING HIGHLIGHTS

The American-European College of Ophthalmic Surgery Summer Symposium in Deer Valley is a unique meeting that features physician, industry, and even regulatory leadership in a collaborative and highly productive environment.

The American-European College of Ophthalmic Surgery Summer Symposium in Deer Valley, Utah, kicked off with Steven Dell, MD, and Stephen Slade, MD, discussing hot topics that included how to price premium services and how to present the costs to patients. The way in which new technologies are presented to patients is key, and not all physicians are comfortable selling services and discussing price.

CASES

“Case Presentations,” where physicians share innovative new techniques and pearls, provide some of the most valuable content for the meeting. William Trattler, MD, presented a case (*Case That Appears Risky for Ecstasia: Would You Touch This?*) that featured a 21-year-old woman with mild inferior steepening (OS > OD) and low myopia (-3.00 D with 1.00 D of astigmatism). The inferior-superior ratio was 0.68 OD and 1.77 OS with a corneal thickness of 486 μm OD and 483 μm OS. The back elevation on the Pentacam (Oculus) was normal; however, the percentage of thickness increase was abnormal. The following discussion ensued.

The patient was young with suspicious findings for forme fruste keratoconus. Although she may be eligible for PRK, her age and thin corneas skewed the discussion toward intervention with corneal cross-linking (CXL). Physicians commented on how young a patient can receive CXL, regardless of evidence of progression.

Sheri Rowen, MD, led a discussion on IOL implantation in a patient with severe dry eye disease. The patient had presented with extremely red eyes, uncontrolled blepharitis, severe photophobia, and a 3.00+ D nuclear sclerotic cataract on which no previous surgeon was willing to operate. Treatment included cyclosporine A (Restasis; Allergan) and LipiFlow (TearScience). Once the cornea cleared, topography was repeated, and the original choice of a 23.50 D Crystalens (Bausch + Lomb) was changed to a 23.50 D Trulign (Bausch + Lomb). The take-home point was how drastically dry eye disease will negate proper topography and the importance of addressing the ocular surface before choosing lenses.

MICROINVASIVE GLAUCOMA SURGERY

Steven Vold, MD, presented the most recent data on the CyPass Micro-Stent, a microinvasive glaucoma surgery device that is hoping to make it to market. Dr. Vold reported that patients who received the stent in conjunction with cataract surgery saw a 30% to 40% lowering of IOP, and the vast majority were able to cease all drops. William Wiley, MD, reported that he has been combining endoscopic cyclophotocoagulation with the iStent Trabecular Micro-Bypass (Glaukos) to give his patients the lowest IOPs. He noted that endoscopic cyclophotocoagulation is relatively inflammatory, so he makes use of intraocular injections of Tri-Moxi-Vanc

(Imprimis Pharmaceuticals) or nonsteroidal anti-inflammatory drugs to control inflammation on the front end.

SMALL PUPILS

Mitch Jackson, MD, and Dee Stephenson, MD, discussed options for patients with small pupils, sometimes so small as to prevent the effective docking of a femtosecond laser. They both recommended using Omidria (phenylephrine 1% and ketorolac 0.3% injection; Omeros) intracamerally as part of the irrigating solution and mentioned the utility of pupillary expansion devices. APX Ophthalmology's device enters through the sideport incision and in one motion retracts the iris.

INLAYS

With the first corneal inlay for the treatment of presbyopia approved by the FDA during the past year, John Vukich, MD, discussed ideal candidates for the Kamra technology (AcuFocus). Emmetropic presbyopes who are plano or slightly minus do best, and performing LASIK to get the patient to this point is an option. The Kamra inlay is placed in the nondominant eye, but it is not a monovision technique and it does not alternate suppression. Dr. Vukich also points out that serving the desired patient population requires the surgeon to reach out to referring colleagues, patient networks, and local (or social) media to get the word out about this exciting option.

OCULAR SURFACE AND CATARACT SURGERY

Priyanka Sood, MD, directed the discussion of severe meibomitis/blepharitis in patients contemplating cataract surgery. The primary takeaway point was that clinicians severely under-treat these diseases, and patients are at risk of developing further fibrosis that will only make treatment more difficult.

In addition to the tools ophthalmologists have, such as Restasis, there are a variety of new options that can also work.

Cliradex Advanced Care Gel (Cliradex) is part of an in-office hygiene protocol that uses a new tea tree oil formulation that isolates 4-Terpineol, to improve the mitocidal effects and reduce allergic reactions and toxicity.

Avenova (Novabay) is a prescription hypochlorous solution with potent antibacterial activity that was used in the past to treat wound infections.

MiBo ThermoFlow (MIBO Medical Group) is a new device that uses a thermal pulsation technique to clear the meibomian glands at a lower price point than the alternative.

BlephEx (BlephEx) is a medical-grade micro sponge used to exfoliate the lid margin and eliminate the debris associated with inflammation. Patients should be encouraged to come in every 6 to 8 months to have their lid margins exfoliated with these new devices.

Physician discussion also included the benefits of offering omega-3 fatty acids and other treatments in the practice to improve patient access and compliance while also generating income. ■

Go to eyetube.net/series/daily-coverage-aecos-deer-valley-2015/idoho to view daily coverage videos and more from the AECOS 2015 Summer Symposium.



TWITTER FEED #AECOSDV

- @aecosurgery** The FDA is working to revamp premarket programs, with 31% decrease in average total time for review says Jeff Shuren.
- @crsteurope** Looking to bill for laser cataract surgery in the US? Charge for imaging function. NOT the laser itself, says Allison Shuren.
- @tearlab** Sheri Rowen case study on severe #DRYEYE and #cataracts at #AECOSDVT @AECOSurgery.
- @aecosurgery** Both @VoldVision and @SadrieyeMD foresee a future for MIGS as a standalone procedure.
- @millennialeye** RT @AECOSurgery: Zero Moment of Truth, when patients research MDs & procedure, is critical in their decision-making today, says Spenser Pontbriand.
- @drdayasharma** Rob Weinstock – emphasizes importance of taking intraop aberrometry in context of other preoperative testing.
- @aecosurgery** RT @tbogetti: Nick Batra, MD, shares that his enhancement rate has dropped from 15% to 4% after utilizing #ORA #AECOSDV.
- @cmoorevision** Interesting discussion on pre-op surgery planning and impact of ORA on outcomes. @IntegrityEMR
- @drdayasharma** Ken Beckman – great discussion on difficulty of getting IOL power correct with post-LASIK cataract surgery.
- @timothyalex** RT @CRSTeurope: One must use a checks-and-balances system when using intraoperative aberrometry and know when to abandon it, says Alan Faulkner.
- @beyevision** RT @Want a creative way to test comfortable reading distance? Hand patients a brochure and see where they hold it, says Daniel Chang.
- @djmjspin** RT @DrDayaSharma: Pro tip from Mitch Jackson @djmjspin - doesn't use astigmatic incisions in post-LASIK eyes.
- @mjohnsp** RT @AECOSurgery: 2015-2020 Medicate shift to managed care will drive increased volume but at a lower price than fee for Service, says Robert Ford.
- @sadrieyemd** RT DrDayaSharma: Fantastic video session on complicated #cataract #surgery by Ashvin Agarwal at #AECOSDV.
- @sadrieyemd** What does it take to make an ASC profitable? About 1,000 cases per OR per year, says John Vukich.
- @drdayasharma** Steve Vold's practice model – every patient is treated with premium service, like the President. I prefer this model.
- @gordonbethwaite** @BurkhardDick enthralled the #AECOSDV audience with innovative LACS procedures – thought leaders being led & inspired.
- @djmjspin** RT @gordonbethwaite: Johnathan Solomon, MD, #AECOSDV discussing post-LASIK toric IOL case with @cjmjspin @georgewaring @aepitrop – many variables.
- @cathye** RT @AECOSurgery: There is more to vision than Snellen acuity, reminds @georgewaring.
- @georgewaring** RT @gordonbethwaite @danielchangmd @georgewaring #AECOSDV importance of toric lens centration (subject fixated coaxial light source) before axis alignment.
- @aecosurgery** Keratoconus is more common in men, says @wtrattler, with about 70% of patients male in his experience.