



2014 ACES/SEE Caribbean Eye Meeting

CANCUN MEXICO

HIGHLIGHTS IN REVIEW

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SAVE THE DATE FOR 2015
FEBRUARY 6 – 10, 2015, SAN JUAN, PUERTO RICO

The Big Picture: Advancements in Femtosecond Cataract Laser Surgery

RICHARD TIPPERMAN, MD

Phacoemulsification and femtosecond laser cataract surgery have many parallels, said Richard Tipperman, MD. Both were initially criticized as too expensive and complicated with no advantages over the previous approach, he said in his presentation, "The Big Picture: Advancements in Femtosecond Cataract Laser Surgery." Laser cataract surgery, however, offers more precision and more control over refractive outcomes, he said, adding that the benefits of the technology will be enhanced as protocols for arcuate incisions are refined, more presbyopic options are added, and surgeons' ability to control both intrastromal treatments and incisions improves.

Advances In Femtosecond Surgery: What does the technology do well?

- "Better than manual capabilities"
- Capsulorhexis
- Lens fragmentation
- Arcuate incisions
- Incisions



Washington Update

PHILLIPS KIRK LABOR, MD

Physicians need to speak up about how Washington can help them better manage their patients and their practices, because politicians and regulators are more likely to listen to the medical community on these issues, said Phillips Kirk Labor, MD, in his talk, "Washington Update." "As physicians, we carry a bigger stick when we speak," Dr. Labor said. "That voice goes unheard if you don't take time to speak to people directly." Dr. Labor talked about ongoing regulatory issues such as the Sustainable Growth Rate and quality reporting as two examples of why physicians need to make their voices heard. He discussed the advantages of joining groups such as the Alliance of Specialty Medicine, comprising a variety of specialty organizations, to reach those in power in Washington. As part of the Alliance's Healthcare Policy Committee, Dr. Labor has worked to obtain physicians' concerns for their practice.

So What?

- Many concerns still are unresolved:
 - SGR & IPAB Reform
 - UHC Debacle
 - Quality Reporting
 - Price Initiative
- We're continuing to press these issues
- The core issues defined by the healthcare committee:
 - Patients' access to the physician of their choice
 - Reasonable pay
 - Quality care

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Femto Cataract Capabilities: What I Love the Most and What I Wish For

ROBERT J. WEINSTOCK, MD

Although the various femtosecond laser cataract surgery platforms have their individual strengths, they all work in a similar manner, said Robert Weinstock, MD, during his talk, "Femto Cataract Capabilities: What I Love the Most and What I Wish For." Dr. Weinstock has personal experience with the LenSx Laser (Alcon), Victus (Bausch + Lomb), and Lensar Laser System.

"All are designed to make a good capsulotomy, wound, arcuate incision, and fragmentation," he said. "All take about the same amount of time."

Dr. Weinstock liked the Victus for its capsulotomies and for having the docking system that is easiest to use. Because it uses Scheimpflug imaging, the Lensar Laser System provides the best detail about the cataract and has

Combined Experience:

- Overwhelmingly positive
 - Minimal complications
 - Few anterior capsular tears with LenSx early on
 - None since softfit PI
 - Shared Challenges
 - Subconjunctival heme
 - Cortex removal
 - Miosis
 - Rare capsular tags



strong fragmentation capabilities, he stated. The speed of the LenSx Laser is “phenomenal,” Dr. Weinstock said.

In the future, Dr. Weinstock would like to see laser cataract systems provide better docking, faster software, and improved wound creation, among other capabilities. He discussed how the technology will be used eventually in the fields of glaucoma and retina and for three-dimensional visualization.

A Dry Eye Clinic: What It Means to Me

SHERI ROWEN, MD

By thoroughly diagnosing and treating dry eye disease, surgeons can catch serious problems early on and create a cadre of loyal patients, said Sheri Rowen, MD, during her talk, “A Dry Eye Clinic: What It Means to Me.”

All of the patients in Dr. Rowen’s practice take a simple questionnaire to see if they are experiencing dry eye symptoms. She first tests for corneal staining and, when indicated, she or a technician will conduct tests related to dry eye. When focusing on diagnosing dry eye, she said it is important also to check for meibomian gland dysfunction, including cases that are not obvious. “We have to address the lids as a key component,” she argued. “You can’t leave it up to the patients. Lid scrubs help, but they don’t do what we can do to change these glands.”

Dr. Rowen also discussed a newly approved test for Sjögren syndrome that can help identify the disease early, enabling ophthalmologists to play a crucial role in early care. “By the time these patients get to the rheumatologist or primary care doctor, it’s too late,” she said. “There’s evidence that, if we can get this early enough, the gland damage can be reversed.”



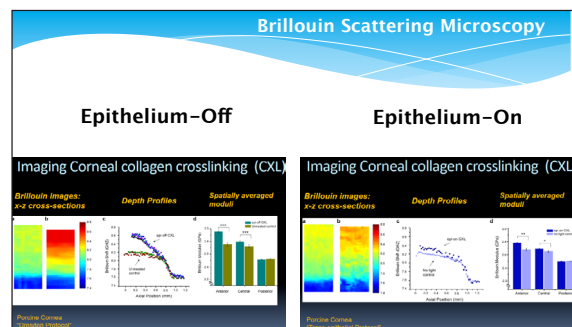
Brillouin Spectroscopy: a New Biomechanical Measurement Device

RAJESH K. RAJPAL, MD

Brillouin spectroscopy has the potential to help ophthalmic surgeons better understand ectasia risk and the effects of corneal collagen cross-linking, said Raj Rajpal, MD, during his presentation, “Brillouin Spectroscopy: a New Biomechanical Measurement Device.” He explained that the technology, known in physics as phonon spectroscopy, was developed in the 1920s. It examines the interaction between photons, which are light oriented, and acoustic phonons. When a commercial device becomes available, it will enable the measurement of tensile strength to check for ectasia risk and assess for changes related to refractive procedures with excimer lasers and perhaps collagen cross-linking, he said. Another potential application may be IOP measurements.

“If we can determine patients at greater risk for ectasia, we’re more comfortable as surgeons,” he said.

Brillouin spectroscopy “is a different way of looking at [the] biomechanical properties of any type of structure,” Dr. Rajpal said.

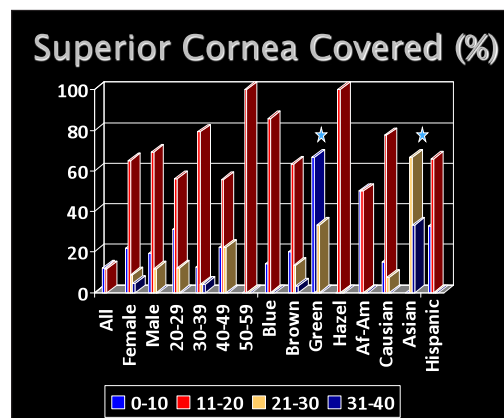


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Ideal Pocket Position with Femtosecond LASIK

LOUIS E. PROBST, MD

The ideal pocket position for femtosecond LASIK is superior, said Louis Probst, MD, in his presentation titled "Ideal Pocket Position with Femtosecond LASIK." Dr. Probst discussed a study he conducted that found the cornea is elliptical, that the upper lid covers 10% to 20% of the corneas of most patients, and that a superiorly placed pocket is covered by the upper lid, thus providing the ideal pocket position. Dr. Probst's findings were consistent among various eye colors and patients' ethnicities, although African Americans had a more elliptical cornea than others in the study. He also cited work performed by plastic surgeons demonstrating that patients have the greatest coverage in the superior area, especially patients of Asian ancestry.

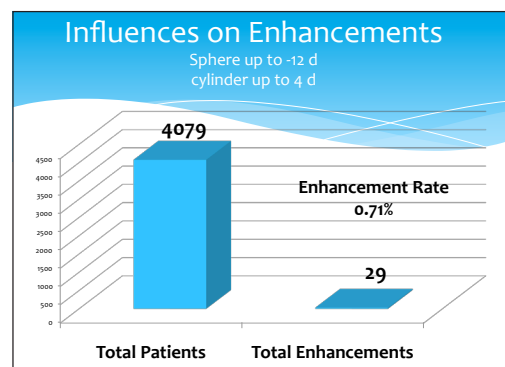


Enhancements and Refractive Procedures

KARL G. STONCIPHER, MD

Refractive surgeons should be motivated to lower enhancement rates, because in some cases patients view them as a failure, said Karl Stonecipher, MD, in his talk, "Enhancements for Refractive Procedures." In a study tracking his own results, Dr. Stonecipher found an enhancement rate of 0.71%. The major causes were an opaque bubble layer (31%), dry eye (28%), allergy (24%), and poor fixation (17%). Thyroid issues and tear film debris also led to a number of enhancements. In addition, Dr. Stonecipher found that patients who received LASIK enhancements tended to have more successful long-term results than those who received PRK enhancements.

Dr. Stonecipher offered pearls for eliminating the need for enhancements, including using lissamine green staining in both refractive and cataract surgery patients to test for dry eye and using a preoperative combination of a fluoroquinolone and a corticosteroid.

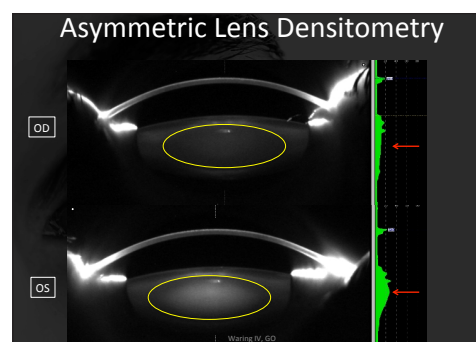


Diagnosis and Management of Dysfunctional Lens Syndrome

GEORGE O. WARING IV, MD

Dysfunctional lens syndrome is a new term for a clinical spectrum "that clinicians have been aware of for some time," said George O. Waring IV, MD. The syndrome occurs most frequently in patients between 55 and 65 years of age, and it is most often discovered upon their presentation for a LASIK evaluation, he said in his talk titled "Diagnosis and Management of Dysfunctional Lens Syndrome." These patients likely use multiple pairs of glasses to assist with their vision, and present seeking options to reduce their dependence on spectacles for reading vision. Lens opacities, presbyopia, higher-order aberrations, and on occasion, narrow angles are other clinical features, he said.

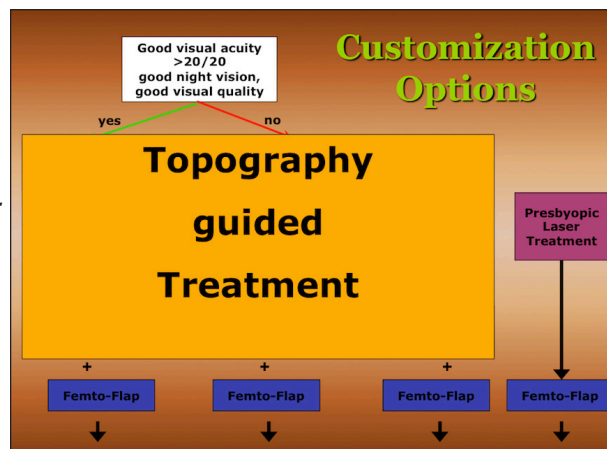
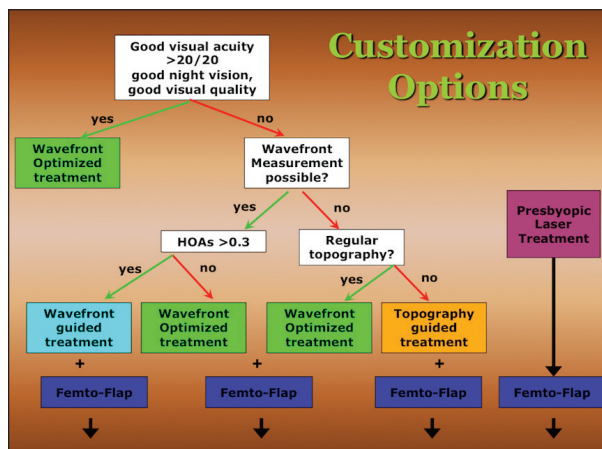
Dr. Waring stated that he uses advanced diagnostics and a digital lens analysis to qualitatively and quantitatively measure light scatter to help patients with dysfunctional lens syndrome understand why LASIK may not be the best option. He suggests that a dysfunctional lens replacement addresses the source of the problem and may be the definitive solution in patients with the clinical spectrum of aging lens dysfunctionalities.



Spectrum of Customized Laser Vision Correction Options

RONALD R. KRUEGER, MD

There will be a range of laser vision correction procedures that ophthalmic surgeons will be able to perform in the future, said Ronald Krueger, MD in his presentation titled "Spectrum of Customized Laser Vision Correction Options." It includes wavefront-guided and wavefront-optimized corrections as well as topography guided (now available in the United States) and presbyopic customized ablation, which surgeons will likely see in the future, Dr. Krueger said. He predicted that surgeons will likely be able to offer a menu of options to patients.



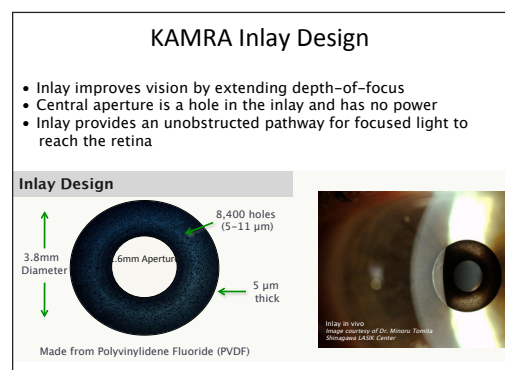
An Update on Intracorneal Inlays for Presbyopia

MARGUERITE B. McDONALD, MD

A number of intracorneal inlays for presbyopia are approved abroad and may soon be available in the United States. The one that is closest to FDA approval is the Kamra (AcuFocus), said Marguerite McDonald, MD, in her talk, "An Update on Intracorneal Inlays for Presbyopia."

Because the Kamra is closest to US approval, she concentrated on its benefits specifically. The inlays work by different mechanisms. All of the inlays have a small diameter, and are implanted fairly deep in the cornea, but some work by altering the corneal curvature, and others work by extending the depth of focus via a small aperture. Dr. McDonald said. For example, the Kamra functions by extending depth of focus.

In addition, the Kamra has 8,400 nutritional holes, which are created with an excimer laser. "Because of the nutritional holes and its aperture, corneal nutrition appears not to be impaired," she said. Dr. McDonald discussed how optical coherence tomography studies have not found inflammation around the inlay. She said that studies with the device have reported an improvement in mean near visual acuity from J8 to J2 as well as improvements in reading speed and reading acuity.



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