

The Ballots Are in

The all-time most-viewed videos on Eyetube.net.

BY WILLIAM B. TRATTLER, MD; RICHARD M. AWDEH, MD; AND ELENA ALBÉ, MD

Eyetube.net has proven to be a valuable resource for eye care professionals, because it allows for the rapid dissemination of new techniques and ideas for surgical procedures and patients' care. Available videos demonstrate how to safely and effectively use the Malyugin Ring (MicroSurgical Technology, Redmond, WA), perform an IOL exchange in the presence of an open capsule, treat epithelial ingrowth after LASIK, or perform phacoemulsification in eyes with weak zonules. Eyetube TV segments provide timely interviews with top ophthalmologists, optometrists, and industry leaders. Eyetube.net reaches its 3-year mark in March 2011. With the site's more than 37,000 registered users and more than 2,000 videos, it is time to focus on some of the top videos of all time on Eyetube.net.

CATARACT

Eyetube.net is broken down into seven sections, and the "Cataract" section leads the way with the most videos and the highest viewership. A surgical video by David Lubeck, MD, that was captured during a live surgery program at the AAO 2010 Annual Meeting has been viewed more than 50,000 times. In it, Dr. Lubeck demonstrates a phaco chop technique using Ozil IP (Alcon Laboratories, Inc., Fort Worth, TX) on the eye of a 75-year-old woman with a dense cataract. The video also demonstrates the use of a curved, disposable polymer I/A tip for cortical removal (Figure 1) (<http://eyetube.net/series/alconlivesurgery/2010chicago/dense-cataract-with-acrysof-iq-restor-iol/>).

REFRACTIVE IOL

In the "Refractive IOL" section, Richard Mackool, MD, presents his step-by-step cataract surgery technique, including the placement of a presbyopia-correcting IOL. Dr. Mackool's video, with more than 10,000 views, is part of *The Video Journal of Cataract and Refractive Surgery* from Robert Osher, MD (<http://eyetube.net/?v=karure>).

CORNEA

The most popular video in the "Cornea" section is part of a series developed by Roger Steinert, MD, on Intralase-Enabled Keratoplasty (Intralase FS laser; Abbott Medical Optics Inc., Santa Ana, CA). Not surprisingly, the first video on preoperative planning and patients' selection has been viewed more than 11,000 times, and it is still an excellent primer for sur-



Figure 1. Dr. Lubeck performs a chopping technique using Ozil IP.



Figure 2. The surgeon measures corneal thickness.

geons interested in learning how to perform this procedure. Other videos in this series include Dr. Steinert's technique for donor preparation, laser treatment of the recipient cornea, and the final transplantation procedure performed in the OR (Figure 2) (<http://eyetube.net/?v=narupe>).

LASER VISION CORRECTION

In the "Laser Vision Correction" section, interestingly, the top video of all time with almost 10,000 views focused on corneal collagen cross-linking (not currently available in the United States). C. Garra, MD, shares his epithelium-off corneal cross-linking technique, which is an exciting procedure for the treatment of post-LASIK ectasia and keratoconus (Figure 3) (<http://eyetube.net/?v=safire>).

GLAUCOMA

The top video in the "Glaucoma" section was submitted by Carlos Buznego, MD, who shares his technique for placing the iStent (Glaukos Corp., Laguna Hills, CA). This



Figure 3. An illustration of molecular cross-linking.

technology is available in Europe but has not yet received FDA approval in the United States. The procedure can be performed immediately after cataract surgery in patients with elevated IOP. Watched more than 6,000 times, the video provides a detailed primer for surgeons interested in using this technology (<http://eyetube.net/?v=safire>).

CONCLUSION

Eyetube.net helps ophthalmologists to improve their surgical techniques and expand their surgical options. Clearly, there is a strong interest in informative videos on Eyetube.net. With outstanding videos covering cataract, refractive IOLs, cornea, and laser vision correction, the Web site serves as an excellent resource for anterior segment surgeons. ■

Section Editor Elena Albé, MD, is a consultant in the Department of Ophthalmology, Cornea Service, Istituto Clinico Humanitas Ophthalmology Clinic, Milan, Italy. She acknowledged no financial interest in the products or companies mentioned herein. Dr. Albé may be reached at +39 0331 441721; elena.albe@gmail.com.



Section Editor Richard M. Awdeh, MD, is the director of technology transfer and innovation and an assistant professor of ophthalmology at the Bascom Palmer Eye Institute in Miami. He acknowledged no financial interest in the products or companies mentioned herein. Dr. Awdeh may be reached at (305) 326-6000; rawdeh@med.miami.edu.



Section Editor William B. Trattler, MD, is the director of cornea at the Center for Excellence in Eye Care in Miami and the chief medical editor of Eyetube.net. He is a consultant to Abbott Medical Optics Inc. Dr. Trattler may be reached at (305) 598-2020; wtrattler@earthlink.net.



Nevanac[®]
(nepafenac ophthalmic suspension) 0.1%

NEVANAC[®] (nepafenac ophthalmic suspension) 0.1%, topical ophthalmic Initial U.S. Approval: 2005

Revised: 9/2007

evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs including NEVANAC[®] and should be closely monitored for corneal health.

BRIEF SUMMARY

1 INDICATIONS AND USAGE
NEVANAC[®] ophthalmic suspension is indicated for the treatment of pain and inflammation associated with cataract surgery.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosing
One drop of NEVANAC[®] should be applied to the affected eye(s) three-times-daily beginning 1 day prior to cataract surgery, continued on the day of surgery and through the first 2 weeks of the postoperative period.

2.2 Use with Other Topical Ophthalmic Medications
NEVANAC[®] may be administered in conjunction with other topical ophthalmic medications such as beta-blockers, carbonic anhydrase inhibitors, alpha-agonists, cycloplegics, and mydriatics.

3 DOSAGE FORMS AND STRENGTHS

Sterile ophthalmic suspension: 0.1%
3 mL in a 4 mL bottle

4 CONTRAINDICATIONS

NEVANAC[®] is contraindicated in patients with previously demonstrated hypersensitivity to any of the ingredients in the formula or to other NSAID.

5 WARNINGS AND PRECAUTIONS

5.1 Increased Bleeding Time
With some nonsteroidal anti-inflammatory drugs including NEVANAC[®], there exists the potential for increased bleeding time due to interference with thrombocyte aggregation. There have been reports that ocularly applied nonsteroidal anti-inflammatory drugs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery.

It is recommended that NEVANAC[®] ophthalmic suspension be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

5.2 Delayed Healing
Topical nonsteroidal anti-inflammatory drugs (NSAIDs) including NEVANAC[®], may slow or delay healing. Topical corticosteroids are also known to slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems.

5.3 Corneal Effects
Use of topical NSAIDs may result in keratitis. In some susceptible patients, continued use of topical NSAIDs may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. These events may be sight threatening. Patients with

Postmarketing experience with topical NSAIDs suggests that patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (e.g., dry eye syndrome), rheumatoid arthritis, or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse events which may become sight threatening. Topical NSAIDs should be used with caution in these patients.

Postmarketing experience with topical NSAIDs also suggests that use more than 1 day prior to surgery or use beyond 14 days post surgery may increase patient risk and severity of corneal adverse events.

5.4 Contact Lens Wear
NEVANAC[®] should not be administered while using contact lenses.

6 ADVERSE REACTIONS
Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to the rates in the clinical studies of another drug and may not reflect the rates observed in practice.

6.1 Ocular Adverse Reactions
The most frequently reported ocular adverse reactions following cataract surgery were capsular opacity, decreased visual acuity, foreign body sensation, increased intraocular pressure, and sticky sensation. These events occurred in approximately 5 to 10% of patients.

Other ocular adverse reactions occurring at an incidence of approximately 1 to 5% included conjunctival edema, corneal edema, dry eye, lid margin crusting, ocular discomfort, ocular hyperemia, ocular pain, ocular pruritus, photophobia, tearing and vitreous detachment.

Some of these events may be the consequence of the cataract surgical procedure.

6.2 Non-Ocular Adverse Reactions
Non-ocular adverse reactions reported at an incidence of 1 to 4% included headache, hypertension, nausea/vomiting, and sinusitis.

See full prescribing information for NEVANAC[®].



ALCON LABORATORIES, INC.
Fort Worth, Texas 76134 USA

© 2007, 2008 Alcon, Inc.

© 2010 Alcon, Inc. 10/10 NPF10504JAD