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BY WILLIAM B. TRATTLER, MD

One of the benefits of attending the annual meetings of the AAO and the ASCRS is learning about new procedures and surgical techniques. Ophthalmologists have enjoyed the rapid development of technology, in part because many of our innovative colleagues have improved existing treatments and designed new approaches to ophthalmic surgery. Industry has also introduced technologies that enhance surgical outcomes.

Recently, ophthalmologists have added Descemet's stripping automated endothelial keratoplasty (DSAEK), femtosecond LASIK, amniotic grafts with tissue glue, and Intacs intracorneal segments (Addition Technology, Inc., Des Plaines, IL) for keratoconus to their armamentarium. Relatively new devices for cataract surgery include capsular tension rings and iris-sutured IOLs.

An exciting way to stay on top of advances in ophthalmic surgery is by watching videos at Eyetube.net. Since this Web site was introduced 2 years ago, it has become a tremendous resource for beginning and practicing surgeons. Visitors can explore channels focused on the cornea, cataracts, refractive IOLs, glaucoma, the retina, and ophthalmics. The Web site has grown rapidly, both in terms of the number of hosted videos and viewership. Submitting a video is easy, and selecting and watching videos just requires a free registration.

The column "Inside Eyetube.net" will regularly highlight exciting videos from the Web site.

IMPROVING DSAEK

The introduction of DSAEK provided ophthalmologists with an alternative to penetrating keratoplasty. The process of inserting partial-thickness grafts, however, requires refinement to avoid the dislocation of donated tissue and the loss of endothelial cells. Keith Walter, MD, submitted a video to Eyetube.net in which he uses the Endosaver EK injector (Ocular Systems Inc., Winston-Salem, NC; not available in the United States) to insert a donor disc during DSAEK (Figure 1)(<http://eyetube.net/videos/default.asp?ramabi>).

Although I do not have access to Dr. Walter's injector,



Figure 1. Keith Walter, MD, inserts a partial-thickness corneal graft into the eye with the Endosaver EK injector.

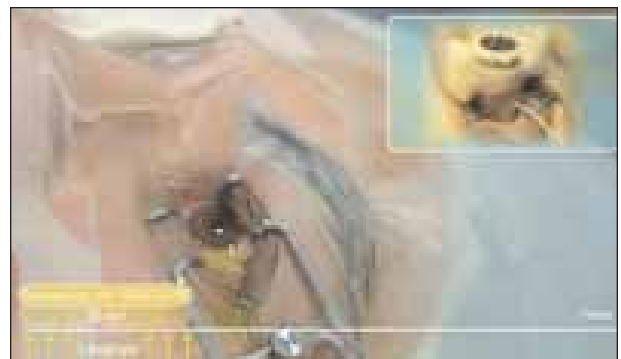


Figure 2. David Touboul, MD, describes the process of corneal collagen cross-linking for keratoconus.

watching his video gave me a new appreciation of how much we can improve DSAEK.

PERFORMING CORNEAL COLLAGEN CROSS-LINKING

Another hot topic among international and US ophthalmologists is the treatment of keratoconus and post-LASIK ectasia with corneal collagen cross-linking. Early investigations into this technique have provided excellent interim results, and researchers recently closed enrollment in the US FDA phase 3 study of cross-linking for



Figure 3. A video from "Achieving Excellence in Cataract Surgery" shows the creation of a corneal incision.

keratoconus. It is to be hoped that ophthalmologists will be able to provide this form of treatment to patients in the United States within the next 2 to 3 years. In the meantime, viewers can learn about cross-linking by watching a video narrated by David Touboul, MD (Figure 2) at <http://eyetube.net/videos/default.asp?safire>. This presentation is part of the *Video Journal of Ophthalmology*, a series of videos compiled by Robert Osher, MD.

MANAGING CATARACT SURGERY

A highlight of the cataract channel on is "Achieving Excellence in Cataract Surgery," a 21-part series featuring D. Michael Colvard, MD (Figure 3) (<http://eyetube.net/videos/default.asp?solobo>). Although these videos are geared toward residents, they also contain many pearls for experienced cataract surgeons.

Uday Devgan, MD, has contributed a video that demonstrates a strategy for handling intraoperative iris prolapse (Figure 4). The goal of his no-nonsense technique is to resolve this potentially serious complication while minimizing damage to the iris (<http://eyetube.net/videos/default.asp?henoge>).

CORRECTING ASTIGMATISM

A series of videos prepared by R. Bruce Wallace III, MD, presents step-by-step instructions for creating limbal relaxing incisions (Figure 5). This material should be useful to ophthalmologists who are considering offering this form of astigmatic correction as well to experienced surgeons who are looking for pearls to improve the outcome of this procedure (<http://eyetube.net/videos/default.asp?toderi>).

UNDERSTANDING BLEPHARITIS

In "Current Thinking on Blepharitis," a recent addition to Eyetube.net, a panel of experts discusses strategies for managing this inflammatory ocular disease. The topics covered in this six-part program include the effect of ble-



Figure 4. Uday Devgan, MD, demonstrates a technique for handling intraoperative iris prolapse.

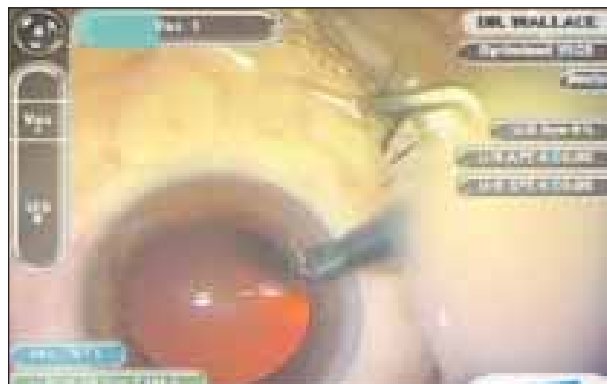


Figure 5. R. Bruce Wallace III, MD, provides instructions for creating limbal relaxing incisions.

pharitis on patients and surgical outcomes as well as an overview of available treatment options (<http://eyetube.net/blepharitis/>). Visitors to this section are invited to submit questions about blepharitis and other relevant topics.

EXPANDING OPHTHALMIC KNOWLEDGE

The videos highlighted in this article are just a sample of the growing collection on Eyetube.net. I invite you to explore this Web site for videos that may benefit you. ■

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