

Giving Thanks for Eyetube.net

BY WILLIAM B. TRATTLER, MD, AND RICHARD M. AWDEH, MD

With the Thanksgiving holiday just around the corner, it is time to express our gratitude to the many surgeons who have donated their time to film, edit, and upload videos to Eyetube.net.

We are fortunate to have access to some of the top new educational videos, which focus on both optimizing cataract surgery's results and demonstrating mishaps in the OR that could negatively affect patients' results. Eyetube.net also features many highly regarded videos donated by Robert Osher, MD. View these videos, and your patients will also have much for which to be thankful.

TECHNIQUE

One significant challenge for surgeons is figuring out how to handle single-piece IOLs that have become decentered. Patients with pseudoexfoliation syndrome run a small risk of experiencing this complication. Garry Condon, MD, shares his suturing technique for fixing a dislocated in-the-bag IOL (<http://eyetube.net/?v=bropo>). Dr. Condon also shares his technique for cases where the IOL dislocates but is no longer in the capsular bag (Figure 1) (<http://eyetube.net/?v=gosad>).

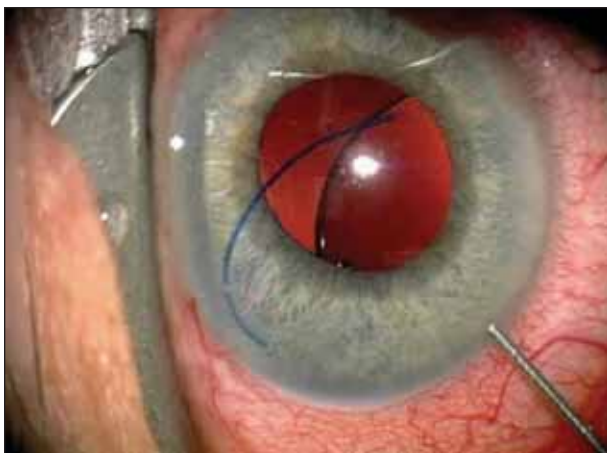


Figure 1. The surgeon demonstrates his fixation technique for a dislocated out-of-the bag IOL.

“One significant challenge for surgeons is figuring out how to handle single-piece IOLs that have become decentered.”

Together, these videos will arm surgeons for tackling even the most challenging cases of a dislocated IOL.

LIMBAL RELAXING INCISIONS

A more common obstacle for cataract surgeons is astigmatism. Inserting toric IOLs is one solution, but they may not be an option, for example, if the patient chooses a presbyopia-correcting lens. Ray Oyakawa, MD, shares his surgical technique using the Gimbel/Mendez fixation ring (Mastel Precision, Inc., Rapid City, SD) to mark the 115° axis, after which he uses an adjustable limbal relaxing incision (LRI) blade set at the appropriate depth to create a well-controlled LRI (Figure 2) (<http://eyetube.net/?v=riwit>).

In a separate video, Dr. Oyakawa demonstrates how to use online LRI calculators to determine whether an



Figure 2. The surgeon uses a Gimbel/Mendez fixation ring to mark the axis.

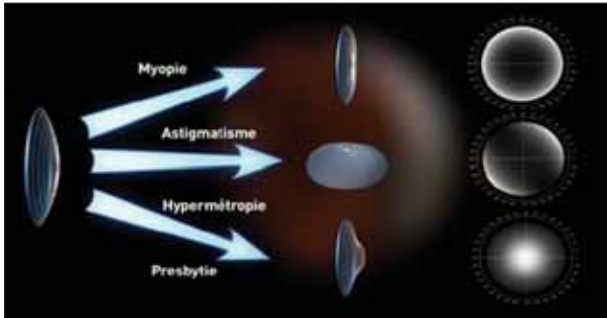


Figure 3. An illustration of the design features of the Light Adjustable Lens.

LRI is required. These calculators take into account the effects of the main keratome incisions when determining the axis and length of LRIs to neutralize a patient's astigmatism (<http://eyetube.net/?v=tozeh>).

ULTRAVIOLET LIGHT

LRIs cannot help patients with slight over- or under-corrections. Michael Assouline, MD, discusses the Light Adjustable Lens (Calhoun Vision, Pasadena, CA). This technology is available in Europe but not in the United States. Dr. Assouline demonstrates how surgeons can adjust the power of this IOL postoperatively through the application of ultraviolet light (Figure 3) (<http://eyetube.net/?v=nagoog>).

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THE GIFT OF OTHERS’ MISTAKES

The *Video Journal of Cataract and Refractive Surgery* is a historical collection of some of the very first instructive videos on how to provide the best outcomes for patients, including one on what not to do in surgery. A surgeon unknowingly injects a viscoelastic agent into the cornea, cleaving the entire Descemet’s membrane from the stroma. Not recognizing the mistake, the surgeon attempts to perform a capsulotomy on Descemet’s membrane. Despite the injection of an air bubble in the hope of reattaching Descemet’s membrane, the cornea never recovers. (<http://eyetube.net/?v=lawos>).

Of course, seeing solutions to presented problems is always helpful. Arun Gulani, MD, shares his preferred technique for Descemet’s endothelial keratoplasty,



Figure 4. The surgeon demonstrates the Descemet rhexis endothelial keratoplasty technique.

which he calls *Descemet rhexis endothelial keratoplasty T*. It involves his technique for performing a rhexis of the Descemet’s membrane using a modified Sinsky hook. Dr. Gulani provides images of the “gyration sign,” which implies strong adherence between the graft and the recipient’s cornea. His pearls will be of interest to both the novice and experienced Descemet’s stripping endothelial keratoplasty surgeons (Figure 4) (<http://eyetube.net/?v=simev>).

CONCLUSION

Viewers have the opportunity to learn new approaches or to improve on existing techniques. We expect Eyetube.net to remain a valuable resource for physicians, especially as more videos are uploaded by the many talented eye care professionals who enjoy educating their peers. ■

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