



FROM THE DEEP

The Annual ACES/SEE Caribbean Eye Meeting delves into hot topics for anterior segment surgeons and health care professionals.

From February 2-6, 2018, the upcoming Caribbean Eye Meeting promises to be as engaging as previous years. This one-of-a-kind meeting, held at the Ritz-Carlton in Cancun, gathers well-known leaders in ophthalmology to discuss important topics in eye care with the breathtaking backdrop of the Caribbean Sea. The American College of Eye Surgeons (ACES) and the American Board of Eye Surgery (ABES) were started in 1989, with ACES as the educational arm. ABES began to ensure quality surgery throughout the United States, and its efforts were taken internationally 11 years ago. ACES and ABES, along with the Society for Excellence in Eyecare (SEE), are proud to be entering the 28th annual meeting! Together, ACES, ABES, and SEE share a commitment to the belief that the primary focus for today's ophthalmologist must, and should, be to promote, encourage, and enhance quality ophthalmic surgical care for the benefit of all patients.

DIVING INTO THE 2017 MEETING— WHAT YOU MISSED!

In 2017, Jack Holladay, MD, offered several pearls during his talk "How to Deliver on the Promise of No Glasses." First, "you have to hit the target of blur," he said. Blur is the sum of the spherical equivalent refraction plus cylinder. Any combination that leaves the patient with >0.50 D means the patient is not going to be 20/20 and is not going to be happy.

To get patients to <0.50 D of blur, he said there are six requirements: centration, accurate biometry, accurate Ks, 4th generation formulas (white-to-white), personalized lens constant, and elimination of the corneal astigmatism. Today's advanced biometers will provide those parameters, but surgeons just need to know how to interpret that information.



Also in 2017, Paul Singh, MD, discussed YAG lasers during his talk called "Controversial Disruptive Technologies—Hope or Hype?" He said that they are traditionally designed for posterior capsulotomy and iridotomy, and surgeons "do not really think about using it behind the capsule." Dr. Singh explained that the traditional YAG laser uses illumination from below, but technology has advanced to where lasers allow for coaxial illumination, where the laser, the light source, and the oculars are on the same pathway.

"If you could not see it, you could not treat it," he said. But with them all aligned, it allows surgeons to fire the laser at any position of the slit lamp. There are advantages to both on-axis and off-axis laser alignment, including visualization into the middle and posterior vitreous and for visualizing anterior floaters.



Watch full presentations of Dr. Holladay's "How to Deliver on the Promise of No Glasses" and Dr. Singh's "Controversial Disruptive Technologies—Hope or Hype?" at caribbeaneyemeeting.com/video-presentations/

DIVE INTO THE 2018 CARIBBEAN EYE MEETING IN CANCUN, FEBRUARY 2-6, 2018

Kicking off the sessions on Saturday will be a lively and interactive exchange between Eric Donnenfeld, MD, and Cynthia Matossian, MD, as they discuss “The Devil is in the Details,” while the Sunday morning session will feature Steven Dell, MD, and John Doane, MD, talking about the refractive revival and why the pendulum is swinging back. Later that day, “So Many Drugs, So Little Time: Finally, Some Great New Options for IOP” featuring Jason Bacharach, MD, will give an overview of medications that are warranted and beneficial for patients. Monday promises to be just as intriguing with “Myth Busters: Femto Second Lasers” by Robert Weinstock, MD.

For administrators, the conference will provide tools to use on their first day back in the office. During Saturday’s “Cyber Security: How to Prevent, Prepare & React” talk, Lou Pennow, Mark King, and Brett Chambers will offer detailed insights on how to prevent a practice’s computer system from being hijacked—and with it, all the personal patient data the practice has collected.

On Sunday, Moderator Philip Isham will lead a discussion with Mark Rosenberg, Rod Roeser, and Alan Reider called “Private Equity Primer for Administrators” that will serve as an introduction for administrators, as practices of all sizes are being approached more commonly by these groups.

A beautiful Caribbean backdrop coupled with enlightening talks by leaders in ophthalmology make the 2018 Caribbean Eye Meeting a must-attend event for anterior segment surgeons and health care professionals.

DR. PRIYANKA SOOD’S TAKE-HOME PEARL FROM THE DEEP

In her talk “LASEK After Aborted Femto,” Priyanka Sood, MD, said both microkeratome and femtosecond lasers can result in intraoperative flap complications but these are uncommon. Typically, those complications are not enough to warrant stopping the surgery nor do they prevent excellent outcomes, but there are some complications that would force surgery to be stopped, including decentered flaps or vertical gas breakthrough. Second surgeries after microkeratome result in good visual outcomes, but do mandate having a waiting period of two to three months.

Her retrospective chart study of 14 patients from her high-volume refractive practice who had intraoperative femto flap complications found refractive stability, stable corneal topography, and stable flap positioning are parameters for moving patients to LASEK. The review suggests that the second procedure can be done within two weeks of aborted femto-LASIK. **Dr. Sood’s pearl is that LASEK in an aborted femto-LASIK procedure is safe.**



View Dr. Sood’s entire presentation from the 2017 Caribbean Eye Meeting, “LASEK After Aborted Femto” at caribbeaneyemeeting.com/video-presentations/



To learn more about the 2018 Caribbean Eye Meeting and register to attend, visit caribbeaneyemeeting.com