



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

From February 1-5, 2019, the upcoming Caribbean Eye Meeting promises to be as engaging as in previous years. This one-of-a-kind meeting, held at Grand Fiesta Americana Coral Beach in Cancun, Mexico, will gather 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 12 years ago. ACES and ABES, along with the Society for Excellence in Eyecare (SEE), are proud to be entering the 29th 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.



DELIVERING A HIGH-PERFORMANCE VISION MACHINE

By Laura M. Periman, MD

All of us want to deliver a high-performance vision machine, one that runs laps for the lifetime of our patients. The rusty nails on the race track are dry eye disease (DED) and meibomian gland dysfunction. For the cataract surgery patient, suboptimal track conditions are more common than we think.¹ DED left ignored creates hazardous conditions and frustrates the driver (ie, the patient) with compromises in patient satisfaction,² visual performance,³ and quality of life.⁴ The way to optimize the road and our success is to pay attention to the health of the ocular surface.

Untreated DED leads to unreliable keratometry readings⁵ and negatively affects cataract surgery outcomes⁵ and thus patient satisfaction.² Preoperative treatment acts as the guard rails to keep postoperative results on track.

How can we evaluate track conditions before starting the race? Convenient point-of-service tests of tear osmolarity (TearLab) and matrix metalloproteinase-9 (InflammaDry, Rapid Pathogen Screening), for example, help us to make a quick assessment in addition to preoperative keratometry and topographic assessments. High osmolarity represents an unhealthy lacrimal functional unit and creates rough race track conditions: epithelial irregularity, keratometric instability, and IOL power calculation errors.⁵ In addition to signaling a visual environment

that has a potentially compromised wound-healing capacity,⁶ an elevated level of matrix metalloproteinase-9 is associated with surface irregularity⁷ and postoperative neuropathic pain.⁸

We eye care providers are the pit crew that readies our patients' high-performance vision machine to run for a lifetime. We must optimize the track (ie, treat surface irregularities), ensure favorable environmental conditions (ie, encourage normal wound-healing capacity), and make the necessary repairs before starting the race (ie, cataract surgery). ■

1. Trattler WB, Majmudar PA, Donnenfeld ED, et al. The Prospective Health Assessment of Cataract Patient's Ocular Surface (PHACO) study: the effect of dry eye. *Clin Ophthalmol*. 2017;11:1423-1430.
2. Levinson BA, Rapuano CJ, Cohen EJ, et al. Referrals to the Wills Eye Institute Cornea Service after laser in situ keratomileusis: reasons for patient dissatisfaction. *J Cataract Refract Surg*. 2008;34(1):32-39.
3. Jabbur NS, Sakatani K, O'Brien TP. Survey of complications and recommendations for management in dissatisfied patients seeking a consultation after refractive surgery. *J Cataract Refract Surg*. 2004;30(9):1867-1874.
4. Salib GM, McDonald MB, Smolek M. Safety and efficacy of cyclosporine 0.05% drops versus unpreserved artificial tears in dry-eye patients having laser in situ keratomileusis. *J Cataract Refract Surg*. 2006;32(5):772-778.
5. Epiropoulos AT, Matossian C, Berdy GJ, et al. Effect of tear osmolarity on repeatability of keratometry for cataract surgery planning. *J Cataract Refract Surg*. 2015;41(8):1672-1677.
6. Laccheri B, Torroni G, Cagini C, et al. Corneal confocal scanning laser microscopy in patients with dry eye disease treated with topical cyclosporine. *Eye (Lond)*. 2017;31(5):788-794.
7. Lanzini M, Curcio C, Colabelli-Gisoldi RA, et al. In vivo and impression cytology study on the effect of compatible solutes eye drops on the ocular surface epithelial cell quality in dry eye patients. *Mediators Inflamm*. 2015;2015:351424.
8. Kawasaki Y, Xu ZZ, Wang X, et al. Distinct roles of matrix metalloproteinases in the early- and late-phase development of neuropathic pain. *Nat Med*. 2008;14(3):331-336.

LAURA M. PERIMAN, MD

- Director, Dry Eye Services, Evergreen Eye Center, Seattle
- dryeyemaster@gmail.com; Twitter @DryEyeMaster
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To learn more about the 2019 Caribbean Eye Meeting and register to attend, visit
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