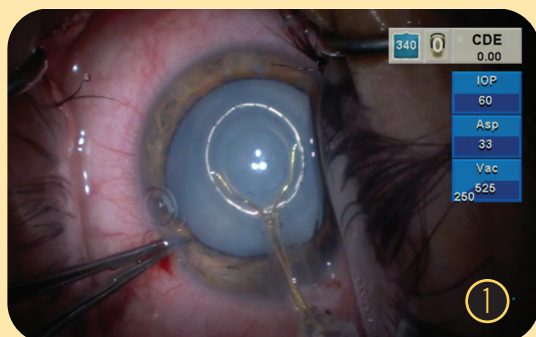


YEAR IN FOCUS

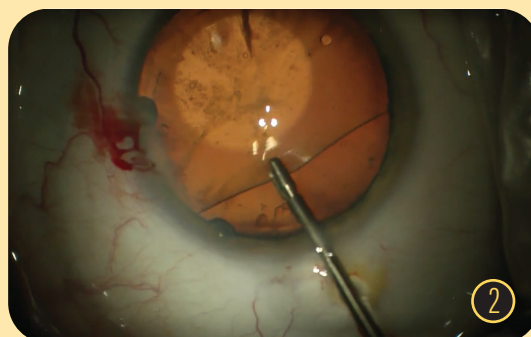


COMPILED BY DANIEL YOUNG, DIGITAL CONTENT DIRECTOR



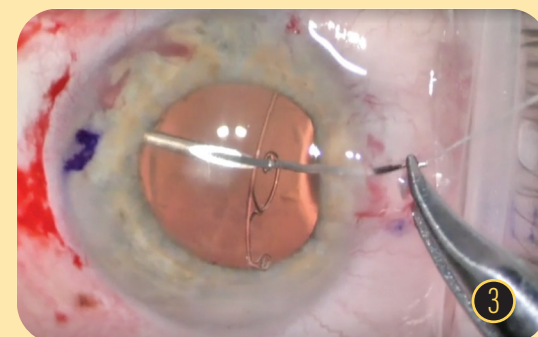
▲ CRISTOS IFANTIDES, MD, MBA
EYETU.BE/UURCFED

1 THE AMAZING CATARACT HOUDINI
Dr. Ifantides narrates a case of a disappearing cataract in a 27-year-old patient who developed a traumatic cataract after falling and hitting his head on the ground. Despite the initial scare when the cataract went missing in the eye, the case ended well. Dr. Ifantides shares details of the devices he used to save the day.



▲ O. BENNETT WALTON, MD, MBA
EYETU.BE/GPFEN

2 ICL REMOVAL AT CATARACT SURGERY
In this video of surgery for a posterior subcapsular cataract, Dr. Walton demonstrates a technique for removing a Visian ICL (STAAR Surgical) with minimal manipulations that he learned from Stephen G. Slade, MD, FACS. In the case presented by Dr. Walton, the ICL had been in place for 15 years.

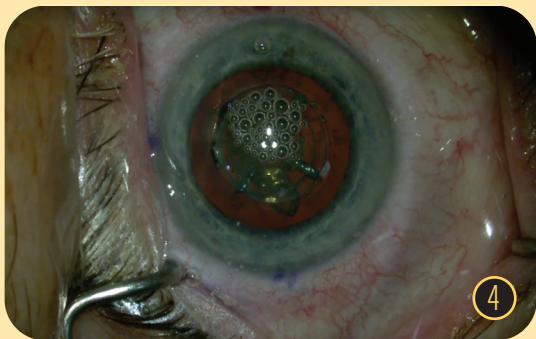


▲ ARSHAM SHEYBANI, MD
EYETU.BE/UUHRHIL

3 DEFYING GRAVITY IN CATARACT AND GLAUCOMA SURGERY
Dr. Sheybani performs goniotomy with the Kahook Dual Blade (New World Medical) followed by placement of capsule retractors and a sutured capsular tension segment in the eye of a patient with Marfan syndrome, a severely dislocated cataract, and mild primary open-angle glaucoma.

Best of Eyetube

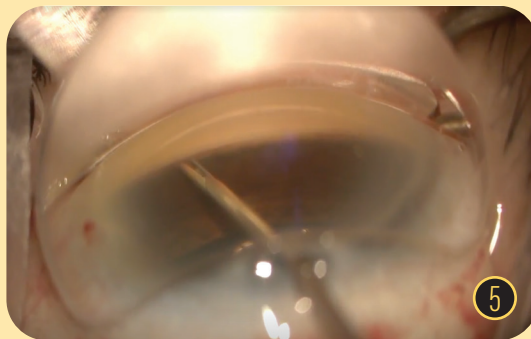
HAND-PICKED FROM THE YEAR'S MOST-WATCHED VIDEOS.



▲ SCOTT E. LABORWIT, MD
[EYETU.BE/UURDTEP](https://www.eyetube.com/urdtpe)

4 PRESERVING CAPSULAR INTEGRITY WITH FLACS

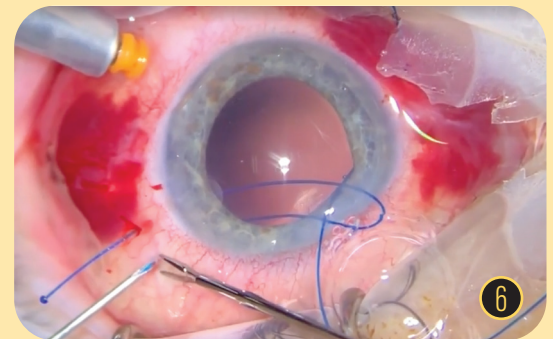
Minimizing stress or manipulation on the capsular bag during femtosecond laser-assisted cataract surgery (FLACS) is especially important in eyes with weak zonules. Dr. LaBorwit demonstrates a technique to maximize the benefits of the laser cuts while placing little to no stress on the capsular bag and helping to preserve capsular integrity.



▲ BLAKE K. WILLIAMSON, MD, MPH, MS
[EYETU.BE/VDYAW](https://www.eyetube.com/vdyaw)

5 FLACS WITH TORIC IOL AND ISTENT INJECT

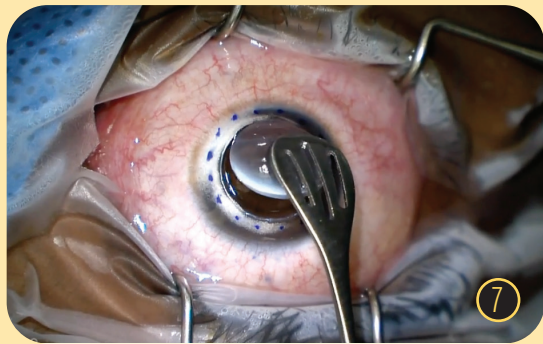
Dr. Williamson shares pearls for combining FLACS with implantation of a toric IOL and the iStent inject (Glaukos), a trio he says can help patients to reduce spectacle dependence and their medication burdens.



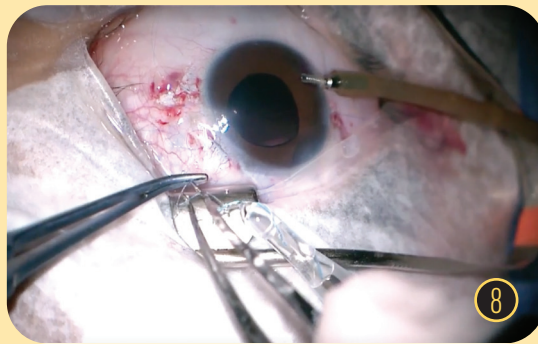
▲ SERGIO CANABRAVA, MD
[EYETU.BE/RFKER](https://www.eyetube.com/rfker)

6 FOUR-FLANGED 5-0 PROLENE SUTURE TECHNIQUE WITH AKREOS IOL

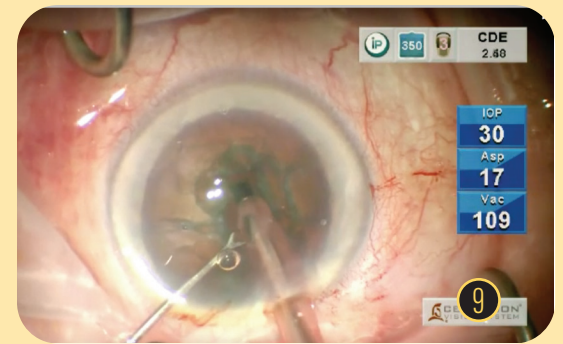
In this video, Dr. Canabrava describes how he and colleagues devised a four-flanged 5-0 polypropylene suture technique for implantation of the Akreos IOL (Bausch + Lomb) on the horizontal axis. He also demonstrates how to arrange the flanges to adjust it to the sclera.



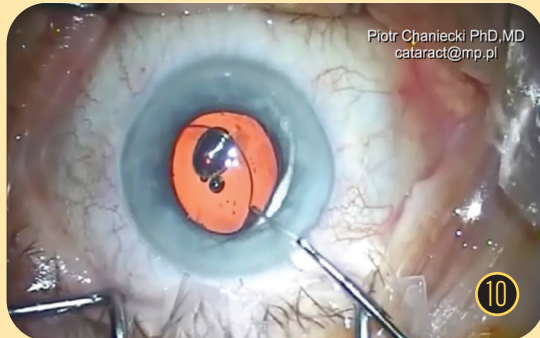
▲ ALAN N. CARLSON, MD
EYETU.BE/XJWOG



▲ DURVAL M. CARVALHO, MD
EYETU.BE/UUJDLIH



▲ KHIUN F. TJIA, MD
EYETU.BE/PGKEK



▲ PIOTR CHANIECKI, MD, PHD
EYETU.BE/SFCIS

7 BIG BUBBLE DALK FOR ADVANCED KERATOCONUS IN A TEENAGE PATIENT

Deep anterior lamellar keratoplasty (DALK) is performed by Dr. Carlson in a teenager with advanced keratoconus from severe eye rubbing. The patient had previously undergone a full-thickness corneal transplant in the other eye at another center.

8 CATARACT SURGERY WITH ECP AND SCLERAL FIXATION OF AN IOL

Dr. Carvalho discusses his use of endoscopic cyclophotocoagulation (ECP) and scleral fixation of an IOL during cataract surgery and shares pearls for preserving the anterior hyaloid membrane.

9 NUCLEAR DISASSEMBLY

There are many methods of disassembling the nucleus during phacoemulsification. This video by Dr. Tjia explores the simplest principles of successful nucleus cracking.

10 TWO IN ONE: IOL EXCHANGE

Even with advances in IOL power calculations, refractive surprises can still result from incorrect calculation of the implant power. The optimal solution is to remove the IOL and replace it with a lens with the right power. The modification of IOL explantation presented in Dr. Chaniecki's video aims to increase safety and reduce the number of complications, especially damage to the lens capsule. ■