



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

From February 5 to 8, 2021, the upcoming Caribbean Eye Meeting promises to be as engaging as in previous years. This one-of-a-kind meeting, held at Hyatt Regency Grand Reserve in Puerto Rico, will gather well-known leaders in ophthalmology to discuss important topics in eye care against 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. ACES and ABES, along with the Society for Excellence in Eyecare (SEE), are proud to be entering the 31st 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.

PEARLS FROM THE DEEP: IMPROVING THE PREMIUM EXPERIENCE WITH SUSTAINED-RELEASE STEROIDS



By Cynthia Matossian, MD, FACS

Many IOL options are available that can reduce patients' dependence on spectacles by correcting their astigmatism and delivering a broad range of vision. When patients pay out of pocket for these services, they expect a premium experience. One way to deliver this is to simplify the postoperative drug regimen.

Patients—particularly those who have difficulty instilling topical drops—perceive the typical postoperative pharmaceutical regimen as burdensome. Furthermore, the changing schedule of multiple medications can be confusing, especially the tapering of steroid drops. This is an issue that ophthalmologists can address by administering a single-dose, sustained-release, intracameral steroid at the conclusion of cataract surgery. Dexamethasone intraocular suspension 9% (Dexycu, EyePoint Pharmaceuticals) provides steroid therapy for 30 days, with more of the steroid released

initially and then tapered throughout the 1-month period. Patients with ocular surface disease are particularly good candidates for treatment regimens that minimize topical drops because postoperative visual acuity can be adversely affected by the preservative load from multiple topical agents.

I find that my patients and their caregivers appreciate the benefits of sustained-release medications, but this approach requires thorough education of both patients and comanaging ODs. Occasionally, the spherule of liposome emulsion after the dexamethasone administration does not stay tucked behind the iris; instead, it becomes visible as a white pearl in the inferior angle or on the IOL optic, the surface of the iris, or the pupillary margin. It is important to counsel patients and their caregivers ahead of time that the spherule will resorb over the course of a few weeks. They should be informed that the spherule equals roughly 70 eye drops that they do not have to instill themselves.

If the spherule migrates to the center of the IOL optic, it may interfere with vision temporarily. This occurred in one of my patients, and it caused both a ghosting effect and a best corrected distance visual acuity of 20/25-2. Although the spherule resorbed over time, it left a faint footprint on the optic. Using an Nd:YAG laser on a low power setting, I polished the deposit from the optic. The patient achieved 20/20 uncorrected distance visual acuity. ■

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- Financial disclosure: Consultant (Aerie Pharmaceuticals, Alcon, Allergan, Bausch + Lomb, Dompé, EyePoint Pharmaceuticals, Eyevance Pharmaceuticals, Kala Pharmaceuticals, Novartis, Ocular Therapeutix, Omeros, Sun Pharma); Speakers' Bureau (Bausch + Lomb, EyePoint Pharmaceuticals, Ocular Therapeutix, Sun Pharma)

To learn more about the 2021 Caribbean Eye Meeting and register to attend, visit

caribbeaneyemeeting.com