



February 3-6, 2023 | JW Marriott Los Cabos Beach Resort & Spa

2023 CARIBBEAN EYE MEETING

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

From February 3 to 6, 2023, the upcoming Caribbean Eye Meeting promises to be as engaging as in previous years. This one-of-a-kind meeting, held at the JW Marriott Los Cabos Beach Resort & Spa, will gather well-known leaders in ophthalmology to discuss important topics in eye care against the beachfront backdrop where the Sea of Cortez meets the Pacific Ocean. 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. 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.

GLAUCOMA UPDATE: THE GOAL IS CONTROL

By Inder Paul Singh, MD

My definition of glaucoma has changed over the past few years. It now extends beyond a patient's current IOP, visual field (VF), and optic nerve head status to their ability to maintain their quality of life with a sustainable drop regimen for the long-term. Quality of life is a big part of my definition of controlled glaucoma. If I believe a patient will have a hard time staying compliant with their current treatment regimen, they are not controlled regardless of the IOP or VF at that visit. In my chart, I will now write down uncontrolled or controlled based on their exam, as well as their risk for poor compliance.

Today, we have a lot of opportunities to help decrease the need for our patients to take multiple IOP-lowering drops.

► **No. 1: Treat the ocular surface.** Almost every one of my glaucoma patients has dry eye disease. These patients commonly complain that medications burn and sting upon instillation and can often cause fluctuating vision. This reduces compliance with their drop regimen (Figure 1). Studies have shown that compliance decreases by approximately 30% when concomitant ocular surface

disease is present.^{1,2} When you examine a patient, look at the meibomian glands and ask them if their vision fluctuates.

► **No. 2: Consider SLT as a first line treatment.** My new algorithm in my practice is selective laser trabeculoplasty (SLT) as a first line treatment. Secondary treatments include MIGS—either stand-alone or with cataract surgery—and micropulse laser trabeculoplasty and micropulse transscleral cyclophotocoagulation. More invasive techniques such as trabeculectomy and tube shunts are last resorts.

Drug delivery and drops are an important part of treatment at every stage of disease progression. After SLT, oftentimes I try a drug delivery device before starting or adding another drop.

► **No. 3: MIGS works.** Studies have shown that combined phacoemulsification and MIGS in patients with open-angle glaucoma reduces IOP and the medication burden significantly greater than phacoemulsification alone in long-term follow-up (Figure 2).^{3,4} In another study, quality of life metrics were higher in patients who underwent a combined phacoemulsification/MIGS procedure compared to phacoemulsification alone.^{5,6}

CONCLUSION

Compliance can be an independent risk factor for glaucoma disease progression. It's important to recognize that we are improving patients' quality of life by getting them off drops. By using the strategies outlined above, we have more opportunity to decrease the drop burden, increase compliance, and enhance patients' quality of life. Now is a great time for cataract surgeons to get involved in glaucoma management because there are so many devices available that allow you to better take care of your patients and get them off the medications. ■

DED IS A COMMON REASON FOR DISCONTINUATION OR INADEQUATE ADHERENCE/COMPLIANCE TO GLAUCOMA TREATMENT^{1,2}

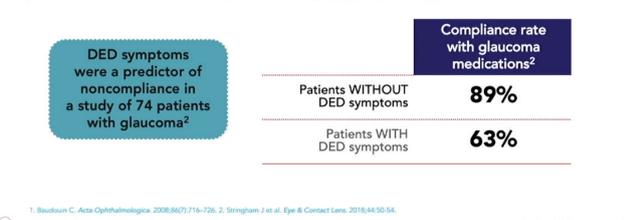


Figure 1. Dry eye and glaucoma medication compliance.

MEAN UNMEDICATED DIOP REDUCTION ANALYZED BY BASELINE IOP GROUP

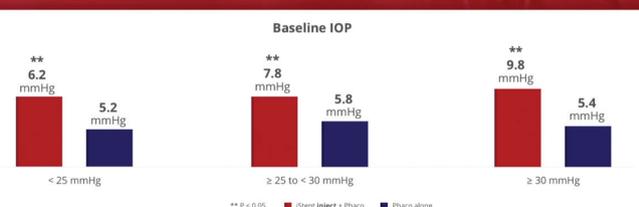


Figure 2. IOP reduction was higher in the combined phacoemulsification/MIGS group.

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- Financial disclosures: None acknowledged



To learn more about the 2023 Caribbean Eye Meeting and register to attend, visit CaribbeanEyeMeeting.com

