



February 2-5, 2024 | Kempinski Hotel Cancún

2024 CARIBBEAN EYE MEETING

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

From February 2 to 5, 2024, the upcoming Caribbean Eye Meeting promises to be as engaging as in previous years. This one-of-a-kind meeting, held at the Kempinski Hotel Cancún, will gather well-known leaders in ophthalmology to discuss important topics in eye care. 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.

HOW TO APPROACH ENHANCEMENTS AFTER PREMIUM CATARACT SURGERY

Set the stage and partner with optometrists to create a smooth process.

By Priya M. Mathews, MD, MPH

We've come a long way toward minimizing postoperative refractive error after cataract surgery. Having a system in place to offer patients a postoperative enhancement in the rare event a residual error occurs can help you gain confidence with premium IOLs.

SETTING THE STAGE

Patients, especially those with premium IOLs, want perfect results immediately after cataract surgery. If the patient is happy with the lens overall and the only issue is refractive error, the team of doctors—the cataract surgeon, comanaging optometrist, and LASIK surgeon—are motivated for the patient to undergo laser vision correction (LVC) as quickly and smoothly as possible. The LASIK enhancement workflow we use in my practice is depicted in the Figure and described herein.

The first step we take is to confirm refractive stability and optimize the ocular surface by treating any dry eye disease. Sometimes, the patient may need a Nd:YAG capsulotomy. Next, the patient is sent back to the cataract surgeon to be approved for LVC. Once approved, the LASIK surgeon reviews the patient's corneal

topography and chart to determine the best procedure (LASIK vs PRK). This usually occurs without the patient even coming in for a consultation. About 5% of the time, however, I'll request to see the patient in clinic—for example if a chart note indicates a vague corneal scar or the patient has a history of autoimmune disease. Once the enhancement is approved, the lead technician forwards the patient chart to our patient care counselors, who schedule the surgery and communicate preoperative instructions with patients.

SURGERY AND POSTOPERATIVE FOLLOW-UP

The day of surgery, we conduct a meet and greet with the enhancement patient in a room adjacent to the laser suite. I examine the patient, avoiding the risk of missing any undocumented findings such as anterior basement membrane dystrophy, which may change my decision about LASIK versus PRK. I also answer any final questions prior to surgery. For this system to work, it is critical for the patient to recognize that the LASIK surgeon is already familiar with their case, even though they are only meeting them on the day of surgery.

The patient then undergoes LVC as usual. On postoperative day 1, the comanaging optometrist performs a follow-up assessment.

CONCLUSION

The number of premium cataract surgery procedures is growing. It is therefore more important than ever to devise an efficient, accurate, and safe process for postoperative enhancements. Patients with residual refractive errors after cataract surgery do not have to be a burden to your practice, as long as there is a good workflow in place where everyone—the cataract surgeon, LASIK surgeon, and comanaging optometrist—is motivated to deliver the best possible outcome for patients who need enhancements. ■

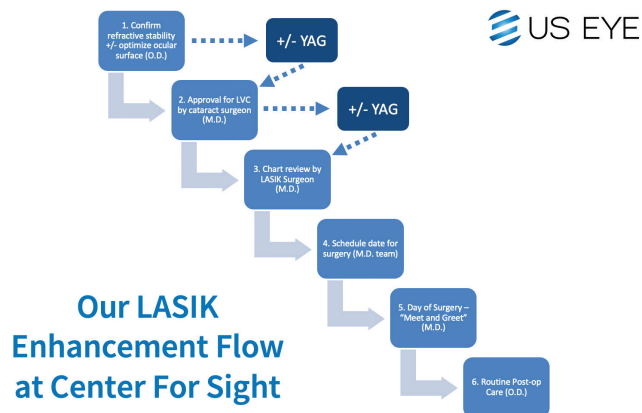


Figure. LASIK enhancement workflow at Center for Sight.

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- Financial disclosure: None



To learn more about the 2024 Caribbean Eye Meeting and register to attend, visit CaribbeanEyeMeeting.com

