

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

Mark your calendar for the 2026 Caribbean Eye meeting, taking place February 6–9 at the luxurious Kempinski Hotel in Cancún, Mexico. Join Program Chairs William Wiley, MD, and Robert Weinstock, MD, alongside esteemed ophthalmology experts, for an inspiring event focused on advancing eye care. Earn CME/COE credits while gaining insights, building connections, and boosting your clinical skills in a breathtaking tropical setting. Below, you'll find a summary of one of the standout presentations from the 2025 meeting—a preview of the rich content Caribbean Eye has to offer. Scan the QR code to watch this and other key sessions from the meeting.

CLINICALLY SIGNIFICANT VITREOUS OPACITIES

The forgotten cause of your unhappy post-cataract patient.

I. Paul Singh, MD

In this presentation, I discuss treatment options for clinically significant vitreous opacities (floaters) in post-cataract patients. Floaters have long been minimized in terms of effect on quality of vision and the available management options. They are often debilitating for patients who desire effective and long-lasting treatment solutions.

THE NEED FOR A MINIMALLY INVASIVE SOLUTION TO VITREOUS OPACITIES

While Nd:YAG laser vitreolysis is successful in breaking up and vaporizing solitary floaters (like Weiss rings), they do not have the power to vaporize multiple floaters at once, which can be ineffective for patients who have multiple string/cloud-type opacities, leaving them unsatisfied and necessitating multiple sessions over time. Additionally, Nd:YAG lasers carry the risk

of causing IOP spikes in patients who have cloud-like floaters when performing many shots at one time. Three-port vitrectomies are another potential option, though they can carry multiple surgical risks. Rather than removing the entire vitreous, conducting a limited vitreous removal proves to be an effective and safe surgical option for patients with clinically significant floaters.

Novel technology from Vista Ophthalmics, called 1-Step, enables surgeons to perform streamlined limited vitreous removal with a dual-blade needle vitrector, without any trocars and alongside an anterior chamber maintainer. During these cases in pseudophakic post PVD eyes, use of this device safely aspirates liquefied vitreous from behind the lens, is familiar to anterior segment surgeons, and integrates with multiple standard phacoemulsification platforms (Figure 1).

INTEGRATING LIMITED VITRECTOMY IN POST-CATARACT CARE

A prospective, single-center, Institutional Review Board (IRB)-approved study, recently presented at ASCRS 2025,

demonstrated improvement in higher-order aberrations (HOAs) and dysfunctional lens index among patients who underwent the 1-Step limited vitreous removal procedure (Figure 2). Additionally, results show a 1.5-line improvement after the vitreous removal among patients with multifocals for reading.

Anterior segment surgeons should not ignore the vitreous in the post-cataract surgery population, especially in those eyes that received multifocal IOLs. Overall, I find that limited vitrectomy via the 1-Step system approach, using the proper technique and post-op follow-up, offers a high-efficacy, low-risk option to significantly improve the quality of vision in patients with clinically significant vitreous floaters. ■

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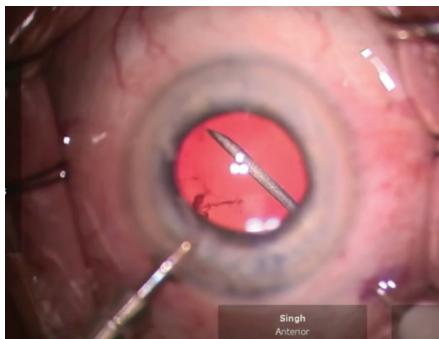


Figure 1. Dr. Singh performs limited vitreous floater removal using the 1-Step single-use vitrector (Vista Ophthalmics).

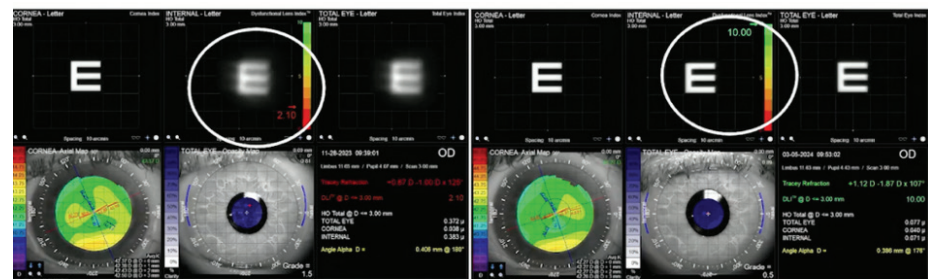


Figure 2. Pre- (left) and post-surgical (right) HOA result imaging of patients who underwent the 1-Step limited vitreous removal procedure.

PRE AND POST HOA

