# CATARACT COMANAGEMENT DECISIONS

There's More Than One Way to Skin a Cat(aract)

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Specialty Eye Institute

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## I HAVE NO FINANCIAL DISCLOSURES

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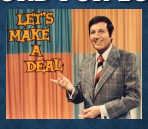
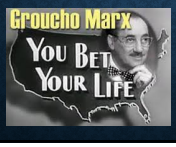
## WHICH GAME SHOW HOST HOLDS THE GUINNESS RECORD FOR LONGEST RUN?

- A) Monte Hall
- B) Pat Sajak
- C) Groucho Marx
- D) Alex Trebek





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## WHICH GAME SHOW HOST HOLDS THE GUINNESS RECORD FOR LONGEST RUN?

- D) Alex Trebek


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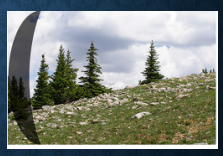
## #1 "I'VE GOT A SHADOW"

- At the 2 week postop appointment of a routine cataract your patient describes a dark, curved shadow temporally, denies flashes or floaters, vision is 20/30, slit-lamp and dilated fundus exam are unremarkable



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## #1 "I'VE GOT A SHADOW"

- A) Perform 30-2 visual field
- B) Refer for scleral depressed exam by retina specialist
- C) Order macula OCT
- D) Reassure patient
- E) Blame it on Coronavirus

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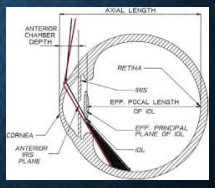
## NEGATIVE DYSPHOTOPSIA

- Very common early postop period
- Described as a temporal, curved shadow or dark spot, like horse blinders
- Related to optical artifact as light hits the edge of the IOL

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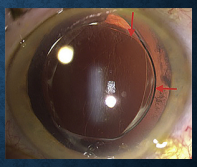
## NEGATIVE DYSPHOTOPSIA

- Reassure patient, explain cause
- Usually disappears over weeks to months as capsule fibrosis over IOL
- Rarely requires surgical intervention, IOL exchange with larger sulcus IOL



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## #2 FUNKY CYLINDER

- 72 yo with cataracts doesn't like to wear glasses
- Refraction of -1.50-2.75x58 gives 20/60, old glasses Rx is -2.00-.75 x 15, Auto K readings are 43.25x44.50axis 30
- Patient asks what kind of IOL should they get, what should you do next?

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## #2 FUNKY CYLINDER

- A) Repeat refraction and K's after artificial tears
- B) Review corneal topography
- C) Start Muro 128 gtts and ointment and refer to surgeon
- D) Place bandage CL for 2 weeks

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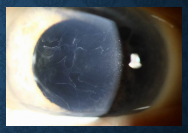
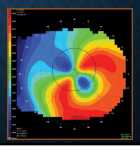
## ANTERIOR MEMBRANE DYSTROPHY

- Most common corneal dystrophy
- AKA "map-dot-fingerprint" dystrophy
- Diagnosed on slit-lamp exam, corneal topography shows irregular astigmatism





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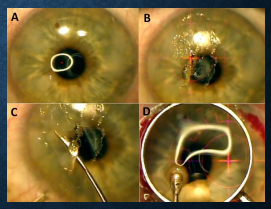
## ANTERIOR MEMBRANE DYSTROPHY

- Poor candidates for toric or multifocal IOLs given irregular astigmatism
- Can consider superficial keratectomy, followed by repeat topography and IOL measurements in 6 weeks
- Important to discuss preop to manage expectations

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## #3 SMUDGE IN MY VISION

- 65 yo came in 1 month after routine cataract surgery c/o a smudge in her vision
- Acuity 20/60 uncorrected, no improvement in refraction, slit-lamp and dilated fundus exam unremarkable
- What would you do next?

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## #3 SMUDGE IN MY VISION

- A) Order macula OCT
- B) Refer back for early YAG capsulotomy
- C) Check fasting glucose/A1C
- D) Refer for fluorescein angiography
- E) Windex their glasses

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## #3 SMUDGE IN MY VISION

- A) Order macula OCT
- B) Refer back for early YAG capsulotomy
- C) Check fasting glucose/A1C
- D) Start artificial tears/ointment QHS
- E) Windex their glasses

- A) Order macula OCT

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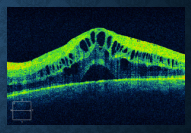
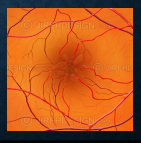
## POSTOP CYSTOID MACULA EDEMA

- Commonly presents 1 to 2 months postop
- Often normal slit-lamp exam
- Cystoid changes seen on fundus CL exam
- OCT best test to diagnose and follow
- Fluorescein angiography also diagnostic, but more invasive





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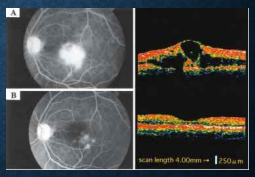
## POSTOP CYSTOID MACULAR EDEMA

- Treat with Durezol BID or Pred Forte QID and topical NSAID (Prolensa)
- Recheck in 1 month, follow acuity, symptoms, and OCT thickness
- If no improvement, either wait 1 more month (if mild), or refer to retina for possible sub-Tenon's steroid injection



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## #4 KERATOCONIC W/O GLASSES

- 59 yo with keratoconus, wears RGP contacts, refraction -9.75-3.25x39 and -10.25-4.75x12, doesn't own glasses, now found to have 3+ NS and PSC cataracts with 20/80 vision
- What do you do about contacts before referring for cataract surgery?

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## #4 KERATOCONIC W/O GLASSES

- A) Switch to soft lenses for 1 month, then no contacts for 2 weeks before referral
- B) Make up glasses, wait 6 weeks to stabilize, then refer
- C) Remove 1 RGP CL, wait 6 weeks, then refer
- D) Refer to cataract surgeon w/RGP CLs

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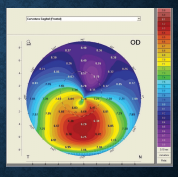
## KERATOCONIC W/CATARACTS

- May take 4 to 8 weeks for cornea to stabilize after long-term RGP wear
- Irregular astigmatism makes calculating corneal power difficult
- If significant irregular astigmatism will need RGP CLs after cataract surgery anyway

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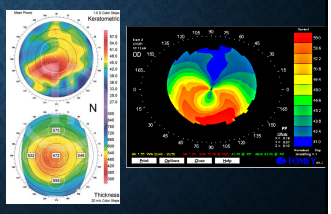
## KERATOCONIC W/CATARACTS

- Mild degrees of keratoconus may be candidate for toric IOL if can judge axis and magnitude of cylinder
- May bring these patients back to recheck IOL measurements after no CL wear for few weeks
- Occasionally do one 1 at a time sequentially to allow better patient functioning

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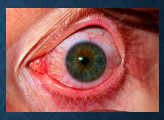
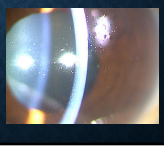
## #5 MY EYE HURTS

- 51 yo woman comes in as an emergency 2 weeks after routine cataract surgery
- Vision is 20/40, mild injection, mild AC reaction, IOP 19
- What should you do?





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## #5 MY EYE HURTS

- A) Refer back for AC tap and intravitreal antibiotics
- B) Start topical steroids Durezol QID
- C) Start Nevanac and Motrin 800mg for pain
- D) Recheck in 2 weeks

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## REBOUND INFLAMMATION

- Intraocular injection is mixture of dexamethasone, triamcinolone, and moxifloxacin
- Steroids wear off in 2 to 4 weeks
- Redness, pain, photophobia, blurred vision
- Corneal edema, AC cells/flare
- Treat with Durezol QID for 1 to 2 weeks



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## #6) MY EYE HURTS

- 74 yo man presents day 1 after routine cataract surgery, c/o severe aching eye pain, started night of surgery
- Vision 20/400, no injection, diffuse microcystic edema, IOP 58
- What would you do next?

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## #6 MY EYE HURTS

- A) Start Combigan & Xalatan, recheck in 2 hours
- B) Start Combigan and Diamox 250mg QID, recheck in 1 day
- C) Start Combigan and Durezol Q2 hours, recheck in 1 week
- D) "Burp" cataract incision

30

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- B) Start Combigan and Diamox 250mg QID, recheck in 1 day
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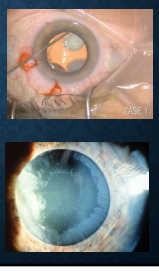
## IOP SPIKE DAY 1

- Not a steroid response, but a clogging of meshwork (like a hyphema)
- Retained viscoelastic also a culprit
- More common with small pupils, Flomax, high myopes, pseudoexfoliation,





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## IOP SPIKE DAY 1

- Burp incision steps
  - Topical anesthesia
  - Have patient look down, hold upper lid up with finger
  - Gently and slowly push on sclera just posterior to incision with Q tip soaked in proparacaine until drop of fluid burps
  - Recheck IOP, repeat if necessary


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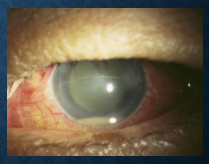
## #7 MY EYE HURTS

- 81 yo woman presents on day 1 after routine cataract surgery
- Vision CF at 1 foot, no pain. no injection, diffuse corneal edema, small hypopyon, fibrin strands on IOL, no clear fundus view
- What would you do?



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## #7 MY EYE HURTS

- A) Refer back to surgeon
- B) Start Durezol Q2 hours, recheck in 2 to 3 days
- C) Start Durezol Q2 hours and Medrol dose pack, recheck in 2 to 3 days
- D) Start Muro 128 gtts Q2 hours and ointment QHS, recheck in 2 to 3 days

35

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- A) Refer back to surgeon

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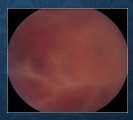
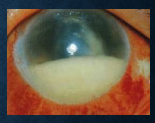
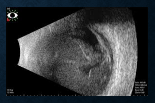
## POSTOP ENDOPHTHALMITIS

- Typically day 1 to 5, but can be as late as 2 weeks
- Pain not always present, especially early on
- Severe AC reaction, hypopyon, and fibrin in AC or on IOL
- Vitritis with hazy fundus view

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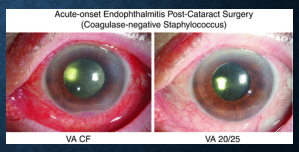
## POSTOP ENDOPHTHALMITIS

- Immediate referral for treatment
- AC tap, culture injection of intravitreal antibiotics
- Less inflammation, clearer vitreous good signs
- May take months for best vision, sometimes vitrectomy needed to clear vitreous debris

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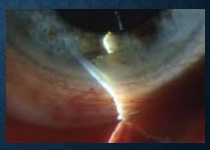
## #8 WHAT IS THIS?

- A) Triamcinolone deposit
- B) Retained lens fragment
- C) Iris nevus
- D) Metallic foreign body
- E) Mike Lyndell's newest product, the tiny My Eye Pillow



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## #8 WHAT IS THIS?

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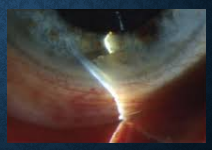

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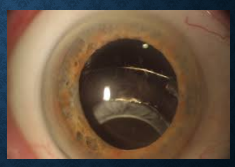
## #9 WHAT CONDITION DID THIS PATIENT LIKELY HAVE DURING SURGERY?

- A) Floppy Iris Syndrome
- B) Down Syndrome (Trisomy 21)
- C) Steroid induced PSC
- D) Pseudoexfoliation
- E) Bad breath



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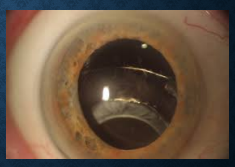

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## #10) WHAT MEDICINE WAS THIS PATIENT LIKELY TAKING?

- A) Coumadin
- B) Insulin
- C) Flomax
- D) Prednisone
- E) Don't know, but I don't want any…

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## #10) WHAT MEDICINE WAS THIS PATIENT LIKELY TAKING?

- C) Flomax

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## #11) WHICH OF THESE PATIENTS IS THE BEST CANDIDATE FOR MIGS?

- A) 58 yo glaucoma suspect with normal fields, no cupping, IOP 24 OU
- B) 76 yo off Xalatan since SLT 1 year ago, normal IOP but C/D ratio 0.7 and 0.8
- C) 81 yo with IOP 19 OU on Combigan, mild nasal step in 1 eye
- D) 74 yo with shallow chambers, dense nuclear sclerosis, IOP 29 last 6 months


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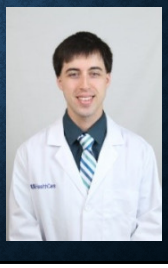
- D) 74 yo with shallow chambers, dense nuclear sclerosis, IOP 29 last 6 months
- E) Ask Dr. Cherry, he knows more about glaucoma than Dr. Brown



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## ISTENT INJECT

- 2nd generation iStent
- Titanium, smallest stent inserted into human body
- Injected into trabecular meshwork under direct gonioscopic visualization
- Two iStents injected about 2 clock-hours apart


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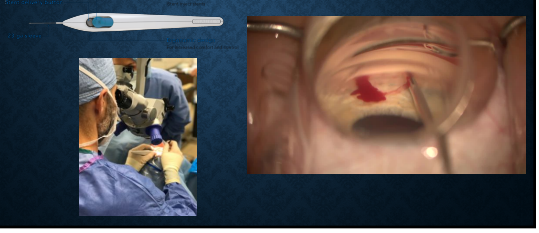
## ISTENT INSERTION



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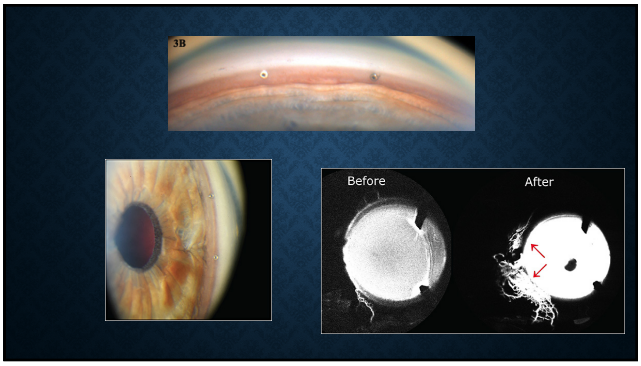


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## ISTENT INJECT SAFETY PROFILE

**NO REPORTS OF:**

- Myopic shift
- Flat AC
- Choroidal hemorrhage or effusion
- Cyclodialysis
- Hypotony ≥ 1 month
- Hypotony maculopathy
- Stent dislocation
- Significant hyphema
- Corneal decompensation

| Post-Op Adverse Events | iStent *inject* + Phaco N = 386 | Phaco Only N = 119 |
|---|---|---|
| Stent obstruction | 6.2% | NA |
| Intraocular inflammation | 5.7% | 4.2% |
| BSCVA loss ≥ 2 lines at or after 3 months postoperative | 2.6% | 4.2% |
| IOP increase ≥ 10 mmHg ≥ M1 | 2.1% | 0.8% |
| Corneal abrasion | 2.1% | 3.4% |
| Goniosynechiae | 1.8% | 0.0% |
| IOP increase requiring oral meds or SSI onset ≥ M1 | 0.3% | 2.5% |
| Secondary glaucoma surgery | | |
| SLT | 0.5% | 2.5% |
| Trabeculectomy/Express shunt | 1.0% | 0.8% |

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## #12) WHICH IOL PLAN GUARANTEES GLASSES FREE VISION?

- A) Panoptix trifocal IOLs OU
- B) Monovision with toric IOLs
- C) Crystalens accommodating IOLs
- D) Symfony extended depth focus IOLs
- E) None of the above

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## PANOPTIX TRIFOCAL IOL

- FDA approved 2019
- 1st trifocal IOL in U.S.
- Predominant multifocal IOL in Europe


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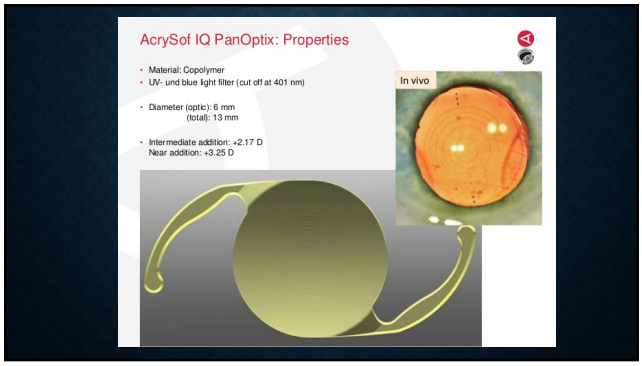


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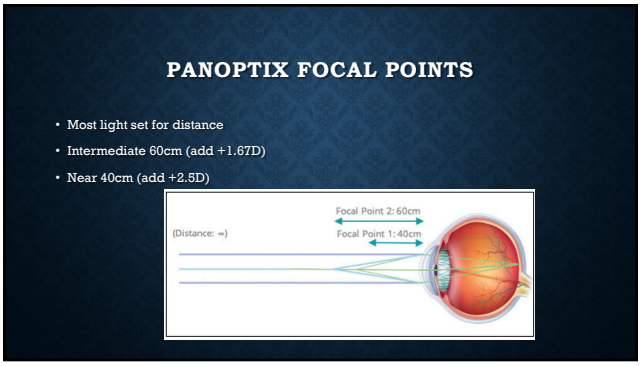


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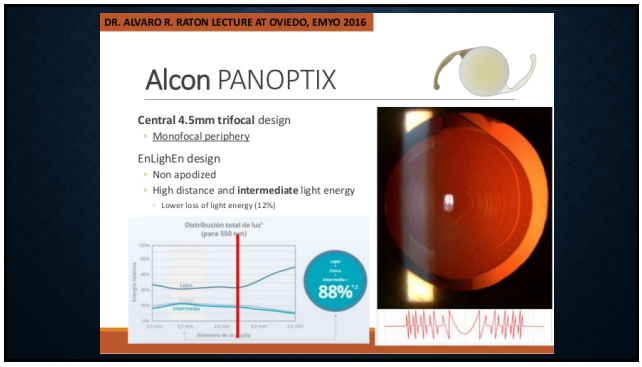


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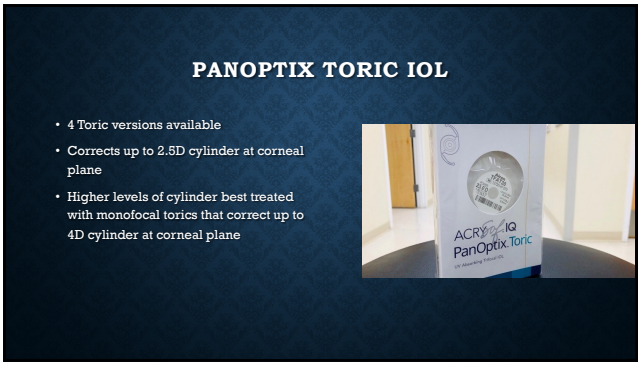


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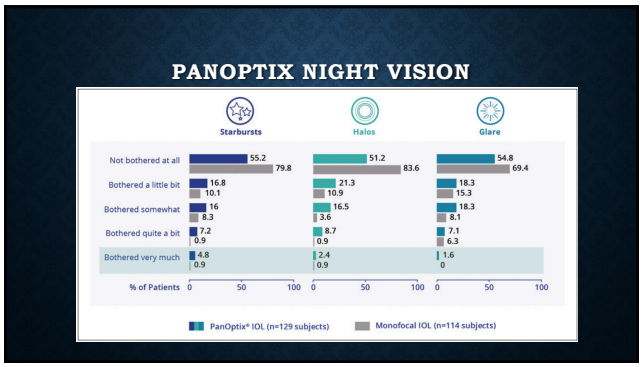


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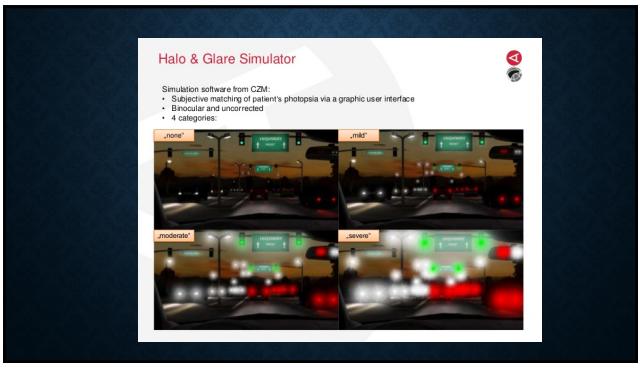


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## PANOPTIX CONTRAINDICATIONS

- Macular disease (baseline OCT)
- Pseudoexfoliation
- Amblyopia
- Map-dot-fingerprint dystrophy
- Significant dry eye
- Pilot or truck driver

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### Clinically-Proven Benefits

The FDA approval of PanOptix was based on a pivotal study at 12 investigational sites in the U.S.
With this single trifocal lens design, PanOptix patients demonstrated exceptional, uninterrupted vision.

*Results from the 129 subjects implanted with PanOptix in the prospective and parallel-group clinical study revealed that:*

99 — More than 99 percent of PanOptix patients in the FDA clinical study said they would choose the same lens again

98 — 98 percent of PanOptix patients would recommend the PanOptix IOL to their friends and family

80.5 — 80.5 percent of PanOptix patients reported in a survey that they never needed to wear glasses after surgery *

*Survey question asked, "how often have you needed glasses within the past 7 days."

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## #13) WHAT WAS MY FIRST JOB?

- A) McDonald's
- B) Dishwasher
- C) Automotive engineer
- D) Lab assistant

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## #13) WHAT WAS MY FIRST JOB?

- A) McDonald's
- B) Dishwasher
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## THANK YOU FOR ZOOMING!

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