

Post Op Potpourri

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No financial interests

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Overview

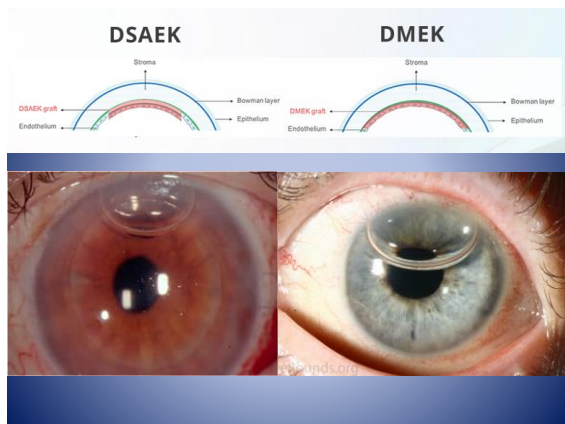
- DSAEK/DMEK
- Xengel
- Hydrus microstent
- Istent
- Cataract surgery

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DSAEK/DMEK

- Descemet Stripping Automated Endothelial Keratoplasty/Descemet Membrane Endothelial Keratoplasty
- Replacing a bad layer of cells with a new layer of cells to keep cornea from swelling and decompensating
- DMEK is thinner. No stromal involvement as compared to DSAEK
- DMEK can heal more quickly
- DSAEK may still be done in high myopes or patients w/ glaucoma valves.

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DMEK Day 1

- Vision will be bad
- Expect air bubble to be present and likely covering pupil
- Stromal folds will be present
- Looking to make sure cells are attached 360
- Check for PI and bubble placement.
- Check IOP to confirm no pupillary block
- Reassurance

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Instructions Day 1

- VA should improve w/ time
- NO EYE RUBBING. No swimming, dirty environments/heavy lifting, or strenuous activity.
- Take a daily nap while air bubble is in place
- Pred, Ocuflax, Muro 128 drop qid, and Muro 128 ung qhs. AT's as needed.
- Call immediately if concerns.

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Follow Up

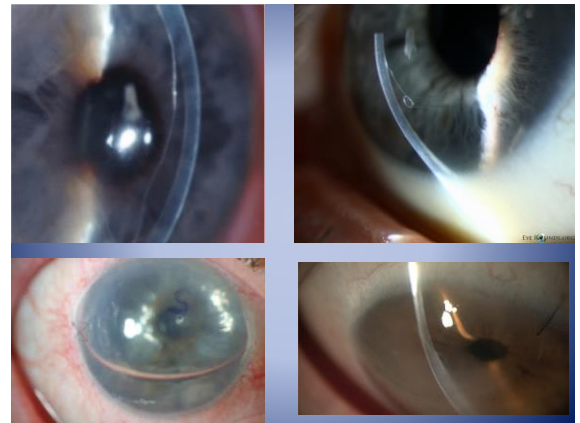
- 1 week
- 2-3 weeks
- 4-6 weeks
- Adjust depending on patient and cornea appearance.
- Can take 6 months or longer for stabilization. Do not recommend refraction for at least 6 months, but may do sooner if VA or AR have been relatively stable.
- Taper Pred- qid x 4 months, tid x 3 months, bid x 2 months, qd forever

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Troubleshooting

- High IOP
 - Approx 30 or less- add glaucoma drop and return in 1-3 days to monitor
 - 40 or above- concern for pupillary block. May need to burp wound.
- Detachment of cells
 - If small peripheral edge lift ok to monitor closely
 - If early, mild, and central ok to monitor closely
 - If large area return to surgeon for air bubble

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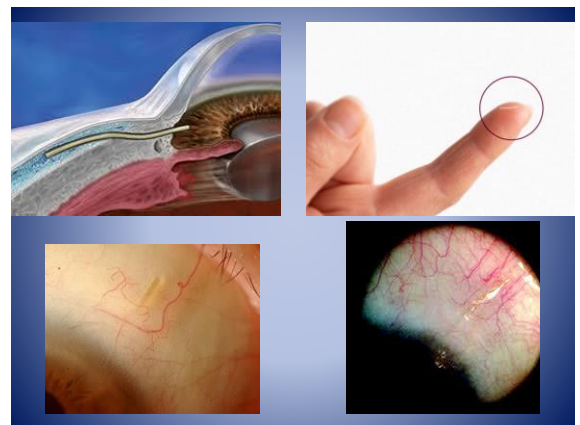


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Xengel

- New version of trab. Goal is to aid in lowering IOP and reduce dependency on drops.
- When to refer:
 - When on max drop therapy but IOP is still elevated or progression still noted on exam or testing.
 - Intolerance to drops
 - Drops are not affordable

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1 Day PO

- Check IOP- expect low and to single digits
- Confirm no Seidel's
- Stop all glaucoma drops
- No eye rubbing, swimming, dirty environments, or strenuous activities. Keep head above heart.
- Vision may be blurry

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Follow up

- 1 week
- 2-3 weeks
- 1 month
- 2-3 months
- 3-4 months

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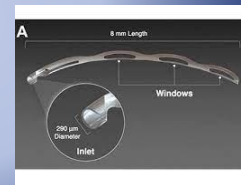
Troubleshooting

- Vision will fluctuate
- Irritation from betadine and mito- be aggressive with dry eye treatment
- Elevated IOP- consider ocular massage before restarting drops. Or refer for 5FU injection
- May consider Rx for Ocuflax in case of emergency

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Hydrus

- Used only at time of cataract surgery to aid in lowering IOP.



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1 Day PO

- IOP should be normal to lower than baseline
- May have a significant amount of RBCs in AC. VA may be poor but will typically resolve within a week. Follow up prior to second eye if scheduled.
- Keep on glaucoma drops while on surgery drops

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Follow up

- 2-3 week
- May trial off of glaucoma drops one at a time or all at once depending on patient.

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Istent

Used only at time of cataract surgery

- Glaucoma “light”
- Can still trial off drop post op
- Less RBC’s in AC



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Cataract Surgery

- Removal of cataract
- Improve vision and allow less dependency on glasses
- Treat glaucoma
- Allow retina surgeon better view for treatment of retina disease
- Treat prior to a scheduled retina surgery

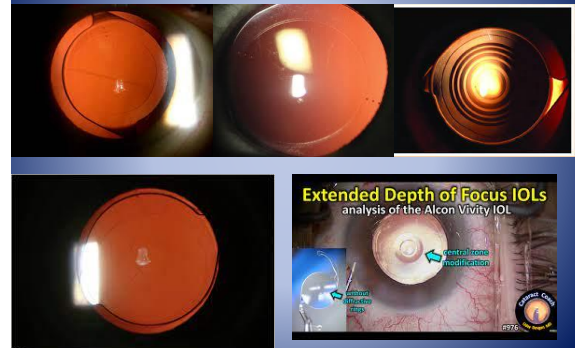
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Discussion Prior to Referral

- Brief description of evaluation and procedure
- Expectations for visual outcome
- Monofocal, toric, or depth of focus lenses. Benefits and drawbacks of each. Give reading material if available.
- “None of us will ever promise you’ll be 100% free of glasses, but one goal is to be less dependent”
- Use of MIGS if applicable

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IOLs

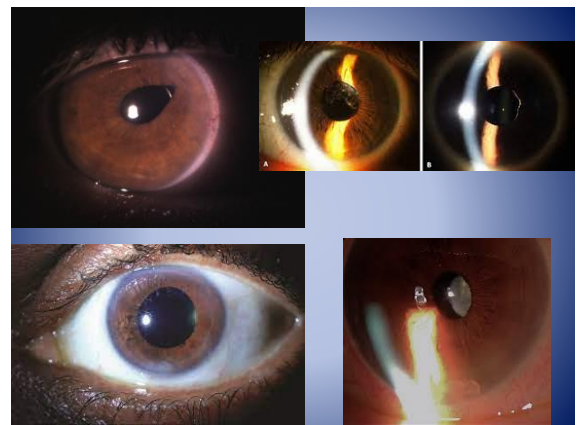


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1 Day PO

- Confirm VA makes sense with cornea and retina appearance
- Check IOP
- Confirm negative seidel sign
- Confirm no retained lens fragments in AC
- Proper placement of IOL and toric axis
- Check for vitreous prolapse
- Discuss drop schedule
- Reassurance

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Follow up

- 2-3 week post op
- Is the patient happy with outcome?
- Check IOP- may see steroid response at this time
- Refraction if desired
- Hold off on releasing Mrx for Vivity and PanOptix patients

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Troubleshooting

- IOP 25-35 at 1 day- start glaucoma drop and follow up in 1-5 days. Above 40 may consider wound burp.
- Retained lens fragment-return to surgeon for AC wash.
- Toric off more than 10 degrees-return to surgeon for rotation
- Vitreous prolapse- return to surgeon for YAG

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Troubleshooting-Dry Eye

- Betadine and post op drops can exacerbate DES.
- Treat aggressively pre and post op
- PF AT's q1h-q2h, Refresh PM or Systane Nighttime qhs, punctal plugs, Xiidra/Restasis
- Minimal dry eye can have significant effects with premium IOLs.

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20/Happy = Happy doctor



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