Intra-Op Aberometer
Does ORA Help with Results

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Disclosures

- B&L
- AMO Omeros
- Sun
- Shire
- Not Alcon
The ORA™ System

- Need to learn where to position in OR
- Working space is less

No VerifEye
- Have it and don’t use it
- Min Lensx

Minimal Lensx
- Have Lensx but don’t use it much
  - Didn’t see a benefit for my patients for the cost
  - Will do it when see a benefit
  - If a surgeon thinks he needs it, then he does
• ORA
  • Can’t do the work alone
  • Getting the correct IOL is a team approach
  • Ora is a great help to me
  • My Patient understand it and willing to pay for it

• Not a MUST, but Very helpful!

Decisions before the OR

• Decide what the Patient wants/can afford
  • Most IMPORTANT decision

• Decide if you can and should put “that “ lens in

• Make sure expectations are realistic

• Destine to fail if above not done no matter how well you hit your mark
Ocular surface ready?

- Dry Eye; this is one time that the patient will do what you say
  - Plugs, tears, prescription meds, supplements

- MGD; again will do what you say
  - Hot soaks, oral/topical meds

- Patients needs the info to know what to do, hand-outs good
- Contact lens removal needs to be discussed

- For BOTH ascan calculations And ORA

Technicians need to be thinking

- Poor K’s, poor topography
- Hard vs soft CTL
- Presenting the important info to the patient

- Your team needs to be rewarded when they help
  - Not money
  - They need acknowledgement of their important findings
IOL Calculations

- Need to know what is the best for Ascan data
  - Long or short eye; steep or flat ks
- Different IOL favor different calculations
- Track your results
- Know your surgeon factor makes sense but is not significant

- Posterior cornea nice to know but ORA take that into account and estimates are on the average good

Special help post refractive

- Companies have IOL specialist that help with calculations all week long, lots of experience
- ASCRS post-refractive,
- Some lenses help with extending the target

- BIGGEST Help INFORM THE PATIENT IT IS HARD
  - Need to know touch up
  - Need to know you both have the same goal and you will stick with them till the end and they need too aswell
Intraoperative

- Be gentle to epithelium and endothelium
- Generic drops in NSAID are often more frequent dosed and some have caused epithelial spk, watch for issues
- Bigger pupil makes ORA quicker in my hands
  - NSAID preop
  - Continuous intracameral delivery of NSAID and mydriatic

READY FOR ORA

- The ORA™ System uses wavefront aberrometry data in the measurement and analysis of the refractive power of the eye (sphere, cylinder, and axis measurements)
- Real-time, intraoperative refractometer plus a working algorithm supported by a large clinical database (400k+ cases)
- The last min. second opinion that confirms lens choice
ORA important steps

- Hydrated cornea
- Chamber inflated to max with viscoelastic
- Cohesive Viscoelastic and ONE product
- Large amount of viscoelastic suggested
- Power calculation done aphakic
- No confirmation after IOL placed

After Power Calculation

- Review all data
- EMR makes me place a statement about patient wishes on a printed sheet and my thought process
- I often ask patient on table to help me pick between 2 good choices
- Choose lens and move on to toric after implant!
When you don’t rely on ORA

- <10% of the time
- Not consistent readings
- Data doesn’t fit all other data
- Any significant corneal damage
- Jury still out on Symfony IOL,

- RK is variable and may not be the answer but at least another data point