Intra-Op Aberometer
Does ORA Help with Results

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Disclosures

- B&L
- AMO Omeros
- Sun
- Shire
- *Not Alcon*

The ORA™ System

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 realestic
- 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