

Making Cataract Surgery Easy 30 years of experience

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Disclosure Consultant

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- Sun
- Shire

Pre-op

Easy if done 2-3 days before

- Starts with discussing risks
- This is time to pick the premium IOL with pt
- Starts with loading up with medications that block inflammation
- Sterile field with very frequent antibiotics the day before surgery

- Use to do group preops 6-10 people
 - Premium IOL made this difficult

Anti-inflammatory Drops

- Why not start 2-3 days before
- Steroid and NSAID block cascade in different spots , start them both!
- Even if use OMIDRIA you will benefit with blocking prostaglandin release with femto

Antibiotic

- Hit hard the day before surgery and 5 days after
- Prep important so surgery does cause
- Drops keeping field sterile incase after surgery patient creates backwash until all wounds healed

Make Sure to Expect the Unexpected

- Announce Flomax (or not) before 1st incision
- “time out” and get the correct eye
- Have a capsular tension ring, extra viscoelastic
- Look at Kreading just before, incision should have a starting position
- Get a gage on your patients nerves
 - Vocal local
 - Anesthesia as little as you can , as much as you need

Femto cataract surgery?

- European Registry Analysis of Complications (1)
 - Femto 3.4% vs non femto 2.3%
- All India Institute (2)
 - Femto 5% vs non femto 2.5%
- Meta-analysis (3)
 - Significant higher PC ruptures with Femto

(1) Manning et al jscrs 2016

(2) Titiya; et al. clin ophth 2016

(3) Popovic et al. Ophthal 2016

Don't give up on Femto

- Phaco started in 1973 in Santa Barbara
 - In 1990 I was the first surgery to do it 100%
- Patients want it and willing to pay for it
- It will continue to improve and do new tricks

- Good for less energy and precise cuts, helps with unstable lenses
- Bad in complications, expense and time presently

Do What You do Best Femto if...

- Bad at capsulrhexis
- Have a complicated patient that would benefit with less energy
- Have a very dense cataract and patient can afford
- Patient wants it done with Femto
- Need NSAID drops on board (omidrea get after Femto)

- Must have to do it
- DON'T NEED TO BUY ONE UNLESS YOU FEEL THE NEED

Have List of All Special cases in OR

- Use to double check what is being done
- This is created by who ever collects the money
- MonoVIsion is hardest to make sure is right
- ORA/Premium toric, multifocal or dfractive

- This is a double check because sometimes people change their mind but you should be able to follow the money

Incisions

- I don't use femto incision
- I usually do all about the same but Flomax I try and enter further away from the Iris
- Stab incision X2 that are the same side of my bimanual I&A so no leakage
- Bimauual I&A make cortex easy under the entrance incision

Dilated Pupil

- NSAID pre for femto
- phenylephrine and ketorolac injection in BSS
- Malyugin ring

- Risk of intraoperative miosis increases with ocular comorbidities and other characteristics
 - IFIS / history of alpha-blocker use^{1,2}
 - Pseudoexfoliation¹
 - Diabetes mellitus³
 - History of uveitis⁴
 - Longer duration of surgery⁵
 - History of trauma or intraocular surgery⁴
 - Use of femtosecond laser⁶

Capsularhexis

- Don't be stingy on viscoelastic
- Reinflate if tries to run away
- Any common problems, buy a Femto and you will make money too
- Centration is good idea
- Cleaning anterior capsule important in Accommodative lenses

Phaco Machine

- All have better control
- All have stable A/C
- The latest and the best if about your center and its relationships
- Most important person is the set up person
 - He can make it easy or hard

Bimanual I&A

- My best kept secret in Santa Barbara
- Superior cortex “who cares”
- 2 side port that need to match size of both I & A

Lens Choice

- Always have back up
- Always have full consignment of one lens
- Astigmatism can be combination of lens and cornea, but lens is best and most reliable
- You need to use multiple companies product unless deal and if a deal better be good

- You will learn things about the lens if use a lot that you don't know you know

Do You Need Abberometer

- Great product
- Not perfect product
- Must make financial sense
- The more you do the better you do

- Patient like it

Video Surgery

- You will learn what happened
- You will be able to teach (this is real learning)
- You can even use as practice builder

How to Be the Best Surgeon

- Be a nice guy
- Show up on time
- If you say yes, do it
- Go when patients invite you
- Call your patients the night of surgery

- Numbers make you better, better builds your numbers