Making Cataract Surgery Easy
30 years of experience

Doug Katsev MD
Santa Barbara CA

Disclosure
Consultant

• B&L
• AMO Omeros
• 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
- Steriod 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 capsulorhexis
- 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 dffractive

- 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
• Bimaul 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\textsuperscript{1,2}
  – Pseudoexfoliation\textsuperscript{1}
  – Diabetes mellitus\textsuperscript{3}
  – History of uveitis\textsuperscript{4}
  – Longer duration of surgery\textsuperscript{5}
  – History of trauma or intraocular surgery\textsuperscript{4}
  – Use of femtosecond laser\textsuperscript{6}
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 setup 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 backup
- 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