

Southern Ophthalmology

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AUSCRS 2012 - Dr Evan Soicher

Drs Evan Soicher and Alan Flax recently attended the Australasian Society of Cataract and Refractive Surgery annual meeting in Queenstown, New Zealand. The meeting attracts local as well as overseas delegates in a casual yet informative and high quality academic environment.

A number of sessions on controversial areas in cataract and refractive surgery pitted experts against each other in a debating type of format. The evolving role of femtosecond assisted cataract surgery generated heated debate. The question asked, was whether this technology has been driven by commercial interest rather than evidence based medicine. Advantages include a more predictable and consistent capsulorrhexis which theoretically translates to a more consistent effective intraocular lens position and better refractive results. Disadvantages include the increased cost and time of surgery as well as limited accessibility to this new technology. At this stage, there are no good studies showing better long term refractive outcomes and fewer complications with this technology. Femtosecond is here to stay and will play an increasing role in ophthalmic surgery.

There is still no ideal solution to reduce spectacle independence following cataract surgery. Each surgical method and intraocular lens (IOL) has its pros and cons. Multifocal intraocular lenses are suitable in certain patients following stringent selection criteria. Glare, halos and a 'waxy, Vaseline type' vision are not uncommon. Unhappy multifocal IOL patients may require an IOL exchange which can be technically challenging.

The Oculentis IOL which was introduced to the market at the meeting is an exciting new IOL. It has novel multifocal technology incorporating an asymmetric distance-vision zone combined with a 3.00 D sector-shaped, near-vision zone. Two spherical surfaces with different radii are seamlessly combined, one main surface and an embedded surface creating two defined focal points. Less glare and halos are seen than with conventional multifocal IOLs.

Proponents for accommodative IOLs reported good quality of vision but tended to aim for monovision which seems to contradict their confidence in the accommodative ability of the IOL.

Mini or Modest Monovision aiming for -1.25 in the non dominant eye is favored by many surgeons and does not appear to affect stereopsis significantly. The potential ocular side effects from monovision can often be easily managed with a secondary sulcus IOL or corneal refractive laser.

Light adjustable IOLs- which can have their refractive power changed post surgery- look promising but are not yet widely available.

A number of acrylic IOLs develop glistenings over time however the effect on quality of vision is hotly debated. The enVista IOL (a hydrophobic acrylic IOL) which has recently been introduced to the local market is 100% glistening free and almost impervious to scratching. It comes in a spherical and toric version with excellent rotational stability.

The perfect IOL- giving high quality vision from near to infinity- is still a dream and almost all patients will require some form of glasses post surgery.

Among the many options to treat presbyopia is the KAMRA inlay. This is a small pinhole type implant which is inserted into a pocket in the corneal stroma and is reversible. Two surgeons at the meeting who had KAMRA implants in their own eyes spoke glowingly from personal experience. However they were reminded of the potential side effects including dry eyes, centration issues, refractive shifts and idiosyncratic inflammation.

A never ending avalanche of new technology seems to be coming our way on a daily basis. A new artificial iris as well as iris and capsule hooks may make complicated cataract surgery a little easier. With the progress of nanotechnology, contact lenses are being developed for a number of applications including monitoring glucose levels as well as intraocular pressure. The data may be directly transmitted to smart phone or computer.

News in Southern Ophthalmology

LUMINOUS STUDY – Rochelle Yousef, Head Orthoptist

Southern Ophthalmology actively participates in a number of clinical research activities. We have patients enrolled in the Luminous Study for Lucentis Injections for Wet Macular Degeneration. This is a 5 year observational study with the aim of determining the effectiveness and safety of Lucentis through individualized patient treatment. The study evaluates visual acuity levels, central retinal thickness on OCT scanning, intra-ocular pressures, as well as the patient's subjective view of their visual status and how this impacts on their day to day lives. The study involves thousands of patients world-wide, approximately 3000 of which are from Australia

HOLLADAY PROGRAM – Amanda Sassine, Orthoptist

At Southern Ophthalmology, we constantly audit our Cataract surgery outcomes to try to improve on them. We use the Holladay IOL Consultant and Surgical Outcomes Assessment, which is a database program that uses pre- and post-operative information from our Cataract Surgery to formulate each surgeon's lens personalisation and surgically-induced astigmatism. This information assists in the selection of Intraocular Lens (IOL) Implants by comparing IOL calculations with different formulas (including the latest Holladay-2 formula). Furthermore, it allows for post-operative refraction tracking and analysis to improve accuracy and final visual outcomes

Practice Managers Column – Mrs Kim Champion

Sending reports electronically – Southern Ophthalmology is able to send letters electronically through either Argus or Healthlink. If you are using either one of these programs and currently not receiving reports electronically and you wish to, please contact me on 95878585 or 42299772 so we can set this up. Receiving reports electronically ensures your patients reports are available the day they are typed, reduces your scanning burden and reduces our use of paper.

Patient's appointments – To ensure our doctors are able to conduct a thorough eye examination, we ask the patients not to drive on the day of their appointment. It would be helpful if you could advise your patients of this when an appointment is made with Southern Ophthalmology.

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