

# Southern Ophthalmology

Newsletter | September

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## AUSCRS 2010

### Update from the Australasian Society of Cataract and Refractive Surgeons Meeting

*Drs Flax, Soicher and Chong recently attended the combined Australasian Society of Cataract and Refractive Surgeons (AUSCRS ) and Asia Pacific Association of Cataract and Refractive Surgeon (APACRS) meeting. The meeting brought together a large number of Ophthalmologists from Australia and the Asia Pacific area as well as invited American and European experts. Hot topics in cataract and refractive surgery were updated and debated. Evan Soicher summarises the highlights.*

#### **Femtosecond Laser**

Ultrasounds (phacoemulsifications) dominant role in cataract surgery is soon to be challenged by Femtosecond laser. Femtosecond lasers emit optical pulses with a duration of 10 to -15 seconds. They make precise incisions of ocular tissue with minimal disruption. They are already being used to create corneal flaps and incisions in refractive surgery and several companies are developing femtosecond lasers for use in cataract surgery. A number of presentations showed how Femtosecond laser delivers precise and repeatable corneal incisions and anterior capsule openings. In addition the laser is being used to 'break up' the cataract. More accurate positioning of intraocular lenses, managing astigmatism and making removal of hard cataracts safer and easier are potential advantages. Femtosecond laser is likely to play a major role in corneal surgery – accurate shaping of the host and donor corneas to maximize incision integrity and minimize astigmatism. This technology is progressing rapidly however time will tell how it will be used in view of its potential cost and long term benefits. I predict Femtosecond laser will be more widely used in eye surgery in the not too distant future.

#### **Intraocular Lenses (IOL)**

There are now a bewildering variety of intraocular lenses available. There is no IOL which gives perfect unaided vision at all distances. Roger Steinert (Professor of Ophthalmology, University of California, Irvine) spoke about the various options. Monovision is often well tolerated but is associated with a decrease in stereopsis and contrast as well as possible anisometropic symptoms. Multifocal lenses can lead to severe haloes, glare and poor night vision in some patients. We currently do not have satisfactory selection criteria to choose suitable patients. Accommodative IOLs (eg: Crystalens) are now being increasingly used and the Synchrony (a dual optic IOL with a front high plus optic and back variable minus optic) is showing promising results in trials. There are some exciting new IOLs in development. The light adjustable IOL which is made of silicone can have its power refined and 'locked in' (95% within 0.25 dioptres) by a specific wavelength light applied to it a few weeks post operatively. The refraction has shown to be stable over 12 months however a late change in refraction cannot be addressed. Fluid filled IOLs as well as a smart IOL (a substance is injected into the eye) are being developed. Toric intraocular lenses are increasingly being used and there is debate about the best method of measuring the axis and power of astigmatism as well as the most accurate placement of the IOL. The message from all the IOL talks confirmed our philosophy: listen to our patients, understand their visual needs and aims following cataract surgery and counsel them as to their best refractive option and suitable IOL. "Choose Wisely" and aim for 20/happy vision!

Continued overleaf

## Cataract Removal

Terence Devine (USA) discussed the latest phacoemulsification technology. Many of the new systems are flexible and ensure better stability of the anterior chamber via incisions as small as 1.8mm. Modulation of fluidics and efficient delivery of phacoemulsification energy has increased the safety of cataract surgery. Abay Vasavda (India) showed a variety of elegant surgical techniques to deal with ectopia lentis. He recommended surgery only with progressive visual loss.

## Small Pupils

A number of ocular diseases cause poor dilation of the pupil, making cataract surgery more challenging and difficult. The increased use of Alpha Receptor Blocking (eg Flomaxtra) tablets for benign prostatic hypertrophy in men the cataract age group has increased. These and similar agents can cause intraoperative floppy iris syndrome (IFIS) which is characterized by poor pupil dilatation, a floppy and billowing pupil and constriction during surgery. Stopping the Flomaxtra pre operatively does not help. Alan Crandall MD discussed a number of strategies to deal with small pupils. Pre-operative Atropine and intraoperative adrenaline or phenylephrine can be useful. He recommended the Malyugin Ring which keeps the pupil mechanically dilated and is removed at the end of surgery. Having used a number of devices in the past I have been delighted with the Malyugin ring since it was made available in Australia.

## Dr Alan Flax: Profile

Dr Alan Flax is a comprehensive eye specialist with special interests in refractive cataract surgery, glaucoma and diabetic eye disease. He is a medical graduate of the University of the Witwatersrand, Johannesburg, South Africa and has a Master of Business Administration (MBA) Degree from the Graduate School of Business, University of Cape Town.

Prior to specialising in Ophthalmology at the Department of Ophthalmology, University of NSW at Prince of Wales, St George and Sutherland Hospitals, Dr Flax held numerous senior management positions in public and private hospitals in South Africa and Australia.

He remains actively involved in teaching and supervision of registrars and is a part-time staff specialist ophthalmologist at the Prince of Wales Hospital and operates at the Sydney Eye Hospital. He was involved in the establishment of the Outback Eye Service attached to the Prince of Wales Hospital and was the project co-ordinator of NSW's first tele-ophthalmology program.

Dr Flax is committed to providing specialist eye care utilising the latest technology in a friendly and professional environment.

## New Equipment

The **Zeiss Atlas Corneal Topographer** is not only useful for corneal diseases but is an essential tool in cataract surgery planning. With the increased use of toric IOLs, topography can rule out irregular astigmatism and measure the axis and power of astigmatism more accurately.

Our **IOLMaster** has been upgraded with the latest version of software to increase the speed and accuracy of corneal and axial length measurements pre cataract surgery

The **Holladay IOL Consultant** software contains advanced formulae to accurately calculate IOL powers and monitor post operative refractive results. Each surgeons IOL constants can be individualized based on refractive aims and outcomes

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