

NEWSLETTER

Info@ilase.co.uk

Autumn 2023



ESCRS in beautiful Vienna...

The European Society of Cataract and Refractive Surgeons was held in the beautiful city of Vienna this year. It is always a real treat to visit this enchanting city, and the ESCRS never fails to be a great place to learn and meet colleagues. So, to combine these two pleasures in a single experience was truly rewarding and refreshing. The immense volume of research and innovation that takes place in ophthalmology never ceases to amaze me. There is extraordinary work taking place in clinics, hospitals, laboratories and private companies across the world with the single objective of delivering improved eye health and vision for all people. It is, without a doubt, a wonderful time to be an ophthalmologist!

But that was not the highlight of the ESCRS. That accolade belongs to my daughters: for the first time in all the years that I have been attending conferences, I was able to bring my daughters. This follows on from having my son with me at the ASCRS last year (see the January newsletter). Thanks to these incredible young ladies for coming to spend a few days with your dad!

Optometry Wales - Dry Eye CPD

I was invited by OW to deliver a CPD event on Dry Eye. Rather than try to fit all the important aspects of this very relevant subject into a single one-hour presentation I decided to divide it into two parts. The first part was delivered in September and addressed classification, diagnosis, and investigations. The second part is focused on the treatment of dry eye, and I hope will be scheduled shortly.

The September event was very well attended with well over 200 delegates joining the mid-week party! I certainly enjoyed everyone's company, there was a very interactive Q&A session afterwards, and very positive feedback. I experienced something new at the end of the presentation: emojis of hearts and similar symbols floating upwards from the lower edge of the screen on my Teams window. Thank you to everyone who attended for giving up your time in a mid-week evening, and for your kindness at the end. I look forward to more in 2024.....

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WHAT OUR PATIENTS SAY...

POETRY CORNER

In this newsletter, I would like to share the feedback of a particular patient, which she has already posted publicly. After writing about her positive experience of the cataract journey and visual results, she composed a poem which I found to be warm and generous of her. Here is her poem:

Hurrah, I can see again

*My sight was getting blurry, trying to see was no fun
The optician said I had cataracts and a good idea to get them done*

*So one fine day in September to the hospital I went
The surgeon there was brilliant and very competent*

*The nurses were so caring and looked after me really well there
I felt very much at ease with them, there was nothing to fear*

*All the other staff were so helpful in lots of different ways
Thank you, Nuffield for all you did on my operation days*

*I was soon finished, after only a very short stay
A cup of tea and a tea cake sent me on my way*

*I am home now, pleased how good this was for me
My bluriness is all gone, there is so much more I can see*

*Nice flowers in the garden but also lots of weeds
Dust and crumbs in the house so lots of cleaning needs*

*All these things have now come into view
I'm going to have to get busy, all the jobs to do*

*Despite all these, I am so pleased, I do not have to strain
My eyesight is fine now so Hurrah, I can see again*

*Thank you so much, Prof. Muhtaseb and Ilase for all you did for me
I'm so grateful that all went so well and now very clearly I can see.*

PATIENTS FEEDBACK





As a CPD provider myself I am looking forward to delivering an exciting schedule of CPD events in 2024. This will be a mix of 1-point CPD in the traditional format of lecture followed by Q&A, and smaller sessions offering 3 interactive CPD points in a one-hour workshop centred around treating cataract patients.

The 1-point CPD events can be delivered in person or streamed online. I would be very keen to take a poll of your preference. Please email info@ilase.co.uk to express a preference for in-person or online.

The 3-point CPD events will be in-person and take the format of discussing three cataract cases and the challenges posed by each. These include issues involving diagnosis, ocular co-morbidity, systemic co-morbidity, counselling, biometry, surgical planning, surgical events, and post-operative care. This is the Cataract Club and is new for 2024. Each Club night can accommodate a maximum of 10 optometrists so to register your interest and request further information please email info@ilase.co.uk



Thank you for reading this newsletter. I hope you enjoyed it, and I look forward to sharing more highlights with you in the winter newsletter in January 2024!

May I be the first to wish you all a Merry Christmas and a Very Happy New Year in 2024.

Professor Muhtaseb

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You do not need to go through hospital switchboards.



A male patient in his 70s presented with bilateral dense cataract. Aside from taking Combodart, there was nothing significant in his medical history.

He dilated well pre-operatively and so I proceeded as usual, using a soft-shell technique of viscoelastic choice to protect the corneal endothelium and my normal primary chop technique for phakoemulsification. Then it happened, out of nowhere, with no warning.....the pupil constricted during phako!

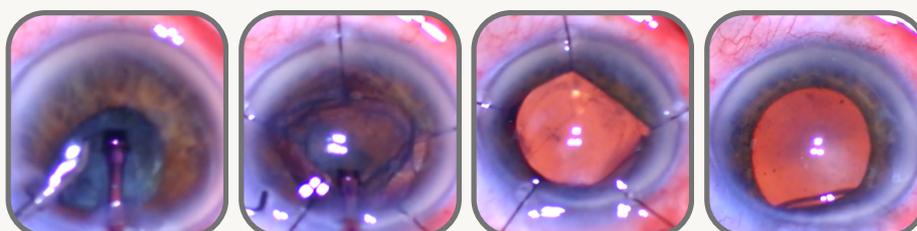
What to do next?

Should I use a heavy viscoelastic to “viscodilate” the pupil? It doesn’t work that well and I still had quite a bit of the procedure to complete. Should I insert iris hooks or a pupil expansion device? This would work well but the anterior capsulorrhexis was already made and there is a risk of catching the rrhexis and tearing the capsule, so I would have to be very careful if I go down this route.

What about sphincterotomies? Would a few small scissor cuts to the pupil sphincter be a good choice? This could result in an irregular pupil and permanent dilatation.

Well, I went with iris hooks, and it all worked out well. The important thing to avoid is putting the hooks into the capsule opening instead of under the pupil edge. If the iris hook is pulled peripherally while placed inside the capsulorrhexis the capsule will tear and damage can be extensive. I used plenty of viscoelastic under the iris to create a large space in the ciliary sulcus and a big gap between the iris and the capsule.

Surgery was uneventful thereafter and the patient had a great result. He came for his second eye 2 weeks later and all went well once again.



QUIZ

A Avoid lenses that require excellent centration such as multifocal lenses, increased range of focus or extended depth of focus lenses, and toric lenses.
Revert to monofocal lenses (that are not toric).
The lens can be placed in the ciliary sulcus if the risk of extending the anterior radial tear seems significant.

What are the risk factors for poor pupil dilatation and intraoperative floppy iris syndrome?

Answer in the next newsletter.

