

NEWSLETTER

January 2023

Info@ilase.co.uk



Dear friends and colleagues

Welcome to the first newsletter from iLase, my private ophthalmic surgical practice. And thank you for agreeing to receive this newsletter.

First, may I wish you all a very Happy New Year. It is my sincere wish that 2023 brings you and your families good health, success, and prosperity.

In this newsletter I would like to summarise the highlights of 2022 in my practice, including my clinical research and congress activity. Thereafter, I will introduce the format of future issues which will include one or two interesting cases and their learning points, updates from the field of cataract and refractive surgery, new lens technologies that are coming to market, and other snippets of information that may be of interest.

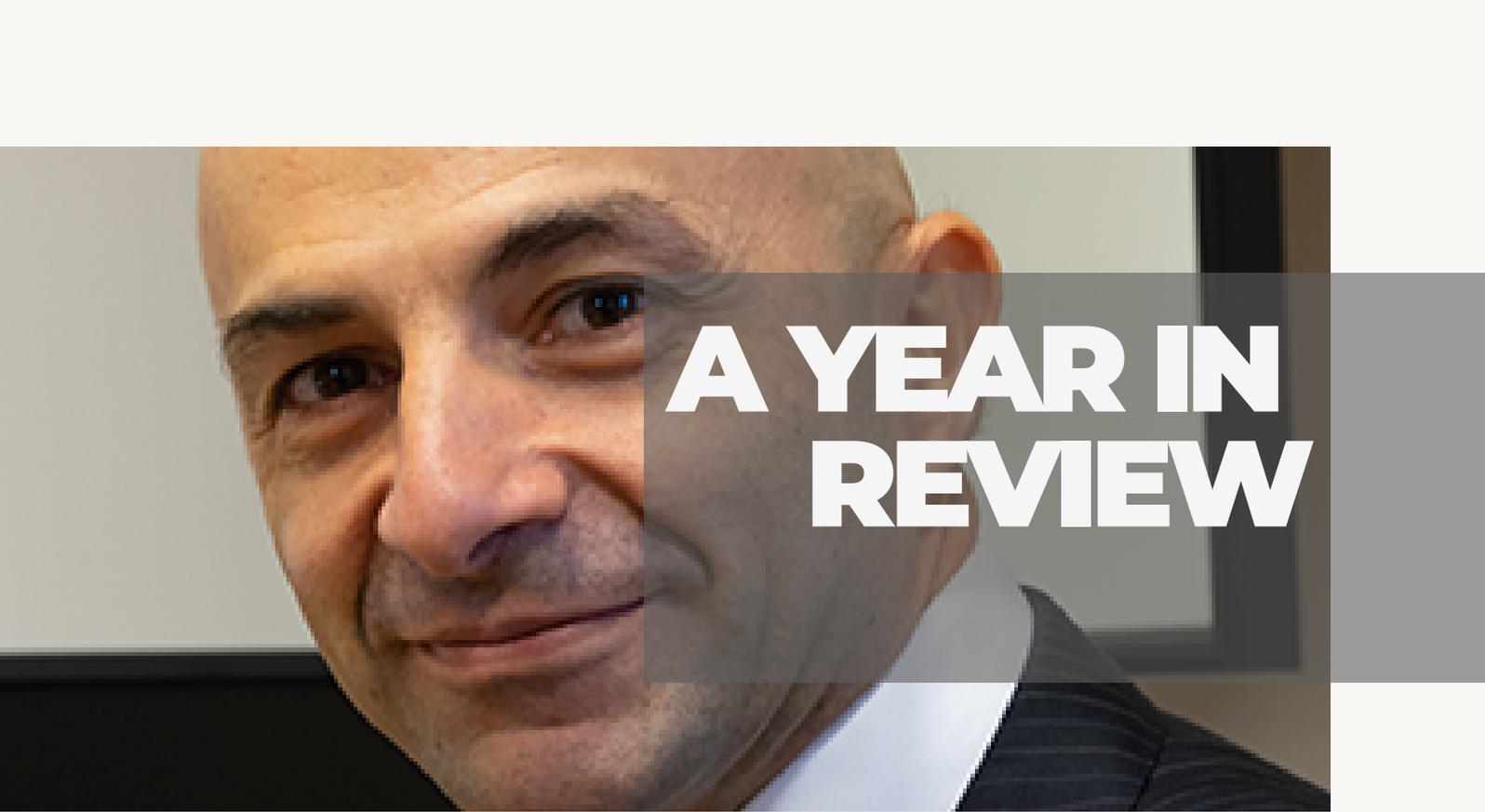
About Us

My name is Professor Mohammed Muhtaseb, and I am a consultant ophthalmic surgeon at Cwm Taf Morgannwg University Health Board. I am also in private practice in Cardiff (Nuffield Cardiff Bay Hospital), Newport (St Joseph's Hospital) and Swansea (Sancta Maria Hospital). I specialise in anterior segment surgery, cataract surgery, refractive lens exchange, and piggyback lens implants. I also have an interest in clinical research with a focus on these areas of practice, as well as software development aimed at helping fellow surgeons analyse surgical outcomes and drive improvement.

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 iLase



A YEAR IN REVIEW

Professionally, I have many highlights, but the main ones are the touching words and letters of thanks from happy patients. Alongside this, I was so pleased to experience the return of real-life conferences that we can attend in person and interact with colleagues from around the globe. This coincided with the culmination of my work on papers that report the results of my experience with the new trifocal lens implant from HOYA Surgical Optics (incredible results!), and the introduction of CLEARlog as a software and app that can help surgeons create a database of cataract activity and outcomes.

I presented both projects at the American Society of Cataract and Refractive Surgeons in Washington DC in April 2022, the European Society of Cataract and Refractive Surgeons in Milan in September 2022, and the UK & Ireland Society of Cataract and Refractive Surgeons in Hinkley in October 2022.

Both papers were very well received and a Supplement to Cataract and Refractive Surgery Today (Europe) is due to be published very soon, following a round table discussion about the HOYA trifocal lens implant.

However, that main highlight of these congresses was being able to take my son, Yaseen, to the ASCRS in Washington DC. He attended the congress as a registered visitor, he visited the exhibitor hall and spoke with some of the exhibitors, he attended a symposium on the handling of difficult cataract cases by residents in training (which was chaired by Dr Zaina Al-Muhtaseb, an ophthalmologist who turns out to be a distant cousin of mine!), and he watched me give my presentation on CLEARlog. We also spent time together in the evenings, walked around the city, and had a great time.

Personal highlights include finally moving house in the Summer (what a stress!), and the chance to travel abroad and see family that we hadn't seen for nearly 3 years due to COVID travel restrictions.

PATIENTS REVIEW



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**WISHING YOU A
VERY HAPPY,
HEALTHY, AND
PROSPEROUS
2023.**

Professor Muhtaseb

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You do not need to go through hospital switchboards.

On the Road...

Some of the Highlights of 2022, Speaking in Milan, Washington & Hinkley.



A 59-year-old male presented with early cataracts, slight reduction in vision to 6/9 in each eye, increasing glare, and a desire to be glasses-free. Oh, and he had bilateral LASIK for myopia 20 years ago. No pressure, then...
So, what are the banana skins and approaches to optimise the outcome?

Banana skins:

- Manage patient expectations
- Prior LASIK reduces the accuracy of biometry and the refractive outcome
- Such patients desire a result that relies on a very accurate refractive outcome
- Should and could a multifocal lens implant be used here?
- What other options allow for reduced reliance on glasses?

Approaches to optimise outcomes:

- Spend plenty of time pre-operatively counselling and providing information
- Answer all questions openly and honestly
- Offer further discussions by phone or at a further consultation
- Take all necessary tests and scans pre-operatively
- Understand the biometry formula options that are most suitable for the case and use them
- Explain the options that can most closely provide the desired outcome



What I did specifically, in addition to the above:

- Provided written information in a booklet that I wrote myself and give to all patients
- Emphasised the issues that are relevant in the context of prior LASIK, especially reduced biometry inaccuracy and he may need to use glasses or have further surgery
- Took multiple biometry measurements using the IOL Master 700 and the Topcon Aladdin (which includes topography)
- Used the IOL calculation formula that is shown by peer-reviewed papers to be amongst the most accurate in eyes with a history of prior LASIK: Barrett True K and Barrett True K Toric formulae
- Performed micro-incision surgery using a 2.2mm incision, direct chop technique and insertion of a trifocal lens implant with meticulous centration.
- Close follow-up with the patient to ensure any adjustment in calculations for the second eye could be done based on the results of the first eye
- Close communication with the patient's optometrist and requested interim refraction with reporting after 1st eye surgery.

The patient received a final refraction:
RE +0.50 DS; LE Plano

Finally, I enjoyed the text message the patient sent me the morning after his second eye surgery.

QUIZ

What are the two other ways to provide glasses-free vision after cataract surgery?

Answer in the next iLase Newsletter.

