NEWSLETTER

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Busy Bee.

Well, what a busy few months, I apologise for the delay in getting this to you and going forward I think it best this becomes a quarterly newsletter. Recently, I was invited to give a presentation at a conference and participate in a panel at a separate event for surgeons introducing presbyopia-correcting IOLs into their practice. I also gave a presentation at a CPD event in Carmarthen.

On a personal level, it has been a busy time with children taking summer exams, passing driving tests, and going to proms!



Alcon Accelerator

Alcon is a major manufacturer of intraocular lens implants, including presbyopia-correcting IOLs. The accelerator program supports surgeons who are looking to introduce such lens implants into the practice. I was invited to attend the program to discuss the importance of recording outcomes of surgery in terms of refractive results as well as patient-reported outcome measures (PROMS). I have developed a software and app called CLEARlog which is designed specifically for this purpose and is used by surgeons in various countries. I was one of two surgeons in the panel taking questions from delegates in the final part of the program and was very pleased to share the stage with Mr Arthur Cummings from Dublin. Mr Cummings is recognised as a leader in this field, and it was a pleasure to spend time sharing ideas about practice patterns, patient counselling, and how we approach various case scenarios presented by the delegates.

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I was invited to give a presentation at the UIMA annual conference in London in May. What a wonderful event it was, with high-quality lectures covering a variety of subjects and an opportunity to meet new colleagues. The conference was attended by well over 200 delegates who came from around the UK and from various regions of Iraq.

I met an extraordinary gentleman who makes ocular prostheses for patients in the Kurdish region of northern Iraq as well as in Baghdad, a softly-spoken and very humble man who turned out to be a high-flying professor of general medicine, a representative of an organisation that runs a network of orphanages across Iraq and some other countries that do incredible work for children who have endured unimaginable circumstances, and many other joyful men and women.

One of the most enjoyable lectures was given by a consultant in sleep medicine. It was enlightening and kept me wide awake throughout! There are so many facets to human sleep that are essential for our well-being that it seems almost impossible to fulfil them all with our modern lifestyles: amount, quality, and timing of sleep to name but a few. These vary at different ages of life, with routine leading up to sleep playing a very important role in the quality of sleep. And then there is the function of sleep. This is not the place for that discussion, but it is fascinating.

My presentation dealt with the various types of lens implants that can be offered to patients undergoing cataract surgery.

As we know these include monofocal, increased range of focus (IROF), and trifocal lenses each of which can be toric. The audience was mostly non-ophthalmologists and presbyopic, so the subject was of great interest to them. Many delegates came to speak with me in person after the presentation and at the gala dinner that evening to ask questions or simply to offer their kind compliments about the quality of the lecture. It was a very enjoyable and high-quality event, and I intend to make it a feature of my annual calendar going forwards.



Thank you for the invitation to this excellent event. First, the setting was beautiful. Second, the other presentations provided excellent teaching on subjects that included papilloedema and patient counselling as well as interpretation of OCT.

My lecture focused on challenging cataract cases, how to identify increased levels of risk and how to mitigate them. There was a lot to cover and I'm grateful to all the delegates for their kind attention and the generous compliments afterwards.

It was a real pleasure to meet old friends and colleagues and to make new acquaintances. A thoroughly enjoyable day!





IT WAS LIKE A 'WOW' MOMENT

Where to start and what to say other than a massive thanks to Professor Muhtaseb and his team at Nuffield for changing my life with lens replacement surgery.

For just over 61 years my eyesight was extremely poor and I was restricted from doing everyday things in life that most other people take for granted.

It was pure chance that I was put in contact with Professor Muhtaseb and from the moment I and my wife met him to discuss the lens replacement surgery, he conveyed an air of someone who knew their field of expertise and would deliver. From day 1 there was a calmness, warmth and knowledge that made me feel so completely at ease in proceeding with lens replacement surgery in both my eyes.

The Professor went through all stages of the process he proposed to undertake, to the extent he used props and other literature to explain the procedure in detail. At no stage was there any pressure for me to proceed with the surgery? He answered all the questions I had and more.

On the day of each surgery, he was reassuring and during each procedure he made me feel extremely relaxed – this was due I believe because I felt completely safe in his hands. The procedure probably took around 20 minutes each eye and I was never in any discomfort or pain whatsoever both during and following surgery.

When I opened my right eye and subsequently the left, it was like a "wow" moment and to be able to see without the need for glasses for the first time in my entire life so much that I now am deemed to have 20/20 vision – something throughout my entire life I never would believe possible.

In conclusion, all I can say to Professor Muhtaseb is massive thanks from the bottom of my heart.

Geoff from Cardiff

PATIENTS REVIEW





The surgery has completely changed my lifestyle and has given me hope for the future. The operation lasted approx 30 mins and the nurses at the Nuffield Hospital in Cardiff could not have been more kind and caring and put me at ease during my short stay. He is extremely professional and knowledgeable and it is evident he is an expert in this field. The aftercare from himself and his team was very reassuring with follow-up calls and numbers provided that enabled me to contact somebody if the need arose.

NEWSLETTER Summer 23

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Three common causes of irregular astigmatism that may be present in cataract patients include map-dot-fingerprint corneal dystrophy, pterygium, previous corneal ulcers or trauma. There are, of course, many others.

In the presence of an anterior radial tear, what is the alternative option for lens implant choice and placement?

Answer in the next newsletter.



A 25-year-old male patient reported two years of declining vision in his left eye. Visual acuity was 6/48 and examination showed a white cataract with no fundus view on that side. The right eye showed early changes but without any subjective effect on vision.

I counselled the patient regarding the benefits and risks of surgery including the increased risks associated with treating dense or white cataracts. They include difficulty with the anterior capsulorhexis, tear out of the anterior capsule, anterior radial tear, posterior capsule tear, vitreous loss, dropped nucleus, needing further surgery, and others. We proceeded to left cataract surgery and we did, indeed, encounter difficulty with the anterior capsulorhexis. Upon entering the anterior capsule there was an extrusion of soft, white lens material that obscured the view despite the use of vision blue and decompression of the capsular bag. It took several short and gentle manoeuvres to complete the capsulorrhexis over a prolonged period but eventually, I was able to remove the cataract. At this time, I noted a tear in the anterior capsule but was pleased to see that it did not extend posteriorly. This meant that I was able to implant a lens slowly and gently into the capsular bag and see that it was centred and stable.

Over the following weeks, he reported reduced vision in the right eye with rapidly progressing cataracts of a similar nature. We proceeded with uneventful surgery to the right eye and post-operatively this patient achieved unaided vision of 6/4 in the right eye and 6/6 in the left eye.

White cataracts present several potential challenges. It is important to be aware of these, discuss them with the patient and plan to mitigate the risks as much as possible, as well as to have plans for dealing with each eventuality that may arise.











