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Outline for CME lecture

Managing Patients Unhappy After Cataract Surgery and other Clinical Cases

Will discuss workup and management of clinical scenarios for patient problems following cataract surgery as well as other clinical cases.

Start with review of symptoms of patients unhappy after cataract surgery including eye pain, Burning/stinging, Blurry vision, Glare/Halos, Redness/Light sensitivity and discuss the evaluation, workup, and management of the various etiologies.

Will discuss history, symptoms, examination findings, management and counseling for dry eye in the setting of cataract surgery. Dry eye universally worsens after eye surgery and presents with irritation or blurry vision or both, esp TV, computer, tablet, reading. Will discuss the importance of treatment prior to surgery and continuing after surgery, even in asymptomatic patients. Discuss more accurate measurements, better postop comfort. Discuss exam techniques with corneal staining, RTBUT on slit lamp. Counsel patient BEFORE surgery and continue treatment at least 6 months. Treatments include warm compress, Hydroeye, PF tears, +/- ointment, plugs, lifitigraft.

Will discuss history, symptoms, examination findings, management and counseling for map dot corneal dystrophy in the setting of cataract surgery. Discuss the ramifications of missing map dot fingerprint prior to surgery and present clinical case. Present case in which surgeon missed/ignored central EBMD. Discuss patient complaints including poor vision quality and how EBMD confounds biometry. Discuss the treatment Rx: Superficial Keratectomy/Prokera amniotic membrane. Discuss importance of treating dry eye at same time. Discuss clinical course Returned to phaco surgeon, had LRI enhancements and final vision improved. Discuss the importance of treatment of EBMD prior to cataract surgery and review clinical case outcome of a cataract surgery done after successful treatment for EBMD.

Will discuss history, symptoms, examination findings, management and counseling for corneal edema in the setting of cataract surgery. Damaged Endothelium does not normally divide/multiply and if injured in cataract surgery the cornea may not recover. Will discuss the changes in the cornea in Response to cell injury/loss. Will discuss pump function and clinical findings associated with corneal edema including Corneal haze, Waite-Beetham lines, Descemet's folds, MCE/Bullae. Will discuss overlap with Fuchs' dystrophy with guttae and the importance of checking the eye pressure in the setting of corneal edema to rule out acute elevated IOP. Will discuss the vision loss associated with corneal edema and the patient symptoms. Will review findings of glare and halos associated with edema. Will review medical

and surgical management options for corneal edema. Will discuss surgical timing, indications, and types of surgeries available.

Will discuss history, symptoms, examination findings, management and counseling for iritis in the setting of cataract surgery. Starts few days to weeks after stopping topical steroid and will review possible etiology including Idiopathic, inadequate taper, poor lens position/iris chafing. Will discuss increased risk with Generic formulation of prednisolone acetate. Will talk about Treatment: repeat slow taper (at least weekly) and Consider branded medication and Evaluate lens position.

Will discuss history, symptoms, examination findings, management and counseling for acute eye pain and redness and blurry vision in the setting of cataract surgery. Will discuss management and evaluation for Corneal Abrasion or erosion, Endophthalmitis, HSV or VZV, Corneal ulcer, Elevated IOP. Will review management options for corneal abrasion, selection of antibiotics and key findings to evaluate and rule out. Will discuss evaluation and key findings and management of endophthalmitis as well as HSV eruption in the post op setting. Will discuss the need to stop topical steroids in epithelial HSV eruption.

Will discuss history, symptoms, examination findings, management and counseling for posterior capsular opacification syndrome in the setting of cataract surgery. Will discuss the importance of dilated eye exam to rule out retinal pathology and treatment options with YAG capsulotomy.

Will discuss history, symptoms, examination findings, management and counseling for cystoid macular edema in the setting of cataract surgery. Will cover imaging evaluation and treatment options as well as suspected mechanism of action. Will discuss medication review and importance of stopping prostaglandins.

Will discuss history, symptoms, examination findings, management and counseling for intraocular lens dislocation after cataract surgery. Will discuss evaluation and surgical planning as well as etiologies to consider in the work up of lens dislocation. Will discuss marfan syndrome, weill marchaseni, homocystineuria, trauma, pseudoxfoliation syndrome and high myopia.

Will discuss history, symptoms, examination findings, management and counseling for ocular surface neoplasia. Will focus on squamous cell carcinoma of the conjunctiva and masquerade syndrome with inflamed pinguecula. Will discuss the surgical and medical treatment options and the importance of long term follow-up.

Will discuss history, symptoms, examination findings, management and counseling for Limbal stem cell deficiency. Will discuss the etiologies of limbal stem cell deficiency including topical toxicity, contact lens use, eye surgery. Will cover the newer treatment option including simple limbal stem cell transplant.