Curbside Consultation

in Cataract Surgery

49 Clinical Questions

Editor

David F. Chang, MD
Clinical Professor
University of California
San Francisco, California
Altos Eye Physicians
Los Altos, California

Associate Editors

Terry Kim, MD
Associate Professor of Ophthalmology
Duke University School of Medicine
Director of Fellowship Programs
Associate Director, Cornea and Refractive Surgery
Duke University Eye Center
Durham, North Carolina

Thomas A. Oetting, MS, MD
Clinical Associate Professor of Ophthalmology
University of Iowa
Department of Ophthalmology and Visual Sciences
Iowa City, Iowa



Delivering the best in health care information and education worldwide

Contents

Acknowledgme About the Edit About the Asso Contributing A	x xiii or xv ociate Editors xvii Authors xix
	Howard Fine, MD xxiii
Section I Question 1	Preoperative Questions1 With Coexisting Macular Disease, How Can I Tell Whether It Is Worth Doing Cataract Surgery?
Question 2	When Can Cataract Surgery Alone Be Performed in Patients With Fuchs' Dystrophy?
Question 3	What Should I Do Differently for Glaucoma Patients?
Question 4	Which Patients Need a Combined Glaucoma Procedure?
Question 5	What Should I Do Differently in Patients at Higher Risk for Retinal Detachment?
Question 6	With How Large a Zonular Dialysis Can Phaco Be Performed? 27 Bonnie An Henderson, MD
Question 7	I Have a Cataract Patient With a Traumatic Iris Defect and Glare Symptoms. What Should I Do?
Question 8	How Important Is It to Reduce or Eliminate Spherical Aberration and Is There an Advantage to Having Some Present?
Question 9	What Intraocular Lens Should I Use in the Postkeratorefractive Patient?

Question 10	How Do I Perform Cataract Surgery in Eyes With a Phakic Intraocular Lens?
Question 11	When Should I Use a Toric Intraocular Lens Versus Astigmatic Keratotomy Versus Laser Bioptics?
Question 12	My Astigmatic Keratotomy Results Are Unpredictable. How Can I Improve Them?
Question 13	For How Long Should Topical Antibiotics and Nonsteroidal Anti-Inflammatory Drugs Be Used Before and After Cataract Surgery?
Section II Question 14	Intraoperative Questions
Question 15	How Should I Proceed if I Made a Poor Clear Corneal Incision? 77 Randall J. Olson, MD
Question 16	What Should I Do if the Chamber Is So Shallow That It Does Not Deepen Much With Viscoelastic?
Question 17	My Capsulorrhexis Flap Tore Radially. How Should I Proceed? 85 Rosa Braga-Mele, MEd, MD, FRCSC
Question 18	Despite Attempting Hydrodissection, I Cannot Rotate the Nucleus. How Should I Proceed?
Question 19	Following Hydrodissection, the Iris Is Prolapsing and the Globe Is Very Firm. How Should I Proceed?
Question 20	How Do I Proceed if I See a Small Wound Burn With Whitening of Corneal Stroma? How Would I Close a Severe Corneal Burn?

Question 21	How Should I Manage a Small or Large Descemet's Membrane Detachment?
Question 22	After Inserting the Phaco Tip, the Chamber Dramatically Deepens and the Patient Complains of Pain. How Should I Proceed?
Question 23	What Should I Do Differently With a Posterior Polar Cataract?113 Samuel F. Masket, MD
Question 24	What Should I Do Differently With a Hypermature White Cataract?
Question 25	What Is the Best Way to Manage Intraoperative Floppy Iris Syndrome?
Question 26	After Chopping or Cracking a 4+ Nucleus, a Leathery Posterior Plate Still Connects the Fragments Centrally. How Should I Proceed?
Question 27	During Phaco, the Posterior Capsule Is Trampolining More Than Usual How Should I Proceed?
Question 28	What Are the Earliest Intraoperative Clues of Posterior Capsular Rupture?
Question 29	The Capsular Bag Is Unexpectedly Mobile During Phaco. When Should I Implant a Capsular Tension Ring and Which Size Should I Use?141 <i>Iqbal Ike K. Ahmed, MD, FRCSC</i>
Question 30	What Should I Do When the Diameter of My Completed Capsulorrhexis Is Very Small?
Question 31	When Should an Anterior Vitrectomy Be Performed Via the Pars Plana Versus the Limbus?
Question 32	When and How Do I Stain the Vitreous With Intracameral Kenalog?

Question 33	When and How Should I Implant an Intraocular Lens in the Ciliary Sulcus?
Question 34	When and How Should I Suture Fixate a Posterior Chamber Intraocular Lens?
Question 35	When and How Should I Implant an Anterior Chamber (Angle-Supported) Intraocular Lens?
Question 36	Based Upon the ESCRS Randomized Study, Should I Use Intracameral Antibiotics? Which Agent?
Question 37	When Do You Use Intracameral Drugs (and at What Dosages) for Cataract Surgery?
Section III Question 38	Postoperative Questions
Question 39	On Postoperative Day 1, the Anterior Chamber Is Shallow and the Patient Is Unexpectedly Very Myopic. What Should I Do?
Question 40	Following Uneventful Surgery, Three of My Eight Patients Have 4+ Cell and Fibrin on Postoperative Day 1. What Should I Do?
Question 41	How Should I Manage Prolonged or Recurrent Iritis Following Uncomplicated Surgery?
Question 42	For How Long Can I Safely Observe a Piece of Descended Lens Material?
Question 43	How Should I Manage a Postoperative Refractive Surprise?

Question 44	What Causes My Patients to Complain About Temporal Shadows or Reflections, and How Should I Manage Persistent Symptoms? 213 <i>Kevin M. Miller, MD</i>
Question 45	What Should I Do About the Second Eye in a Patient Complaining About Severe Halos After the First Multifocal?
Question 46	Can I Mix Different Multifocal Intraocular Lenses or Multifocal With Monofocal Intraocular Lenses?
Question 47	Following a Posterior Capsular Rent, the Sulcus-Fixated Intraocular Lens Has Become Decentered. How Should I Proceed?
Question 48	How Do I Explant an Intraocular Lens 6 Months Following Surgery?
Question 49	My Pseudoexfoliation Patient Has Newly Discovered Pseudophacodonesis 5 Years Following Surgery. How Should I Proceed?
Financial Disclo	sures
Index	247

Preface

The informal "curbside consult" is a commonplace occurrence in every field of medicine. This is where a busy clinician, when faced with a diagnostic or treatment dilemma, solicits practical advice from a knowledgeable expert. Every day, these brief consultations take place in clinic hallways, over the telephone, and by email. The question is brief and concise. The advice is practical, to the point, and based upon that expert's knowledge, judgment, and experience.

This textbook on cataract techniques seeks to provide a compendium of this information—answers to the thorny questions most commonly posed to specialists by practicing colleagues. This educational question-and-answer format is unique among other publications. Just as a curbside consult is distinguished from a lecture or an instruction course, so is this compilation different from a scientific journal or standard textbook. Most of these clinical questions do not individually merit a lecture, review article, or book chapter. In most cases, these questions are not answered definitively by the scientific literature.

The questions were compiled by my associate editors and myself and then posed to 49 of the top cataract consultants in North America. We have divided the book into 3 sections: preoperative, intraoperative, and postoperative questions. The advice from our surgical consultants is based upon personal experience, their review of the evidence-based literature, and in some cases, their own clinical studies. I asked that our consultants' answers meet my 4 criteria of content—the 4 "Cs." The advice must be current (timely), concise (summarizing), credible (evidence based), and clinically relevant (practical).

As you read, imagine that you have tracked down and then posed your question to a leading authority by email, telephone, or in person. Whether you read the book from cover to cover, read 1 question at a time (whenever your schedule allows), or simply employ this as a handy reference for when difficult problems arise, I hope that you will find this novel educational format to be both stimulating and useful.

David F. Chang, MD

Foreword

We ophthalmologists are frequently confronted with patients who represent unusual challenges, and in preparation for those cases, we may consult the literature, surgical atlases, and textbooks. However, most commonly, we call friends, colleagues, associates, or recognized experts in the particular area of challenge. Certainly, the faculty at major meetings are always confronted following their session with ophthalmologists who come to ask questions about one of their patients who present a unique challenge.

In this book, David F. Chang, MD has brought together recognized experts in cataract surgery and has given each of them a specific problem to address. The book is appropriately organized into 3 sections: preoperative, intraoperative, and postoperative questions. Each of the questions focuses on a highly specific problem. The authors are all well known and highly recognized for their ability to manage that particular problem and each author describes exactly how he or she handles that situation. The questions are precisely focused and appropriate without being exhaustive or overburdened with caveats. This is a very easily readable and interesting book. The concise nature of each of the questions allows for continuous reading; however, it will probably find its greater utilization as a reference source as surgeons return to the book to deal with a specific problem when it arises.

Dr. Chang is an internationally recognized surgeon, teacher, researcher, author, and clinician. It was a brilliant insight to recognize that there is a need for the book, and we are fortunate that he has organized the topics and brought together the faculty to address that need within our resource material. This is a book that will be helpful to every surgeon, from the novice to the expert, and will find its place among the most commonly referred-to sources by anterior segment surgeons.

I. Howard Fine, MD

Drs. Fine, Hoffman & Packer, LLC Oregon Eye Institute Eugene, Ore