

Insightful news from the ASCRS Foundation

Announcing the ASCRS Foundation Chang Humanitarian Award

by Natalie Zundel ASCRS Foundation Development Director

**David and Victoria Chang
endow \$50,000 award
to honor outstanding
volunteers**

For more than 15 years, the ASCRS Foundation has fostered programs to alleviate the worldwide backlog of cataract blindness. These efforts extend internationally as well as in the U.S. The Foundation's work

is possible because of the many individuals and partner organizations who volunteer their time, expertise, and financial support to treat cataract blindness around the world.

Endowed by a generous gift from **David and Victoria Chang**,

the ASCRS Foundation Chang Humanitarian Award has been established to honor and recognize outstanding humanitarian work with a focus on cataract blindness and disability. The award will be made annually to celebrate and call attention to the charitable accomplishments of an individual, team, or organization working in the U.S. or abroad.

"David and Victoria's generosity and leadership is deeply appreciated because it allows us to highlight and perpetuate the noble volunteer efforts of our colleagues within ophthalmology who are trying to alleviate treatable global blindness," said **Stephen Lane, MD**, co-chair of the ASCRS Foundation.

Dr. Chang's own involvement in humanitarian eyecare over the past 15 years began with his first visits to Aravind Eye Hospital in southern India in 2003 and Tilganga Eye Institute in Kathmandu, Nepal, in 2005. "Seeing the stunning efficiency and choreography with which the Aravind and Tilganga surgical teams performed low cost, 5-minute, manual small incision cataract surgery was awe inspiring," Dr. Chang said.

Dr. Chang was struck by the sheer volume of blind cataract patients and how ineffective his phaco skills were for a task that demanded speed, cost containment, and a lower-tech surgical method that could safely handle the worst mature cataracts imaginable. "I realized then that our greatest challenge in cataract surgery was stemming the growing backlog of cataract blindness by replicating these models of surgical technique and delivery throughout the developing world," he said.

The award will be given each year at the ASCRS•ASOA Annual Meeting, and a \$50,000 prize will be granted in the recipient's honor to a charitable ophthalmology organi-

ASCRS donates remaining tote bags from 2017 annual meeting



ASCRS donated the remaining tote bags from the 2017 ASCRS•ASOA Symposium & Congress to council leaders, dormitory leaders, class coordinators, and others in Wanyange, Uganda.

Source: Penelope Valdez



Dr. and Mrs. Chang

Source: David F. Chang, MD

zation of his or her choice. Dr. and Mrs. Chang hope the \$50,000 grant will not only support the awardees' continuing work, but will also allow the honoree to publicly highlight a deserving charitable organization before ASCRS' vast international audience.

"As the world's population ages, cataract blindness in developing countries will continue to climb," Dr. Chang said. "There are proven, cost-effective solutions that need to be scaled and many dedicated individuals and organizations that merit our collective support."

The inaugural award will be made at the 2018 ASCRS Annual Meeting in Washington, D.C. The nomination period is now closed, but an astounding 62 ASCRS mem-

bers and humanitarian eyecare professionals made the effort to nominate a worthy candidate. The first awardee is currently being selected by a diverse nominating committee and the ASCRS Foundation board. The winner will be announced in the January issue of *EyeWorld*.

To find out more about the ASCRS Foundation Chang Humanitarian Award and to start planning your 2019 nomination, visit www.ascrsfoundation.org/changaward.

If you have any questions, contact Natalie Zundel at nzundel@ascrs.org or 703-788-5781. **EW**

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In the journal

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Corneal remodeling after implantation of a shape-changing inlay concurrent with myopic or hyperopic laser in situ keratomileusis

Roger Steinert, MD, Douglas Koch, MD, Beatrice Cochener, MD, Alan Lang, PhD, Enrique Barragán-Garza, MD, Arturo Chayet, MD, Luis Vargas, MD

When a corneal shape-changing inlay is used in conjunction with either hyperopic or myopic LASIK, how does that affect the induced add power as well as epithelial remodeling? Investigators in this retrospective case series set out to determine this. In the study, the Raindrop Near Vision Inlay (ReVision Optics, Lake Forest, California) was implanted under the flap in the nondominant eye, immediately following either hyperopic or myopic LASIK. A mean uncorrected near visual acuity of 20/25 was found, with 85% of patients in both the hyperopic and myopic groups reaching this mark or better. Likewise, in both groups 62% of patients had uncorrected distance visual acuity of 20/32 or better. For both groups, the add power profiles as well as the epithelial thinning profiles were similar. Investigators concluded that regardless of whether patients underwent hyperopic or myopic LASIK treatment in conjunction with inlay implantation their acuity postoperatively as well as epithelial remodeling and induced add profiles were the same.

Determining total corneal power after small incision lenticule extraction in myopic eyes

Pinghui Wei, MD, Yan Wang, MD, PhD, Tommy C.Y. Chan, FRCS, Alex L.K. Ng, MRCS, George P.M. Cheng, FRCS, Vishal Jhanji, MD

In this retrospective case series, investigators examined how different methods for determining corneal power compared after small incision lenticule extraction (SMILE). They also determined if based on postoperative values they could estimate preoperative corneal power. Investigators found that between theoretical postoperative K readings, calculated by the clinical history method and mean K after surgery obtained with the Pentacam HR (Oculus, Arlington, Washington), there was significant correlation. The average equivalent K readings, also obtained using the Pentacam HR, and theoretical postoperative ones were not significantly different. Investigators determined that both the measured mean K and the estimated preoperative mean K derived by using the anterior-posterior method were comparable. Investigators concluded that for eyes that have undergone SMILE, practitioners can get a good estimate of corneal power using equivalent K readings. In addition, to predict preoperative corneal power, the anterior-posterior method may work well in these patients.

Prospective multicenter study on endophthalmitis after cataract surgery: Effect of behind-the-lens washout

Tetsuro Oshika, MD, Yuichi Ohashi, MD

Investigators set out to determine whether incidence of postoperative endophthalmitis was linked to cataract surgery-related factors. Included in this prospective case series were 9,720 eyes. Of the 9,100 eyes that completed a 2-month follow up, three endophthalmitis cases developed, and these were significantly associated with OVD removal following lens implantation. Investigators found that when the behind-the-lens technique was used to ensure OVD was removed, there were no cases of endophthalmitis versus 0.084% in instances where this wasn't used. No other factors were found to correlate here. Investigators concluded that for reducing infectious endophthalmitis, washing OVD from the capsular bag using the behind-the-lens technique was a significant factor.