

Today's news from the 2008 ASCRS annual meeting brought to you by EyeWorld magazine.

Before the 2008 ASCRS-ASOA Annual Symposium in Chicago got underway, attendees got a jump start on excellent programming during Cornea Day and Glaucoma Day. Attendees also had the opportunity to attend several educational symposia. Here we present pearls from "New directions in laser vision correction."

Cornea Day 2008 Draws Record Attendance

Speakers at Cornea Day presented to a full house Friday morning, as some of the most pertinent issues to cornea surgeons were discussed. The comprehensive coverage of topics included ocular surface disease, infections and inflammatory disease, refractive surgery and corneal/anterior segment surgery.

Stephen Pflugfelder, M.D., professor of ophthalmology, Baylor College of Medicine, Houston, expounded the current diagnosis and management of tear dysfunction. He presented treatment recommendations by the Delphi Panel based on the severity of symptoms. He stressed that Dysfunctional Tear Syndrome (DTS) as conceptualized by the Delphi Panel in 2006 emphasizes tear composition as opposed to tear volume and therefore includes both dry and wet eyes with tear abnormalities. In answering follow-up questions to his presentation, Dr. Pflugfelder said that in patients with chronic dry eye, structural changes can be seen in the meibomian gland and the chronic condition is associated with a high prevalence of meibomian gland disease. He also mentioned that there is increasing evidence that omega-3 fatty acids are effective as anti-inflammatory agents.

Allan R. Slomovic, M.D., MA, associate professor, ophthalmology, University Health Network, and chairperson, Canadian Cornea/External Disease Society, suggested that the single most important innovation in the surgical management of pterygium in the last five years is Tisseel glue (Baxter Healthcare, Deerfield, Ill.), a commercial human fibrin glue. Presenting results assessing the efficacy of fibrin glue when used in conjunctival autograft during primary pterygium, Dr. Slomovic said it was a safe and effective method of managing both primary and recurrent pterygia. He also said that Tisseel offers advantages over sutures such as decreased patient pain (operative and post-op), significant reduction in post-op inflammation, conjunctival graft stability and minor and correctable port-op complications.

During follow-up questioning, panelists raised the issue of potential risks and complications related to the use of Tisseel. Dr. Slomovic agreed that patients should be



informed if evidence has shown these risks.

John Kanellopoulos, M.D., Laservision.gr Eye Institute in Athens, Greece, and Department of Ophthalmology, Manhattan Eye, Ear, and Throat Hospital, N.Y., shared with attendees his experience in treating ectasia with riboflavin and UV crosslinking after seeing 500 cases. Presenting various data, Dr. Kanellopoulos said there was significant improvement in patients following treatment and a continued improvement over three years.

Editors' note: Drs. Pflugfelder, Slomovic and Kanellopoulos do not have financial interests related to their presentations.

Physicians recommend more diagnostic steps in glaucoma treatment

Diagnosing glaucoma remains critical for ophthalmologists so they can begin treatment before the disease progresses.

Measuring central cornea thickness (CCT) is important to gain a more complete understanding of intraocular pressure (IOP), but more studies are necessary to determine how CCT categories should be defined. **Douglas J. Rhee, M.D.**, assistant professor, Harvard Medical School, Boston, said that while it is important to measure CCT, ophthalmologists should not correct the IOP measurement based on the CCT. The various formulas that attempt this correction have failed in agreeing with each other and therapeutic alterations are patient-specific dependent on their baseline, Dr. Rhee said. Instead, CCT should be a criterion based on categories such as "thin," "average" and "thick" corneas. He suggested using less than 510 microns as thin, more than 590 microns as thick, and between 510 and 590 microns as average, but he admitted that these groups need more definitive, study-based boundaries.

Thomas W. Samuelson, M.D., adjunct associate professor, University of Minnesota, Minneapolis, reminded physicians that despite advances in diagnostic technology, it is ultimately the clinician that must decipher and collate all of the clinical information. Therefore, glaucoma management requires incorporating a variety of complex factors such as disease severity, life expectancy, rate of progression and family history, to name a few. Dr. Samuelson also suggested against using imaging in every patient because of prohibitive costs. Rather, he recommended using imaging in patients with less severe glaucoma and using the visual field for patients with more advanced stages of glaucoma.

Editors' note: Dr. Rhee has financial interests with Alcon (Fort Worth, Texas), Allergan (Irvine, Calif.), Pfizer Ophthalmics (New York) and other companies. Dr. Samuelson has financial interests with Advanced Medical Optics (AMO, Santa Ana, Calif.), Allergan, Bausch & Lomb (Rochester, N.Y.), Pfizer and other companies.

Wavefront-optimized versus wavefront-guided

Using wavefront-optimized treatments, the overall retreatment rate is extremely low, said **David T. C. Lin, M.D., FRCSC**, clinical associate professor of ophthalmology, University of British Columbia, Canada. In his practice, using the wavefront-optimized procedure, the overall retreatment rate is 0.53% for primary LASIK cases with a 400 Hz laser, Dr. Lin said. Retreatments rates traditionally are more like 5 to 6%, he said. "With these excellent wavefront-optimized results, custom treatments are not necessary for every case," Dr. Lin said.

Dr. Lin continued by discussing wavefront-guided treatment. While some surgeons advocate wavefront-optimized treatment, others still say there is a place for wavefront-guided for patients with high amounts of spherical aberration. Dr. Lin has found methods to completely eliminate its use from his practice.

He noted because most patients don't need spherical aberration treatment, he has used wavefront-optimized treatment in 92.3% of cases with a 400 Hz laser. With the same laser, he has not performed a single wavefront-guided procedure. In cases where patients do have special corneal needs, such as irregular corneas, he uses



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topography-guided treatments. He also uses asphericity-guided treatments. "If you have a regular cornea, do wavefront-optimized no matter what the wavefront says," Dr. Lin said.

Editors' note: Dr. Lin has no financial interests related to his comments.

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