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The Asia Pacific Association of Cataract and Refractive Surgeons

Winning Combinations

Knockout strategies using combined procedures in anterior segment ophthalmic surgery

With special updates in glaucoma surgery

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APACRS Asia-Pacific Association of Cataract & Refractive Surgeons

Letters from the Editors

Dear Friends

Patients undergoing cataract and refractive surgery expect a predictable outcome. Although risks associated with these procedures have certainly diminished, there are situations such as a lack of zonular integrity during cataract surgery or folds in the flap after LASIK that pose additional challenges and are addressed in this issue.

Other situations that can be problematic are cases with patients presenting with combined pathology. I chose this topic as the major theme for our current issue as the decision-making process is certainly more complex and requires careful consideration.

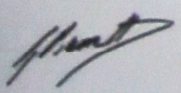
When a patient with a scarred cornea or early corneal decompensation as well as a significant cataract presents with poor acuity, the surgeon has several options. He or she can elect to perform a transplant prior to, simultaneously with, or after cataract surgery. Initial keratoplasty is attractive as the required IOL power can be more accurately predicted, but the visual recovery is prolonged compared with the classic triple procedure. In many cases, a traumatic cataract surgery can be performed without triggering corneal decompensation. The more rapid visual rehabilitation associated with DSEK has impacted the decision-making process and, increasingly combined phacoemulsification and DSEK, has become the preferred option for patients with cataract and Fuchs' dystrophy. If the cornea retains clarity, however, even in the presence of extensive guttata, it is still often worthwhile to perform a careful phacoemulsification, possibly avoiding corneal transplantation.

Similarly, the decision whether to perform glaucoma surgery alone, combined with phacoemulsification, or delaying glaucoma surgery after cataract surgery has been influenced by the availability of more effective glaucoma medication. Twenty years ago, I often performed combined glaucoma and cataract surgery, but with improved glaucoma medications and an appreciation of the pressure lowering effect of cataract surgery alone, I now perform combined phaco-trabeculectomy infrequently. The more widespread use of antimetabolites and glaucoma drainage devices makes the option of delaying glaucoma surgery more attractive as good control can usually be achieved with these approaches even after cataract surgery has been performed.

The availability of toric intraocular implants has had a major impact on our approach to patients who present with cataract and significant pre-existing corneal astigmatism. I have not performed astigmatic keratotomy for many years and now only rarely combine cataract surgery with limbal relaxing incisions. It is interesting therefore to reflect on how new techniques and technology have changed our approach to patients presenting with combined pathologies associated with cataracts and have increased our ability, not only to address the problem of cataract, but also the associated pathology.

Our Asia-Pacific panel of experts have provided their own individual thoughts on these issues and I am sure our readers will find their experience and approach to these problems helpful.

Warmest regards



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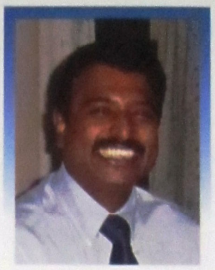

Dear Friends

It is with great pleasure that, I welcome all to this latest edition of EyeWorld Asia-Pacific.

The cover feature for this issue, "Winning combinations", is based on the fact that " co-morbidities demand different approaches". The management approach in a co-morbid case is determined by which of the two or more diseases, is visually more disturbing.

The higher prevalence of cataract in patients with Fuchs' dystrophy poses a dilemma for surgeons whether to perform plain cataract surgery, DSAEK alone or DSAEK with cataract surgery. This issue discusses the potential advantages and disadvantages of combining DSEK with cataract surgery in patients with coexisting Fuch's dystrophy and cataract.

The role of combined phaco and toric intraocular lens to correct astigmatism versus using limbal relaxing incisions (LRI) is also addressed in this issue.

TASS is a sterile inflammatory postoperative reaction; though rare, it can still occur in clusters. Recommendations based on the ASCRS questionnaires to prevent TASS are included in this issue.

In contrast to cataract surgery with enhanced visual results, glaucoma surgery has progressed little beyond trabeculectomy. An attempt to move beyond the "gold standard" and find the "ideal" glaucoma surgery is discussed.

Cataract surgery has been refined to the point of being almost perfect; nonetheless, difficult situations such as zonular dehiscence still present great challenges to even the most accomplished cataract surgeons. Tips to manage this tricky situation intraoperatively are discussed.

Femtosecond laser technology has emerged as the new accepted standard of care in refractive surgery; however, unexpected flap complications can occur even with femto lasers; their management is addressed in this issue.

Intravitreal Anti-VEGF drugs like ranibizumab and bevacizumab now have a major role beyond their conventional use in wet age-related macular degeneration. These drugs are now widely used in the management of diabetic macular edema, CRVO, neovascular glaucoma and as a preoperative adjunct in diabetic vitrectomy patients with extensive neovascularization.

I hope this discussion of a variety of ophthalmic conditions will be of interest to everyone.

> To discern the truth from whatever source it emanates
> Is the true quality of wisdom - Tirukkural no 423

Warmest Regards

S. Natarajan, MD
Regional Managing Editor
EyeWorld Asia-Pacific