

All Good Things Must Come to an End

BY HEWITT HANAFEE; RICHARD M. AWDEH, MD; ELENA ALBÉ, MD; AND WILLIAM B. TRATTLER, MD

he summer of 2011 is behind us and, with it, a decade of the wand-waving, witch-clad, good-versus-evil world of Harry Potter. With Lord Voldemort vanquished, we decided to focus this month's column on evils in the eye and how we, as the existential purveyors of good, can combat them. We invite readers to ride this article like a figurative Hogwarts Express across a rocky ophthalmic terrain. Aparecium! (This spell makes invisible ink appear.)

OPAQUE BUBBLE LAYERS WITH WAVELIGHT SUITE

In a video titled *Bilateral LASIK Surgery With Refractive Suite From WaveLight*, Arthur B. Cummings, MB ChB, FCS(SA), MMed (Ophth), FRCS (Edin), and Richard Corkin, MD, show three laser refractive surgeries using the fastest platform to date: the 200-kHz WaveLight FS200 femtosecond laser and the 500-Hz WaveLight EX500 excimer laser (both from Alcon Laboratories, Inc., Fort Worth, Texas; video available at http://eyetube.net/?v=depiv). Upon completion of the first case, which is performed on both of the patient's eyes, a slight opaque bubble layer is present bilaterally but does not hinder the procedure or negatively affect

Figure 1. As the surgeon performs hydrodissection, the iris prolapses through the main incision.

the patient's vision. In the two cases that follow, no opaque bubble layer formed because gas escaped properly through the exhaust.

POSITIVE PRESSURE IN A VITRECTOMIZED EYE

Samuel Masket, MD, shares a rare case of cataract surgery in a previously vitrectomized eye. Paradoxically, upon hydrodissection, the anterior chamber becomes shallow, the ophthalmic viscosurgical device escapes, and the iris prolapses through the main incision. Time and massage of the limbus return the chamber to a normal size, allowing surgery to continue without further complications. Upon reexpansion of the capsular bag, Dr. Masket discovers a small hole in the posterior capsule. He determines that balanced salt solution leaked through the hole and into the posterior segment, which produced positive pressure (http://eyetube.net/?v=nodim; Figure 1).

CATARACT SURGERY AFTER TRAUMA

In an interesting video, Boris Malyugin, MD, shows a patient with a cataract, microtears of the iris sphincter,

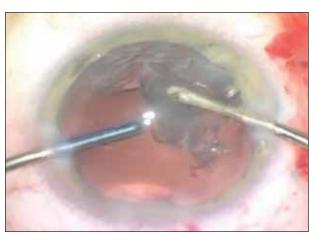


Figure 2. Bimanual I/A is performed to clean the cortical material from the capsular bag.

WATCH IT NOW ON WWW.EYETUBE.NET

Using your smartphone, photograph the QR code to watch the video on Eyetube.net. If you do not have a QR reader on your phone, you can download one at www.getscanlife.com.



Direct link to Drs. Cummings' and Corkin's video: http://eyetube.net/?v=depiv



Direct link to Dr. Masket's video: http://eyetube.net/?v=nodim



Direct link to Dr. Malyugin's video: http://eyetube.net/?v=pejuf



Direct link to Dr. Kaufman's video: http://eyetube.net/?v=kijim

and traumatic zonular dialysis caused by blunt trauma to the eye. In order to center the subluxated lens capsule, he injects a Malyugin capsular tension ring (MicroSurgical Technology, Redmond, Washington) under the anterior capsule in the direction of the zonular defect. The ring is then centered and sutured to the scleral wall. Dr. Malyugin disassembles the nucleus using the Stellaris Vision Enhancement System (Bausch + Lomb, Rochester, New York). After inserting an Akreos IOL (Bausch + Lomb), he performs a bimanual anterior vitrectomy (http://eyetube.net/?v=pejuf; Figure 2).

PREVENTION AND TREATMENT OF OCULAR HERPES

Herbert Kaufman, MD, and Dr. Awdeh discuss the use of topical antiviral medications, specifically ganciclovir, to prevent the activation of corneal herpes intra- and postoperatively in patients undergoing refractive laser surgery. The doctors then discuss their preferred strategies for



Figure 3. Drs. Kaufman (left) and Awdeh (right) discuss the use of antiviral medications to inhibit the activation of corneal herpes.

patients with old herpetic scars. Dr. Kaufman favors phototherapeutic keratectomy for superficial scars that do not go below Bowman membrane. For deeper scars, he prefers lamellar surgery (http://eyetube.net/?v=kijim; Figure 3).

CONCLUSION

By watching videos of challenging cases on Eyetube.net, we Muggles can combat evil and destroy all complications that stand in our way.

Section Editor Elena Albé, MD, is a consultant in the Department of Ophthalmology, Cornea Service, Istituto Clinico Humanitas Ophthalmology Clinic, Milan, Italy. Dr. Albé states that she has no financial interest in the products or companies mentioned. She may be reached at e-mail: elena.albe@gmail.com.

Section Editor Richard M. Awdeh, MD, is the Director of Technology Transfer and Innovation and an Assistant Professor of Ophthalmology at the Bascom Palmer Eye Institute, Miami. He states that he is a consultant to, speaker for, and receives grant support from Alcon Laboratories, Inc. Dr. Awdeh may be reached at tel: +1 305 326 6000; e-mail: rawdeh@med.miami.edu.

Section Editor William B. Trattler, MD, is the Director of Cornea at the Center for Excellence in Eye Care, Miami, and the Chief Medical Editor of Eyetube.net. He states that he has received research support from Bausch + Lomb. Dr. Trattler may be reached at tel: +1 305 598 2020; e-mail: wtrattler@earthlink.net.

Hewitt Hanafee is a research assistant at the Bascom Palmer Eye Institute in Miami. He states that he has no financial interest in the products or companies mentioned herein. Mr. Hanafee may be reached at e-mail: h.hanafee@umiami.edu.