



ACROSS THE POND

Tidbits from what your US colleagues are reading in *CRST*.

THE LITERATURE

THREE-YEAR LONGITUDINAL SURVEY COMPARING VISUAL SATISFACTION WITH LASIK AND CONTACT LENSES

By Francis W. Price Jr, MD

Reviewing data from 1,800 patients enrolled in a prospective multicenter study on patient satisfaction with LASIK, Dr. Price found that, compared with contact lens wearers, patients who had undergone LASIK had higher satisfaction, improved ease in night driving, and reduced visual symptoms. Furthermore, he reports in this article, dry eye symptoms in this population did not increase after LASIK in former contact lens wearers but did in former spectacle wearers. This, Dr. Price says, may point to a need for more intensive dry eye management in spectacle wearers.

<http://bit.ly/price0317>

LASERS AND PHACOEMULSIFICATION A LASER LOVE AFFAIR

By Audrey R. Talley Rostov, MD

Perfectly centered anterior capsulotomies of consistent size, shape, and centration; improved effective lens position; and enhanced IOL centration are among the reasons Dr. Talley Rostov cites for loving femtosecond laser technology for cataract surgery. Her practice offers laser-assisted cataract surgery (LACS) to every patient, and the only step for which she does not use the laser is the creation of cataract incisions. This, she says, is because she performs bimanual cataract surgery through 1.3-mm incisions and then enlarges one incision for IOL implantation.

<http://bit.ly/rostov0317>

NO THANK YOU

By William I. Bond, MD

According to Dr. Bond, without marketing and the magic word *laser*, LACS would be a nonstarter. A physician can never go wrong focusing on patients' needs and outcomes, he says, adding that he believes LACS has not dramatically improved the results one can offer to patients. "I believe [patients] are happier with how the word *laser* sounds than with anything that the technology actually delivers," he writes.

<http://bit.ly/bond0317>

FEMTOSECOND LASERS FOR COMPLEX CATARACTS

By Tal Raviv, MD

Learn from Dr. Raviv when to perform LACS and when not to. In his experience, he reports, when performing surgery in an eye with a corneal opacity, Marfan syndrome, ectopia lentis, or white cataract, it is safe to use the laser for corneal incisions, capsulotomy, and lens fragmentation. With posterior polar cataract or compromised posterior capsule, however, the laser should be used only for the corneal incision. With forme fruste keratoconus, it can be used for capsulotomy and lens fragmentation. ■

<http://bit.ly/raviv0317>