



# ACROSS THE POND

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

## LET'S TALK PATIENT INTERACTIONS

### INTERACTIVE LEARNING

By Mark Kontos, MD; William J. Lahners, MD; and Vance Thompson, MD

Follow the cataract surgery consultation processes used in the clinics of these three ophthalmologists. Dr. Kontos advises directing patients to the practice's website, where they can fill out paperwork, learn about the surgeons in the practice, and watch testimonials and videos describing the benefits of surgery. Dr. Lahners reminds readers that there is no substitute for human empathy when conveying information to patients. Lastly, Dr. Thompson says that, if he were asked what kind of patient education he liked the most, he would answer in one word: *complete*.

<http://bit.ly/kontos0217>

### FACING DISSATISFIED PATIENTS

By Elizabeth L. Yeu, MD

Has thinking about a dissatisfied patient ever kept you up at night? It has Dr. Yeu. In her experience, patients who are dissatisfied after undergoing elective refractive surgery usually cite one of three reasons: (1) poor quality of vision, (2) a missed refractive target, or (3) an unmet expectation. She has also learned that the way she communicates with the patient before and after surgery is a major factor in preventing and managing dissatisfaction.

<http://bit.ly/yeu0217>

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## SURGICAL SENSE

### HORIZONTAL CHOP IN A CHALLENGING CASE

By Steve Dewey, MD

Dr. Dewey describes a difficult case: cataract surgery in a deaf 93-year-old woman with dense bilateral cataracts and small pupils. Dr. Dewey opted to augment visualization during surgery by staining the capsule with trypan blue dye and also to insert a Malyugin Ring (MicroSurgical Technology) prior to the capsulotomy. Using a phaco needle with a round edge provided additional safety during phacoemulsification, he says, as a needle with a sharp edge can cut or shred the posterior capsule if power is applied at the wrong time.

<http://bit.ly/dewey0217>

### BILATERAL BRUNESCENT CATARACTS IN AN UNCOOPERATIVE PATIENT

By H. Burkhard Dick, MD, PhD; P. Dee G. Stephenson, MD; and Lisa Brothers Arbisser, MD

Surgeons respond to a case presentation made by Dr. Arbisser, involving an intellectually disabled 68-year-old woman who had become unable to see well enough to be safely cared for in a group home. Examination of this patient revealed central steady and maintained fixation in both eyes, no relative afferent pupillary defect, IOP symmetric to finger tension, and densely brunescant bilateral cataracts with a poor view of the retina consistent with the media. Because the patient could not hold still in the office, Dr. Arbisser could not obtain accurate measurements for IOL power calculation, and the patient was scheduled for cataract surgery under anesthesia. ■

<http://bit.ly/arbisser0217>