



ACROSS THE POND

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

ASTIGMATISM MANAGEMENT

WHY ALL CATARACT SURGEONS SHOULD KNOW HOW TO PERFORM A MANUAL LRI

By Elizabeth Yeu, MD

Dr. Yeu argues that, in an age that emphasizes next-generation technologies, manual creation of limbal relaxing incisions (LRIs) remains the simplest and most cost-effective method of managing astigmatism at the time of cataract surgery. She offers a primer on the who, what, why, when, and where of LRIs and provides tips and pearls to help surgeons get the most benefit from the technique. Every cataract surgeon, she asserts, should be comfortable performing LRIs and should not overlook this useful tool for managing low levels of astigmatism at the time of cataract surgery.

<http://bit.ly/1117yeu>

THE END OF AN ERA

By Sumitra S. Khandelwal, MD; and Ildamaris Montes de Oca, MD

Most nomograms for calculating toric IOL power require users to enter a number for surgically induced astigmatism (SIA). But now that cataract incisions are smaller, cases are shorter, and nomograms are improved, SIA may not affect visual outcomes as much as it used to, Drs. Khandelwal and Montes de Oca note. SIA decreases with incision size and is further reduced by temporal incision placement. Rather than concentrating on SIA, the authors argue, surgeons should concentrate on other causes of residual astigmatism such as ocular surface health, preoperative testing, posterior corneal astigmatism, IOL tilt, and effective lens position.

<http://bit.ly/1117khandelwal>

PRECISION AND PREDICTABILITY

By Denise M. Visco, MD

Dr. Visco describes her system for addressing astigmatism in laser-assisted cataract surgery (LACS). Among her keys to success are careful patient selection, a thorough education of the patient regarding the value of LACS, and the use of Six Sigma principles to eliminate variables that negatively affect outcomes. Using this approach, Dr. Visco says, postoperative cylinder at 3 months is less than 0.50 D in 95% of patients receiving laser astigmatic incisions.

<http://bit.ly/1117visco>

SHIELD YOURSELF

ASSET PROTECTION TOOLBOX

By Jason M. O'Dell, MS, CWM

The top two tools that surgeons should have in their asset protection toolbox are disability insurance and life insurance, Mr. O'Dell says. When it comes to disability insurance, key considerations are that it includes an occupation-specific definition of disability, a residual or partial disability rider that will cover the difference between part- and full-time income, and a cost-of-living rider that protects against inflation in the event of long-term disability. ■

<http://bit.ly/1117odell>