



Screen Time

THE TOP 10 EYETUBE VIDEOS OF 2017

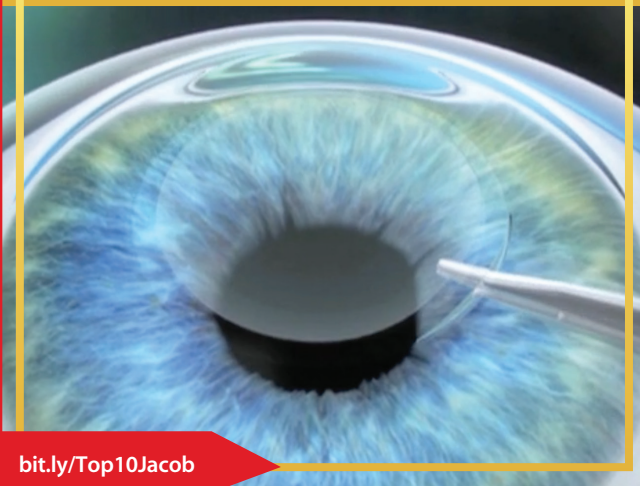
BY CYNTHIA MATOSSIAN, MD; AND Y. RALPH CHU, MD



Our selected panel of judges scoured Eyetube.net to look for the most compelling and interesting topics, then watched countless videos to assess the educational value, production quality, and overall merit. Here are their choices for the top 10 Eyetube videos of the year.

★ PRESBYOPIC ALLOGENIC REFRACTIVE LENTICULE (PEARL) ★

By Soosan Jacob, MS, FRCS, DNB



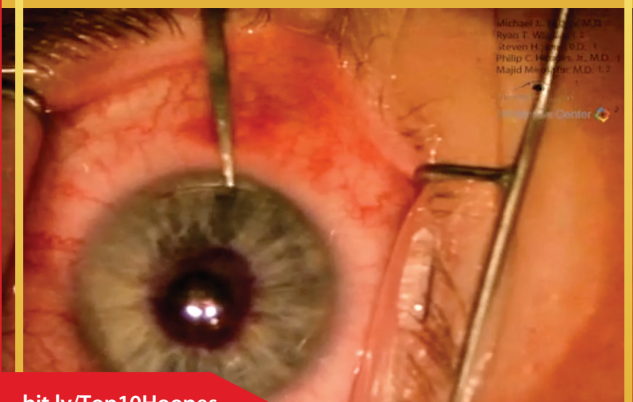
bit.ly/Top10Jacob

Presbyopic allogenic refractive lenticule (PEARL) uses tissue obtained from small-incision lenticule extraction. The lenticule is marked and trephined at its center to a 1-mm diameter. It is implanted in the cornea on the coaxially sighted light reflex under a 120- μ m femtosecond laser cap in the nondominant eye of a presbyopic patient. The PEARL inlay acts as a shape-change implant by increasing the central radius of curvature, resulting in a central area of hyperprolateness on the cornea.

The PEARL inlay is made of allogenic material, which, unlike synthetic implants, allows oxygen and nutrients to pass unhindered through the cornea. This ensures stable corneal conditions, decreases the risk of corneal necrosis and melt, provides biocompatibility and good integration into the cornea, and avoids inflammation related to the insertion of synthetic material into the cornea. Preservation of good UDVA and no loss of lines of vision in the operated eye are other major advantages of this technique.

★ SIMULTANEOUS LASIK AND KAMRA INLAY SURGERIES ★

By Philip C. Hoopes Jr, MD; Majid Moshirfar, MD;
Michael J. Bradley, MD; Ryan T. Wallace;
and Steven H. Linn, OD



bit.ly/Top10Hoopes

This video shows a variation of simultaneous LASIK and Kamra inlay (AcuFocus) surgery. The ablation treatment is performed first, and the Kamra inlay is placed second. With this method, if the stromal bed is not completely smooth, the surgeon does not have to proceed with the inlay procedure and can postpone it for another time. The surgeons who created the video explain that giving the patient 20 to 30 minutes for the corneal pocket to vent allows a better chance of creating a flap with a good stromal bed.

★ SIEP'S TEST FOR WOUND INTEGRITY ★

By Steven B. Siepser, MD



bit.ly/Top10Sieps

The Siep's test uses povidone-iodine (Betadine; Purdue Frederick) to confirm wound closure following cataract surgery. This quick test can be a useful indicator that additional measures are required for a watertight seal.

★ SYMPHONY TORIC LENS PLACEMENT WITH POSTERIOR CAPSULAR TEAR AND POSTERIOR CAPSULOTOMY IN 4K ★

By Shannon Wong, MD

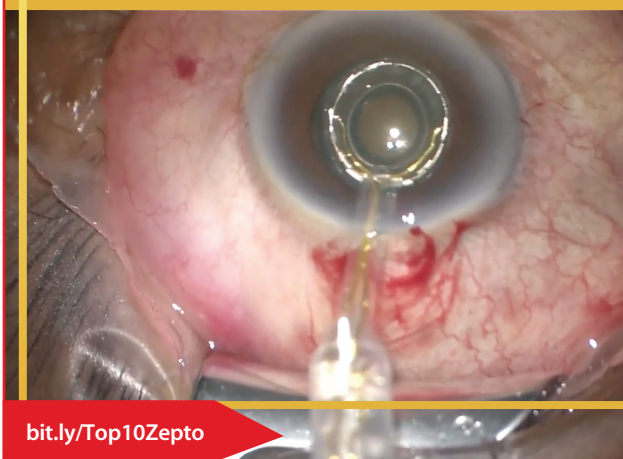


bit.ly/Top10Wong

Dr. Wong implants a Tecnis Symphony IOL (Johnson & Johnson Vision) after posterior capsular rupture followed by a posterior capsulorrhexis.

★ ZEPTO-ASSISTED CATARACT SURGERY ★

By Merita Schojai, MD;
H. Burkhard Dick, MD, PhD; and
Tim Schultz, MD

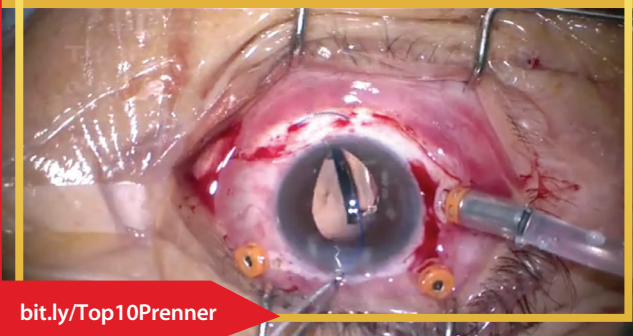


bit.ly/Top10Zepto

This video demonstrates a cataract surgery case using the Zepto Capsulotomy System (Mynosys). The Zepto device is a flexible nitinol ring with shape memory surrounded by a silicone shell. It is inserted through a 2.75-mm main incision and positioned over the anterior capsule. After suction is activated, a 360° capsulotomy is made instantaneously.

★ SUTURELESS SCLERAL FIXATION: TIPS TO MAKE IT WORK FOR YOU ★

By Jonathan L. Prenner, MD



bit.ly/Top10Prenner

Dr. Prenner describes a case of sutureless scleral fixation using Scharioth forceps (Dutch Ophthalmic USA).

★ CENTERING THE TECNIS SYMFONY IOL ★

Ron Baldassare, MD

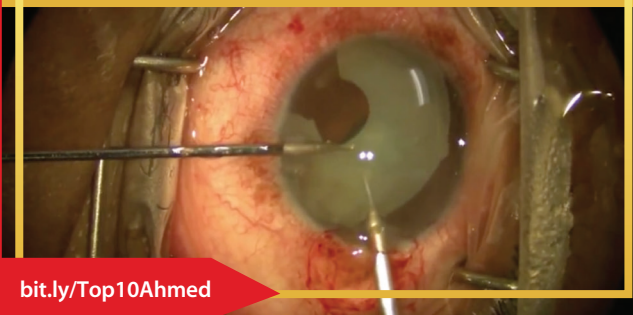


bit.ly/Top10Baldassare

Dr. Baldassare provides a step-by-step approach for centering the Tecnis Symfony lens.

★ REMOVAL OF COSMETIC IRIS IMPLANTS ★

By Iqbal Ike K. Ahmed, MD, FRCSC

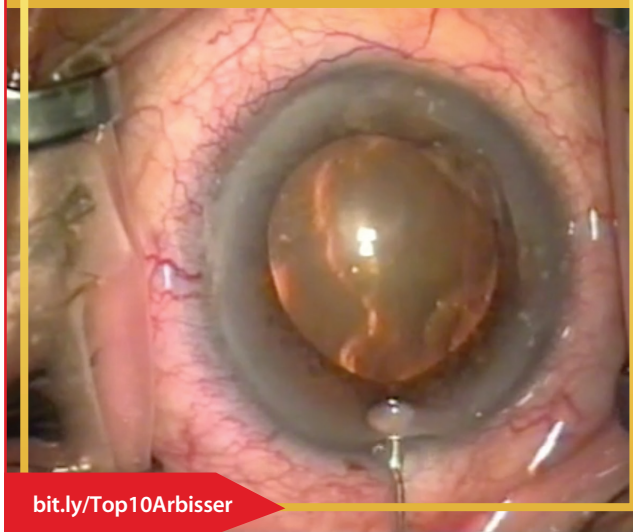


bit.ly/Top10Ahmed

Dr. Ahmed explains a NewIris (Kahn Medical Devices). The implant was causing corneal decompensation and angle-closure glaucoma.

★ PREVENTING IRIS PROLAPSE FROM POSTERIOR PRESSURE ★

Lisa Brothers Arbisser, MD

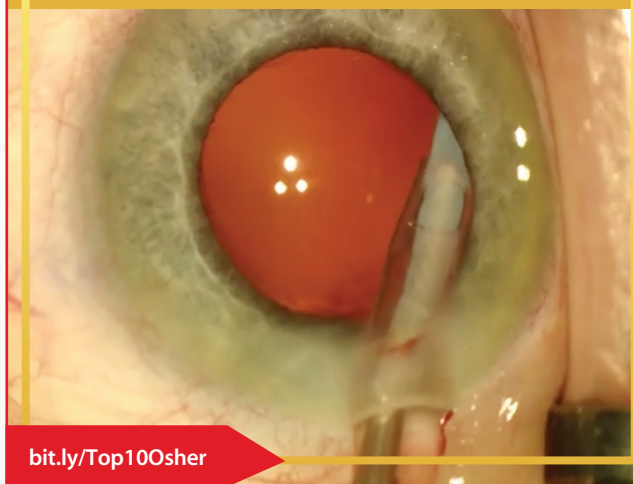


bit.ly/Top10Arbisser

After making an incision in a hyperopic eye, it becomes clear that posterior pressure is initiating iris prolapse. Dr. Arbisser uses an OVD to prevent prolapse and proceeds with phacoemulsification.

★ Omidria ★

By Robert H. Osher, MD



bit.ly/Top10Osher

Dr. Osher discusses the use of Omidria (Omeros) in cataract surgery and shows several cases with and without the agent for comparison. The medication is a combination of ketorolac, which blocks the miotic response to the release of prostaglandins during phacoemulsification, and phenylephrine, which constantly stimulates the pupillary dilator muscle. ■