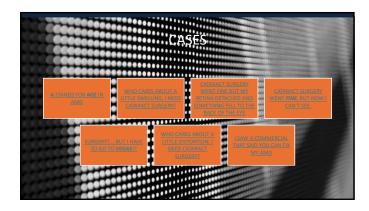
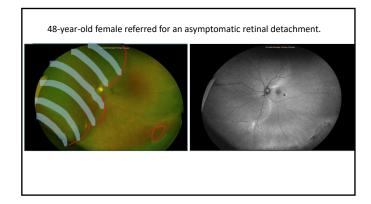
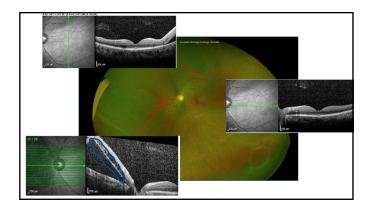
Retina Panel		
SEC 2024		

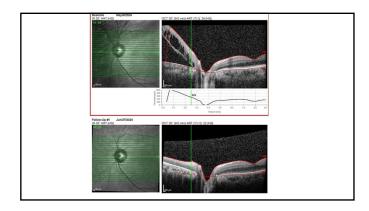












The study group included 18 patients (20 eyes).

 The mean follow-up duration was 5.1 years (range, 0-30 years).

 During the follow-up, 2 (10%) patients exhibited progression of their asymptomatic RD and underwent surgical intervention. Ophthalmol Retina. 2023 Mar;7(3):215-220. doi: 10.1016/j.oret.2022.09.004. Epub 2022 Sep 2

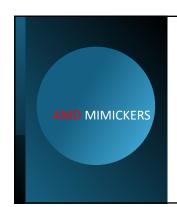
Asymptomatic Rhegmatogenous Retinal Detachments: Outcomes in Patients without Initial Surgical Intervention

esse D Sengillo ¹, William E Smiddy ¹, Benjamin Lin ¹, Marissa K Shoji ¹, Justin Townsend ¹ colas A Yannuzzi ¹, Harry W Flynn Jr ²

Affiliations + expand
PMID: 36162748 DOI: 10.1016/j.oret.2022.09.004
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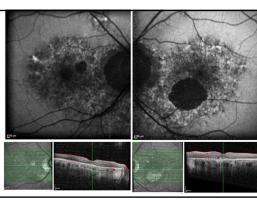
Audience:

- What makes you suspicious for AMD mimickers?
- Checking medications
- How do you screen pentosan polysulfate? Hydroxychloroquine patients?
- Do you have them stop their medications before referring?

Panel:

 Do you advise stopping with ANY macular pathology?

55-year-old female coming in for evaluation for AMD





To a common 2010 Act 100 C To 100 C To

Recommendations

- "We recommend an initial baseline eye examination to include OCT and, most importantly, NIR and FAF with annual retinal imaging thereafter especially with cumulative dosages approaching 500 g. Patients exposed to greater than 1500 g of PPS are at significant risk of retinal toxicity."
- Average dose of pentosen polysulfate is 300mg/day
- 1666 days patients or after ~4.5 years





What are you practice patterns? What do you want/expect your retina colleague to do?

- What determines your surgical plan?

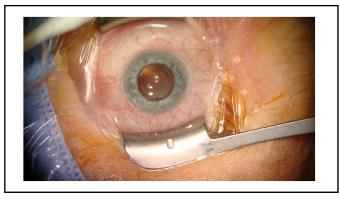
 IOP/Cornea/Retinal Pathology

 Optimal timing for surgery

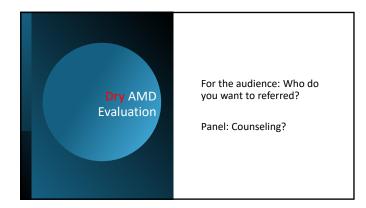
 Staged or combined secondary IOL

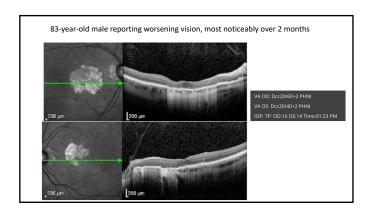
 What type of secondary IOL do you prefer

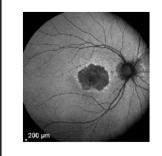
 What preoperative information is helpful
 (IOL calcs?)

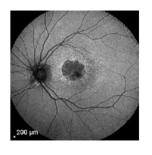










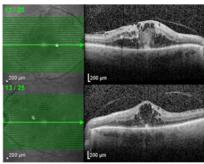


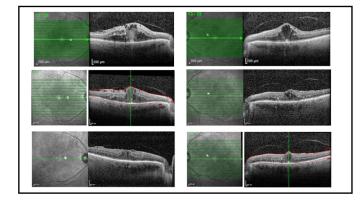


CATARACT SURGERY CLEARANCE WITH DIABETIC RETINOPATHY

- Audience:
 - When and who do you send?
- Panel:
 - Considerations?
 - Edema versus PDR
 - Expectations
 Timing?
- Can apply to wet AMD?
 Timing of injections

52-year-old male referred for cataract surgery clearance with evidence of macular edema on OCT.

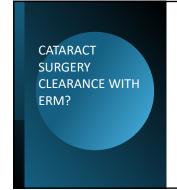






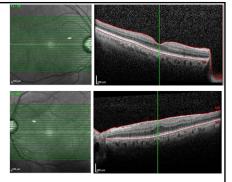
- Protocol P, patients with NPDR but no history of DME were found to have a substantial risk of postoperative DME after cataract surgery.
- Protocol Q: (preexisting DME), only a small percentage of eyes had substantial visual acuity loss or definitive progression in central retinal thickening.
- Therefore, in clinical practice, it is common for patients with center-involved DME who are about to undergo cataract surgery to receive an anti-VEGF drug injection preoperatively or steroid injection perioperatively.





- What other ocular conditions influence recommendation
 POAG/AMD/macular hole/dystrophy
- Order of surgery?
- Counseling

62-year-old male with mild/moderate POAG and +2 NSC with visual distortion OS



Can Continuous, 2015: 8: 1999-2003.

Published online 2015: Oct 23. doi: 10.2147/OPTH.898988

Efficacy of vitrectomy and epiretinal membrane peeling in eyes with dry age-related macular degeneration

Abon O Masoo. 1811 And Shvam A Patel

> J Vitraoretin Dis. 2024 Feb 22;8(3):247-252. doi: 10.1177/24741264241231091.

eCollection 2024 May-Jun.

Long-Term Outcomes of Vitrectomy for Idiopathic Epiretinal Membrane With Internal Limiting Membrane Removal in Patients With Good Preoperative Visual Acuity

Sean C Drummond 3, Jason N Crosson 2, John O Mason 3rd 3.



MY CATARACT SURGERY WENT FINE, BUT NOT I 54-year-old male underwent mostly uneventful cataract surgery for a traumatic cataract.

Audience:

What do you do if your standard anterior capsular staining agent is out of stock?

