

Connection between glaucoma, cataract surgery a focus at Glaucoma Day

by Vanessa Caceres EyeWorld Contributing Writer

Premium IOLs can offer advantages to all patients, including those with glaucoma, but patient selection is key, said **Richard Lewis, MD**, Sacramento, California, at ASCRS Glaucoma Day. Physicians must use modern IOL formulas and avoid multifocal IOLs in glaucoma patients with cupping or visual loss, he added.

The decision regarding a premium lens in patients with glaucoma should include a review of the patient's visual needs, the role of glasses in his or her life, and glaucoma status.

Dr. Lewis reminded attendees that IOL calculation formulas have advanced tremendously in the past 10 years, with the recent addition of effective lens position to the formula mix. The use of a current IOL calculation formula is crucial, he said.

Dr. Lewis briefly addressed pros and cons of both multifocal and toric IOLs. Despite the advantages of toric IOLs, "I'm always surprised at how few glaucoma surgeons put them in," he said.

As glaucoma patients are more likely to have pupil issues, surgeons should be ready to medically man-

age this problem or use devices like a Malyugin ring or capsular tension ring. Surgeons should also aim to minimize the risk glaucoma patients have for cystoid macular edema.

Femtosecond laser-assisted cataract surgery generates a lot of clinical interest, and **Leon Herndon, MD**, Durham, North Carolina, addressed whether it's a technology that glaucoma surgeons should use when they perform cataract surgery. He concluded that most glaucoma patients are candidates for it except for those with poorly controlled IOP, severe glaucoma, or poor dilation. Despite its advantages, it's not yet



Dr. Lewis discusses premium IOLs for glaucoma patients at Glaucoma Day.

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clear if it provides a value-added benefit, Dr. Herndon concluded.

In another session focused on using microinvasive glaucoma surgery (MIGS) in cataract patients, **Steven Mansberger, MD**, Portland, Oregon, said some MIGS considerations include if the patient has early disease, has a target IOP in the early teens, is able to use eye medications, is willing to have another eye surgery, and if the procedure would be available at a lower cost to patients. "Our unmet need is figuring out which patients do best with MIGS," he said.

In a talk that focused on neuro-ophthalmology and glaucoma, **Mark Moster, MD**, Philadelphia, pointed out that there are times when a glaucoma examination could also reveal signs of neurologic or neuro-ophthalmic conditions. Glaucoma specialists should be especially wary if a patient is young and has an abrupt change in visual acuity or a large disease progression. For further imaging analysis, an MRI is preferred, followed by a CT scan. Some surgeons have debated wheth-

er all patients with normal tension glaucoma should have neuro-imaging. Although Dr. Moster thinks this is impractical, he does favor scanning patients with the aforementioned red flags.

Other morning sessions at Glaucoma Day focused on detecting glaucoma progression and structural and functional testing. For instance, newer approaches such as optical coherence tomography angiography, pattern electroretinography, anterior segment OCT, and aqueous angiography were discussed. **EW**

Editors' note: Dr. Herndon has financial interests with Alcon (Fort Worth, Texas), Glaukos (San Clemente, California), and other ophthalmic companies. Dr. Lewis has financial interests with Aerie Pharmaceuticals (Irvine, California), Allergan (Dublin, Ireland), Glaukos, Ivantis (Irvine, California), and other ophthalmic companies. Dr. Mansberger has financial interests with Alcon, Allergan, and other ophthalmic companies. Dr. Moster has financial interests with Gensight (Paris, France).