

All Good Things Must Come to an End

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The summer of 2011 is behind us and, with it, a decade of the wand-waving, witch-clad, good-versus-evil world of Harry Potter reminiscent of preparatory school. With Lord Voldemort vanquished, we decided to focus this month's column on evils in the eye and how we, as the existential purveyors of good, can combat them. We invite readers to ride this article like a figurative Hogwarts Express across a rocky ophthalmic terrain. Aparecium! (This spell makes invisible ink appear.)

OPAQUE BUBBLE LAYERS WITH Wavelight SUITE

In a video titled, "Bilateral LASIK Surgery With Refractive Suite From WaveLight," Arthur Cummings, MD, and Richard Corkin, MD, show three laser refractive surgeries using the fastest platform to date: the 200-kHz WaveLight FS200 femtosecond laser and the 500-Hz WaveLight EX500 excimer laser (both from Alcon Laboratories, Inc., Fort Worth, TX) (<http://eyetube.net/?v=depiv>). Upon completion of the first case, which is performed on both of the patient's eyes, a slight opaque bubble layer is present bilaterally but does not hinder the procedure or negative-

ly affect the patient's vision. In the two cases that follow, no opaque bubble layers formed, because gas escapes properly through the exhaust.

POSITIVE PRESSURE IN A VITRECTOMIZED EYE

Samuel Masket, MD, shares a rare case of cataract surgery in a previously vitrectomized eye. Paradoxically, upon hydrodissection, the anterior chamber becomes shallow, the viscoagent escapes, and the iris prolapses through the main incision. Time and massage of the limbus return the chamber to a normal size, allowing surgery to continue without further complications. Upon re-expansion of the capsular bag, Dr. Masket discovers a small hole in the posterior capsule. He determines that balanced salt solution leaked through the hole and into the posterior segment, which produced positive pressure (Figure 1) (<http://eyetube.net/?v=nodim>).

CATARACT SURGERY AFTER TRAUMA

In an interesting video, Boris Malyugin, MD, shows a patient with a cataract, microtears of the iris sphincter, and traumatic zonular dialysis caused by blunt trauma to



Figure 1. As the surgeon performs hydrodissection, the iris prolapses through the main incision.



Figure 2. Bimanual I/A is performed to clean the cortical material from the capsular bag.

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the eye. In order to center the subluxated lens capsule, he injects a Malyugin capsular tension ring (MicroSurgical Technology, Redmond, WA) under the anterior capsule in the direction of the zonular defect. The ring is then centered and sutured to the scleral wall. Dr. Malyugin disassembles the nucleus using the Stellaris Vision Enhancement System (Bausch + Lomb, Rochester, NY). After inserting an Akreos IOL (Bausch + Lomb), he performs a bimanual anterior vitrectomy (Figure 2) (<http://eyetube.net/?v=pejuf>).



Figure 3. Drs. Kaufman (left) and Awdeh discuss the use of antiviral medications to inhibit the activation of corneal herpes.

PREVENTION AND TREATMENT OF OCULAR HERPES

Herbert Kaufman, MD, and Dr. Awdeh discuss the use of topical antiviral medications, specifically ganciclovir, to prevent the activation of corneal herpes peri- and postoperatively in patients undergoing refractive laser surgery. The doctors then discuss their preferred strategies for patients with old herpetic scars. Dr. Kaufman favors phototherapeutic keratectomy for superficial scars that do not go below Bowman membrane. For deeper scars, he prefers lamellar surgery (Figure 3) (<http://eyetube.net/?v=kijim>).

CONCLUSION

By watching videos of challenging cases on Eyetube.net, we can combat evil and destroy all complications that stand in our way. ■

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