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Bulletin

NEXT MEETING

Marriott West
600 Maryville Center

February 11, 2020

Gregg J. Berdy, M.D., F.A.C.S.

Ranjan Malhotra, M.D, F.A.C.S.

OSD: Moving from Adequate to Expert

6:00 p.m. Buffet

RSVP no later than February 6, 2020
paula@stlouisoptometricsociety.org
Text--314 725-2020

7:00 p.m. Business Meeting

7:30 p.m. ***OSD: Moving from Adequate to Expert***

RSVP no later than February 6, 2020
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COMMITTEES:
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Please Contact Emily Pike if you are interested in Serving on a committee
pikeev@gmail.com

Thank You Sight Sciences for Helping to Sponsor our January Meeting

MIGS: Minimally Invasive Glaucoma Surgery

Presented by: Andrew Pazandak,M.D.
Submitted by: Steven Brandstetter

There are a multitude of glaucoma treatments available. The main modifiable risk factor for glaucoma is intraocular pressure (IOP). The IOP is the difference between the aqueous produced versus the amount drained in the anterior chamber. The amount of aqueous produced is a constant amount, so we are more worried about the drainage of aqueous. Drainage of aqueous has two mechanisms. The majority is through the trabecular meshwork pathway and the second is the uveoscleral pathway. We commonly have a bottleneck effect of intraocular pressure at the trabecular meshwork.
Typical glaucoma treatment would start with medication, then SLT, max out glaucoma drops, and last surgery including trabeculectomy and aqueous tube shunts. Medications include prostaglandin analogs, beta blockers, alpha adrenergic agonists, and carbonic anhydrase inhibitors. New medications include Vyzulta, which is a prostaglandin analog with a nitric oxide releasing agent. The nitric oxide helps relax the trabecular meshwork. Rhopressa is a Rho Kinase inhibitor which primarily works on trabecular meshwork. Medications, however, are only useful if the patients use them. Studies show that 50% of patients discontinue drops on their own within 6 months. Of those that stay on drops, they only take their drops about 2/3's of the time. Of these 2/3 patients, about 50% contaminate the bottle and also 50% take more than one drop to get the medication in.
SLT is an effective alternative to medications. It is effective in about ¾ of patients. The results fade over time, but are repeatable. The LiGHT study tested whether SLT is an effective primary treatment for glaucoma versus drops.
**********Continue on next Page**********

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**********Continue from last Page**********

The 3-year results show that 78% of SLT patients did not require drops. Of those patients, 93% were at the desired IOP versus 91% in the drop group. 11 patients in the drop group needed a trabeculectomy versus zero in the SLT group.
Traditional glaucoma surgeries include trabeculectomy or shunts. They work the same by creating a large, extra pathway for aqueous to leave the eye. These are very effective at lowering IOP. With shunts the pressure can get to 10-14 mmHg. With trabeculectomy, the IOP can get as low as you want. The problems are that these treatments are time intensive. They require 5-6 post op visits in the first two months. Patients can get hypotony, bleb leak, blebitis, or lose vision. The TVT study (Tube versus Trabeculectomy) showed that 1/3 of patient lost at least 2 lines of snellen acuity over 5 years.
MIGS or minimally invasive glaucoma surgeries is a broad term. These surgeries are normally done during cataract surgery, but can also be done separately. The iStent, Hydrus and Kahook Dual Blade focus on the trabecular meshwork bypass, trying to pass the bottleneck. Surgeries effecting the supracillary pathway create an artificial cyclodialysis cleft. OMNI would be an example of a canalplasty. Last, bleb forming surgeries include the Xen and Preserflow. Xen and Preserflow aren't really MIGS, they are more less invasive glaucoma surgery.
The iSTent was released in 2012 and was the first MIGS surgery. It is quick and easy, but does not have a dramatic effect on lowering IOP. The iStent inject is the 2nd generation in which two devices are inserted. It is best for mild glaucoma patients during cataract surgery. The Kahook Dual Blade excises part of the trabecular meshwork. No device is left behind. It is done during cataract surgery or in psuedophakic patients. A boot punches through the trabecular meshwork. Two blades cut anterior and posterior trabecular meshowrk and excise a strip of the TM.
The Hydrus works basically like a big iStent.
The OMNI leaves no implant and is a standalone glaucoma surgery. It is best in good angle anatomy patients. Schlemm's canal is accessed with a microcather through a single corneal incision. A controlled amount of viscoelastic fluid is delivered and a trabeculotomy is performed.

**********Continue on Next Page**********

*********Continued from Last Page**********
Endocyclophotocoagulation burns the ciliary processes to reduce aqueous produced. No device is implanted.
The Xen gel stent is the first MIGS replacing traditional glaucoma surgery. A stent is injected from the anterior chamber out into subtenon's space creating a bleb. The Preserflow is injected from outside/in and could be used instead of trabeculectomy.
Post operative care for stents is similar to cataract surgery. Hyphema can be common but resolve on their own. With the Xen stent a bleb is created which can leak or have blebitits. Bad candidates for MIGS would be neovascular or uveitic glauocoma patients. These patients need a tube. Highly uncontrolled glaucoma would also be best treated with a trab or tube. Congenital glaucoma is a different disease process, so they would not benefit as well.
With MIGS there may be a new treatment paradigm for glaucoma. Start with drops or SLT, add more drops, then MIGS or phako MIGS, and last XEN or trabeculectomy or shunt.
In conclusion, MIGS are a rapidly evolving field. Seven devices have been released over seven years. They are a great option outside of drops and traditional treatment, especially in cataract or psuedophakic patients.

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Contact Lens Report:

Submitted by: Rachel Merriman

CooperVision has expanded the parameters for the Clariti 1 Day Toric to include around the clock axes for powers Plano to -6.00.

CooperVision will be launching its MiSight 1 Day disposable in the US in March. It will be the only contact lens with FDA approval for slowing progression of myopia in children age 8 to 12.

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MOA Report January 2020

Submitted by: Jason Riley, O.D.
Jenna Osseck, O.D.

We had a successful Legislative Conference on January 12th and 13th. The weekend consisted of committee meetings, continuing education, keypersons training and a visit to the Capitol. Thank you to all who attended. For those members who are new keypersons, please get in contact with your assigned legislator within the next few weeks.

Looking ahead, the MOA Leadership Retreat will be June 5-6th in Kansas City. We will be doing axe throwing as the team building event competing against the KOA. On August 22nd, the MOA and IOA will be teaming up for the Cards-Cubs game at Wrigley Field.

The 2020 MOA Convention will be back in Branson this fall. Mark your calendars for October 15-18th at the Chateau on the Lake!

Ophthalmology Consultants

Joseph P. Gira, M.D.
Josh E. Amato, M.D.
Michelle R. Derheimer, O.D.
Michael P. Donahoe, M.D.
Steven F. Lee, M.D.
Senthil Krishnasamy, M.D.
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Technology Report:

Submitted by: John Bush, O.D.

The SM Tube (“ strip meniscometry tube”) is a new method of quantifying the tear meniscus in the diagnosis and treatment of dry eye disease. The manufacturer states the test is simple, accurate and minimally invasive. It takes about 5 seconds per eye as compared to 5 minutes for the Shirmers test. A small tube is gently placed in the tear meniscus for 5 seconds. Tears are drawn into the tube where they mix with a blue dye that facilitates reading the measurement on a calibrated scale. Studies have shown a high degree of correlation with the Shirmers test. Retail cost is about $1.50 per eye and the product is available from Eyecare and Cure Co.

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Please Contact Emily Pike if you are interested in Serving on a committee

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UPCOMING EVENTS

NEXT MEETING

SLOS Meeting Marriott West

February 11, 2020

Gregg J. Berdy, M.D., F.A.C.S.

Ranjan Malhotra, M.D, F.A.C.S.

OSD: Moving from Adequate to Expert

February 4, 2020 6pm-8pm

UMSL Grand Rounds

UMSL Conference Center
(JC Penney Building) Room 402

February 19, 2020

Galanis Cataract and Eye Center
Optometric Continuing Education Program and Dinner
—See next page for details

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Optometric Continuing Education Program

Wednesday February 19, 2020

5:00 pm – 9.00 pm

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(Highway 44 at Hampton)

TOPICS

● Thyroid Eye Disease ● Evaluation and Management of Ptosis

● Topics in Topical Glaucoma Therapy

● Correction of Presbyopia- Past, Present and Future

Moderators: John Holds, M.D., Adam Buchanan, M.D., Andrew Pazandak, M.D. and John Galanis, M.D.

3.0 hrs CE

There is no cost for the program but registration is required

Please R.S.V.P. to Diana Moellering, C.O.T. by 2/14/20

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Registration/Cocktails at 5 pm **Dinner at 5.30 pm**

Meeting starts promptly at 6.00 pm

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