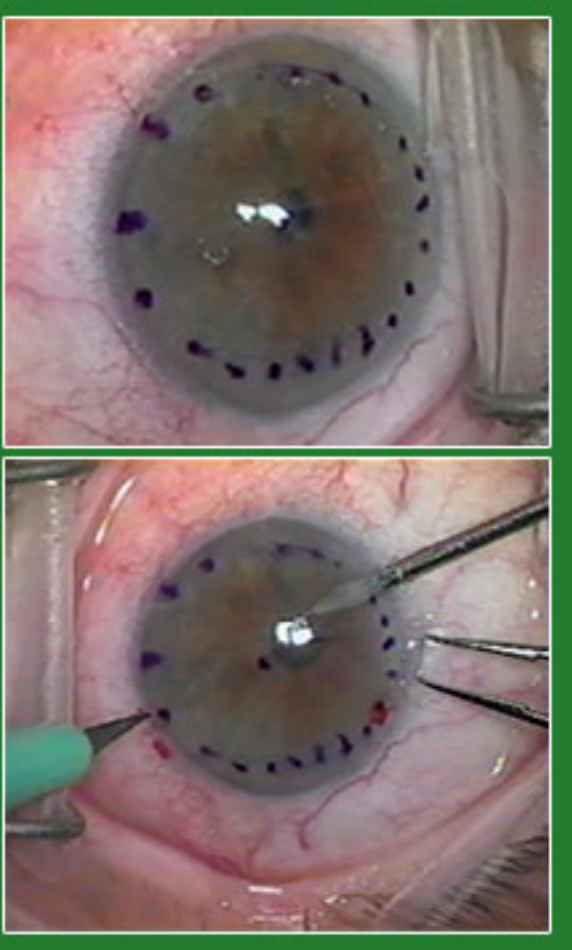
CSUpdate
Cornea Society University
June 2018

Latest cornea news from the Cornea Society

Introduction

Welcome to the 17th issue of the Cornea Society University (CSU) Update. This month's CSU VideoEd will focus on DSAEK. We will also feature an article on handling the unhappy surgical patient. Save the date for the CSU Dinner Program during the 2018 AAO annual meeting in October, and remember to stay in touch with the Society as you finish up your fellowship.



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Full stories below

Handling the unhappy surgical patient

For me as a cornea specialist, one of the most rewarding parts of my job is to see the joy a patient experiences after successful surgery. The surgical results achieved in cataract surgery, corneal surgery, and refractive surgery are one of the major reasons I chose this subspecialty. As I rotated through different services in residency, I was often disappointed with the surgical results. A perfect glaucoma surgery ensured that more vision was not lost, but patients didn't actually "see" the benefits. A perfect retina surgery could fix a complex retinal detachment and make the retina look perfect, yet the patient still could not see. It wasn't until I rotated on the cornea service that I had my "aha!" moment. Patients could see right after surgery whether they had LASIK, cataract surgery, or even corneal transplantation. With newer endothelial transplantations, patients often see well quickly.

Just like any surgical specialty, unhappy surgical patients are bound to end up in everyone's clinic. Sometimes unhappy patients present because there was a surgical complication, but many times even with perfect surgery, patients can be unhappy. As a new physician, this can be especially difficult. I remember when I was first starting out, every time a patient complained, I was sure I had done something wrong. As I've gained confidence as a surgeon, I've come to realize that not all patients can be made happy, even when I've done everything by the book. So how do you handle these patients? Are there discussions that you can have preoperatively to better inform and screen patients?

I often separate these patients into categories: (1) the poor outcome patient; (2) the unexpected side effect patient; and (3) the high expectations patient. Although patients can fit into multiple categories on this list, often there is one underlying theme for an unhappy patient.

I find the first one, the poor outcome patient, the most difficult because something is physically wrong. Luckily in our field, most complications can be fixed and still lead to an acceptable outcome. My strategy with these patients is to (1) be honest and explain what happened; (2) make a plan for the patient's recovery; and (3) refer out when necessary. One of my recent cataract patients had poor dilation on preoperative examination. We discussed preoperatively how to dilate the pupil and the extra tools and surgical steps that might be needed. When I got into the operating room and retracted the iris, it was clear the patient had pseudoexfoliation, and as soon as I started the surgery, I realized there were very few intact zonules. I was able to safely remove the entire cataract but I was not prepared to place the secondary intraocular lens I preferred for this patient. She was unhappy with her vision on day 1, and rightfully so. We had a long discussion about next steps and came up with a plan. We had to wait for the corneal edema to clear, then I proceeded with a sutured IOL. In the end, the patient was 20/20 and happy, but it was a longer road than she had expected. I

spent a lot of time on day 1 explaining what had happened and what my plan was for her recovery, and then spent extra time at each visit coaching her through the waiting process.

The second category, the unexpected side effect patient, is another tough one for me because it is unexpected. Negative dysphotopsias have been linked to "anatomically perfect" surgery. My approach with these patients is to reassure, reevaluate often, and remove the IOL if needed. Many of the side effects patients experience after surgery are tolerable and improve with time. For multifocal patients, I discuss the possible side effects of glare and halo afterward with every single patient so that it doesn't come as a surprise. If a patient does experience these side effects afterward, I start by telling them that these are common complaints and patients often notice them less over time, but if they are disabling, we can exchange the intraocular lens. Again, having a plan in place for patients is often the most crucial step. If you implant multifocal lenses and don't feel comfortable explanting them, make sure you have a good surgeon to refer these patients to because if you perform enough surgeries, you will eventually need to explant some.

The third category, the high expectations patient, is hard as well. I try to make sure I set reasonable expectations ahead of surgery and screen for patients who don't seem to understand that they cannot have everything afterward. Many times, even if you do everything correctly ahead of time, patients still expect to have far, middle, and close vision without any side effects or compromise. My approach to these patients starts before surgery. I try to screen for personality traits that won't do well with certain advanced technology lenses. Our consent form goes into great detail about expectations and expected results, and we make patients read and sign every page. If a patient is still unhappy postoperatively, and the expectations are unlikely to be met, I will often send the patient for a second opinion.

Starting out, it can be overwhelming to operate on your own and deal with patients who aren't happy. Trust in your training and abilities. Take the time to personally consent patients ahead of time. Spend time with patients afterward to address any and all concerns, no matter how big or small they are. We are in a profession where surgical outcomes are unmatched, but there are still going to be patients who are unhappy. Be prepared and have a plan in place to deal with these patients and you will do well.

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Step-by-step DSAEK

Endothelial keratoplasty accounts for about 60% of all U.S. corneal transplants, and this figure has grown exponentially over the last several years. Although DMEK is gaining in popularity, DSAEK still comprises the majority of the endothelial keratoplasty numbers. In this video, you will hear **Shahzad Mian, MD**, discuss step-by-step DSAEK. He will describe donor preparation, recipient preparation, donor tissue insertion and donor apposition.

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Stay in touch

As your fellowship is coming to an end, please be sure we have your updated contact information on file so you can continue to receive the journal *Cornea* and other Society publications and mailings. You can update your contact information by logging onto the Cornea Society website at www.corneasociety.org. For additional assistance please contact Pura Valdez at pvaldez@corneasociety.org.

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CSU Cornea Society University Dinner Series

Save the date! Upcoming CSU Dinner Program

Plan to attend the CSU Dinner Program taking place on Friday, October 26, in Chicago during the 2018 AAO annual meeting. An evite will be sent in the coming months. If you would like to suggest a topic for this dinner or a future dinner, please email Gail Albert at galbert@corneasociety.org.

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