April 10, 2015

CONTROVERSIES IN OPHTHALMOLOGY

Jay Duker, MD, Session Moderator
Jorge Arroyo, MD, Session Coordinator

MYTHS OF TED

Michael Kazim, MD, Session Moderator

OCULOPLASTICS MEDLEY

Flora Levin, Session Moderator
David A. Weinberg, MD, Session Coordinator

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Morning Session

Controversies in Ophthalmology

Time: 8:30 AM to 11:45 AM

Session Moderator: Jay Duker, MD

Program Committee Coordinator: Jorge Arroyo, MD

Controversies are common in medical care. Often they exist where new, cutting-edge or off-label treatments are not yet supported by level 1 evidence. Controversy may exist in medical care even in the setting of level 1 evidence "proving" the superiority of one therapy over another. When definitive evidence is lacking, decision-making is based on the evidence that exists, our experience, our training, and sometimes less definable factors.

In this NEOS meeting, we are introducing a completely new format that involves both panel discussions and one-on-one debates by many of New England leading experts to highlight some of the most contentious controversies in ophthalmology in 2015.

The NEOS audience's stance on each issue will be ascertained both before and after the debate to indicate not only which side the audience believe is true but which debater did the best job of "moving the needle" toward their side.

We hope you find this session not only educational, but highly entertaining as well.

The objectives are to:

increase the competency of the audience in recognizing controversial topics in ophthalmology care and carefully weighing the evidence of both sides of the controversy.

Improve the performance of the audience in selecting the proper medical therapy or surgical procedure for a variety of ophthalmologic diagnoses.

Time	Topic	Speaker	Abstract
8:00 AM	Registration/Exhibits		
8:30 AM	Introduction	Jay S. Duker, MD	
8:35 AM	Panel Discussion #1: TOPICS: Integrated eye care is the future of vision care in the US; Should Ophthalmologists actively join local ACO's/provider organizations now; Government mandate aside, EHR provides no real benefit to doctors or	Moderator: Jay S. Duker, MD Discussants: Paul Koch, MD; Mark Latina, MD; Jeffrey Marx, MD	

	patients		
9:05 AM	Debate #1 - For primary surgical treatment of glaucoma, a tube shunt is better than trabeculectomy	Debaters: Cynthia Mattox, MD; Geoffrey Emerick, MD	
9:15 AM	Debate #2 - Quantitative testing for dry eyes provides great benefit to patients	Debaters: Kambiz Negahban; Reza Dana, MD	
9:25 AM	Debate #3 - In 2014, for cener-involving diabetic macular edema, laser plays no therapeutic role	Debaters: Jennifer Sun, MD Fina Barouch, MD	
9:35 AM	Debate #4 - Adjustable Sutures in Strabismus Surgery Provide Significant Benefit to Patients	Debaters: David Hunter, MD Mitchell Strominger, MD	
9:45 AM	Business Meeting		
10:00 AM	Refreshment Break/Exhibits		
10:30 AM	Introduction	Jay S. Duker, MD	
10:35 AM	Panel Discussion #2: TOPICS: Doctors Should Receive no Payments or Gifts from Industry: Compounded Medications Should be Banned from Ophthalmology; All Ophthalmic Surgery Should be Performed in Non-hospital Based ASC	DISCUSSANTS: Andrew Gillies, MD; John Loewenstein, MD; Susannah Rowe, MD	
11:05 AM	Debate #5 - In acute, sight threatening thyroid eye disease, orbital radiotherapy and/or systemic immunotherapy is superior to surgical orbital decompression	Debaters: Michael Kazim, MD, Suzanne Freitag, MD	
11:15 AM	Debate #6 - All anti-VEGF agents are equivalent, hense all wet AMD patients should be treated with Bevacizumab initially	Debaters: Joan Miller, MD; Jeffrey Heier, MD	
11:25 AM	Debate #7 - Presbyopia corrction IOLs provide a significant benefit over standard monofocal IOLs	Debaters: Samir Melki, MD; Michael Goldstein, MD	

11:35 AM	Debate #8 - Femto laser cataract surgery provides superior patient outcomes both with and without treatment for astigmatism	Debaters: Jonathan Talamo, MD; Helen Wu, MD	
11:45 AM	Luncheon Seminars		

Luncheon Seminar

Myths of TED

Time: 11:45 AM to 12:45 PM

Session Moderator: Michael Kazim, MD

Attendees are encouraged to bring cases for Dr. Kazim to discuss.

THERE WILL BE JUST ONE LUNCHEON SEMINAR TODAY

Afternoon Meeting

Oculoplastics Medley

Time: 1:00 PM to 4:00 PM

Session Moderator: Flora Levin

Program Committee Coordinator: David A. Weinberg, MD

Professional Practice Gaps:

Using feedback from NEOS members and discussion by the Program Committee, ophthalmic plastic & reconstructive surgery was identified as a significant professional practice gap in our membership.

Program Objectives:

The content and format of this educational activity has been specifically designed to fill the

identified practice gaps in our membership's current and potential scope of professional activities in a way that focuses on education, while managing commercial support and maintaining independence from promotional activities and commercial proprietary interests. This program seeks to:

1) Increase the competence of the audience in the areas of orbital diseases.

2) Improve the performance of the audience in recognizing important radiographic and clinical signs of diseases of the ocular adnexa and the orbit.

3) Improve outcomes in the area of patient care.

Time	Topic	Speaker	Abstract
1:00 PM	Introduction	Flora Levin, MD	
1:05 PM	Congenital Eyelid Anomalies	Alexandra T. Elliott, MD	View Abstract
1:15 PM	Canaliculitis & Dacryocystitis	Jonathan Silbert, MD	View Abstract
1:25 PM	Introduction of Guest of Honor	Flora Levin, MD	
1:30 PM	Orbital Tumor Management	Michael Kazim, MD	View Abstract
2:00 PM	Refreshment Break/exhibits		
2:30 PM	Challenges in management of the anophthalmic socket	Suzanne K. Freitag, MD	View Abstract
2:40 PM	Ptosis Pearls and Pitfalls	Michael Kazim, MD	View Abstract
3:05 PM	Imaging in the Oculoplastic Practice	Michele Johnson, MD	
3:15 PM	Facial Nerve Palsy, Hemifacial Spasm and Blepharospasm	Aaron Fay, MD	
3:25 PM	Differential Diagnosis of Common Orbital Signs	Michael E. Migliori, MD	View Abstract
3:40 PM	Panel Discussion/Questions	Flora Levin, MD, Moderator; Alexandra Elliott, MD, Aaron Fay, MD, Suzanne Freitag, MD, Michele Johnson, MD, Michael Kazim, MD, Michael Migliori, MD, Jonathan Silbert, MD	
4:00 PM	Adjourn		

Detail Abstracts by Speaker

Alexandra T. Elliott, MD
Children's Hospital
(Oculoplastics Medley)

To broaden participant familiarity with the range of congenital eyelid anomalies amenable to surgical repair.

Eyelid colobomas, epiblepharon and filiform adnatum are three congenital eyelid anomalies amenable to surgical repair. Surgical options will be presented and their underlying pathophysiology will be reviewed.

1. Hashish A, Awara AM. One-Stage reconstruction technique for large eyelid coloboma. Orbit. 2011; Aug;30(4):1772. 2. Lee H, et al. Reconstruciton of a congenital upper eyelid coloboma using a lamellar-based technique. Ophthal Plast Reconstr Surg. 2014; Jul-Aug;30(4):e95-6 3. Grove, et al. Congenital Eyelid Colobomas in 51 Patients. Journal of Pediatric Ophthalmology and Strabismus. 46.3 (May/June 2009):151-9

Invited

Yes

Accept

Suzanne K. Freitag, MD
MEEI
(Oculoplastics Medley)

The goal of the presentation is to provide the audience with a broad overview of the difficulties associated with the anophthalmic socket, and to explain methods of prevention and management of these challenges.

The anophthalmic socket provides many challenges to the managing ophthalmologist. There are issues that arise both early and late in the post-operative course. Some may be prevented with careful decision making before surgery. Small details of surgical technique, such as depth of implant insertion and conjunctival wound closure, play key roles in avoidance of complications. Recognizing and managing acute complications such as infection are critical. Management of aesthetic issues including lid laxity are important for patient self esteem. Finally, managing anophthalmic socket issues in young children provides unique challenges including socket growth and facial symmetry which will affect these young patients for their lifetimes.

Enucleation, Evisceration, and Exenteraton of the Eye. Ed. Migliori ME. Butterworth Heinemann, Woburn, MA, 1999.

Invited

No

Accept

Michael Kazim, MD
Columbia University
(Oculoplastics Medley)

coming

The orbit is a challenging anatomic region as it holds the potential for producing a wide range of tumefactions. The management of orbital tumors is made more difficult still due to the complexity of orbital surgical anatomy. The lecture will review the clinical workup including the choice of appropriate imaging. A review of the more common orbital diseases and a systematic approach to the clinical and surgical management of the more complex lesions will be covered.

coming

Invited

Yes

Accept

Michael Kazim, MD
Columbia University
(Oculoplastics Medley)

coming

Presented will be an overview of the clinical analysis of ptosis with a focus on understanding the spectrum of the mechanism and severity. Based on this analysis a surgical decision tree will be established to guide the participant to choosing the appropriate surgical procedure in each case. Finally a brief surgical review of each of the procedures will be covered.

coming

Invited

Yes

Accept

Michael E. Migliori, MD
LPG Ophthalmology
(Oculoplastics Medley)

At the end of this activity, attendees will be able to systematically assess common orbital sings and symptoms and be able to formulate appropriate differential diagnoses and obtain appropriate testing.

Many different orbital diseases can present with similar signs and symptoms. Common orbital findings include proptosis, enophthalmos, motility disturbance, pain, and visual changes. Using case studies, a systematic approach to assessing orbital signs and symptoms will be described to assist the clinician in formulating appropriate differential diagnoses and ordering appropriate diagnostic studies.

1. Tang SX, Lim RP, Al-Dahmash S, Blaydon SM, Cho RI, Choe CH, Connor MA, Durairaj VD, Eckstein LA, Hayek B, Langer PD, Lelli GJ, Mancini R, Rabinovich A, Servat J, Shore JW, Sokol JA, Tsirbas A, Wladis EJ, Wu AY, Shields JA, Shields C, Shinder R. Bilateral lacrimal gland disease: clinical features of 97 cases. Ophthalmology. 2014 Oct;121(10):2040-6. 2. Espinoza GM. Orbital inflammatory pseudotumors: etiology, differential diagnosis, and management. Curr Rheumatol Rep. 2010 Dec;12(6):443-7. doi: 10.1007/s11926-010-0128-8. Review. PubMed PMID: 20803107. 3. Bernardini FP, Bazzan M. Lymphoproliferative disease of the orbit. Curr Opin Ophthalmol. 2007 Sep;18(5):398-401. Review. PubMed PMID: 17700233.

Invited

Yes

Accept

Jonathan Silbert, MD
The Eye Care Group
(Oculoplastics Medley)

To inform and review with the audience the various clinical presentations and treatment options for canaliculitis and dacryocystitis.

Canaliculitis is an infection primarily limited to the proximal portion of the lacrimal drainage system whereas dacryocystitis is an infection that typically involves the centrally located sac and spreads out to involve adjacent structures. Both conditions can present in a very indolent fashion with limited symptoms or they can present with a much more fulmanent infectious course. Failure to identify these entities properly often leads to multiple office visits, failed treatment approaches, and patient frustration. The goal of this talk will be to review the key clinical presentations of each condition and how to manage them as efficently and effectively as possible.

Zaldivar RA, Bradley EA. Primary Canaliculitis. Ophthal Plast Reconstr Surg 2009; 25: 481-4.
Poole Perry LJ, Jacobiec FA, Zakka FR. Bacterial and Mucopeptide Concretions of the Lacrimal Drainage System: An Analysis of 30 Cases. Ophthal Plast Reconstr Surg 2012; 28: 126-33.
Freedman JR, Markert MS, Cohen AJ Primary and Secondary Lacrimal Canaliculitis: A Review of the Literature. Surv Ophthal 2011; 56; 336-47.

Invited

Yes

Accept
