

INTRAOPERATIVE SIGNS AND FINDINGS THAT CHANGE SURGICAL ALGORITHMS IN PEDIATRIC CATARACT SURGERY

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Purpose/Relevance: The purpose of this workshop is to demonstrate that decision making for different pediatric cataract scenarios can vary depending on the anatomical peculiarities of that particular eye which may not be apparent until the child is in the operating room. This last minute surgical planning can have a profound effect on outcome.

Target Audience: Pediatric ophthalmologists, orthoptists, general ophthalmologists and trainees.

Current Practice: Pediatric ophthalmologists are often faced with decision-making in the OR because of unexpected findings when the child is asleep. Lack of adequate experience may mean that decision making on the spur of the moment maybe difficult. There maybe preoperative signs or peroperative findings prior to entering the eye and once the eye is entered that may prove helpful to the surgeon to choose the surgical algorithm.

Best Practice: Surgeons should ideally be able to make last minute surgical decisions according to evidence based literature but often surgical experience often influences this type of decision making.

Expected Outcomes: We aim to discuss 5 pediatric surgical scenarios that in the experience of the panel demonstrate signs and findings that help to alter the surgical plan in a manner most helpful to ensuring a good outcome. This should help bridge any gaps in experience with such pediatric cataract scenarios.

Format: Four experienced pediatric cataract surgeons will discuss 5 pediatric cataract scenarios where the intraoperative findings changed the surgical plan using surgical video and audience participation.

Summary: Pediatric ophthalmologists often change their surgical plans depending on intraoperative findings in pediatric cataract surgery.

Signs and findings preoperatively can influence surgical planning in a manner that allows for better outcomes if the correct surgical algorithm is chosen.

Discussion of the commonest instances where this has happened in the surgical lifetimes of 4 experienced pediatric cataract surgeons may allow better surgical planning.

References: None