Learning and Incorporating New Surgical Techniques

Ophthalmology is an innovative field that is constantly evolving. To stay on the cutting edge, we have to be willing to adapt and evolve and learn new things. We are regularly changing our evaluation protocols and treatment regimens for patients with the influx of new medications, preoperative tests, and in-office procedures. We must also evolve as surgeons to keep up with the latest advancements.
up with our rapidly changing field. We all strive to provide the best medical and surgical care for our patients, and learning new surgical techniques to add to our armamentarium is a crucial step in achieving this goal.

Much of our training during residency and fellowship is centered on learning new surgical procedures and techniques. Once we get into practice, however, we tend to focus on only a few surgical procedures and hone our craft. When new surgical procedures are introduced, we have to decide if we want to acquire a new set of skills or refer out to colleagues who are skilled in the new technique. Change can be difficult and intimidating, and it is easy to get stuck in a routine. But if you don’t change as the field advances, you will be left behind.

When a new procedure is introduced, you have to decide a few things:

1. Is this procedure better for my patients?
2. Is this procedure appropriate for my practice?
3. How do I go about learning and incorporating this into my practice?

The first thing to decide when a new surgical procedure is introduced is the value added. Is this new procedure better than the current standard procedure? Regardless of the difficult logistics or the complexity of the procedure, you first have to decide if it is indeed beneficial. Many years ago, we performed full-thickness penetrating keratoplasty on all patients with corneal disease, regardless of the corneal pathology. Today, patients get endothelial keratoplasty for endothelial disorders and anterior lamellar keratoplasty for anterior corneal pathology. There are great benefits for the patient in offering more directed surgical repair.

Once you decide that a new procedure is superior to the older one, you next have to figure out if the procedure is appropriate for your practice. If you are focused on endothelial keratoplasty and have a large patient population with Fuchs’ dystrophy, you should learn the latest endothelial keratoplasty techniques. On the other hand, if your practice is focused on refractive cataract surgery, and you only see one patient a year who needs endothelial keratoplasty, you probably don’t need to be up to date with the latest endothelial keratoplasty techniques. You can refer out that one patient a year. To really hone your skills with a new surgical procedure, you need to regularly perform it, so honestly assess your practice and your patients’ needs when deciding which new surgical techniques to learn and adopt.

After you’ve decided that you want to learn a new technique, you have to develop a learning plan. Your learning plan should be customized to you. It is important to know how you learn best and focus your plan accordingly. This is something you should start thinking about in residency and fellowship. Are you a visual learner, auditory learner, or a tactile learner? There are abundant resources available for learning new techniques. When I want to learn a new technique, I start with watching surgical videos on eyetube.net or YouTube. There are so many great surgical videos on these sites. I then turn to trade journal articles and webinars to learn surgical pearls from the pioneers. Ophthalmology meetings are another great opportunity to learn new techniques by attending courses and skills transfer sessions. Finally, I turn to my colleagues and ask for advice. This is a good way to ask basic and complex questions and bounce ideas off each other. I have built a wonderful community of surgeons who I trust, and their feedback is invaluable.

One of the wonderful things about being an ophthalmologist is the lifelong learning. It is important to stay up to date with the latest surgical techniques. If you don’t, the field may pass you by.

CSU is meant to be an interactive platform where your questions and concerns are addressed. If you have a specific area or question you want us to concentrate on in future issues, please send an email to jessciralsky@gmail.com with the subject “CSU.” Additionally, CSU is designed for all young cornea and anterior segment ophthalmologists, so if friends or colleagues want to be added to the listserv, please send an email to info@corneasociety.org.

Healing the Cornea
Ocular surface disorders encompass a broad range of diseases, from dry eye and blepharitis to cicatrizing conjunctivitis. Severe ocular surface disorders such as Stevens-Johnson syndrome, graft-versus-host disease, Sjogren’s syndrome, and others can lead to chronic, debilitating ocular pain and blindness. In this video, you will hear Bennie Jeng, MD, discuss “Healing the Cornea.” Dr. Jeng will discuss the background, indications, and proper administration of advanced ocular surface disease treatments with autologous serum tears, amniotic membrane grafting, and scleral lenses.

CSU launches four-part webinar series on surgical procedures

Cornea Society University (CSU) is launching a four-part webinar series on surgical procedures in October. The four-part series will feature webinars on DMEK, DSEK, DALK/PK, and Challenging Cases for the Corneal Surgeon. Programming dates are listed below.

October 26 – DMEK: Host W. Barry Lee, MD, and speaker Peter Veldman, MD
December 13 – DSEK: Host Jessica Ciralsky, MD, and speaker Brandon Ayres, MD
January 24 – DALK/PK: Host Bennie Jeng, MD, and speaker Tony Aldave, MD
March 21 – Challenging Cases for the Corneal Surgeon: Host Jessica Ciralsky, MD, and speakers Bennie Jeng, MD, and Barry Lee, MD

Registration for all four webinar program is now open, and there is no fee for these programs.

To register for the October 26 webinar on DMEK, click here.
To register for the December 13 webinar on DSEK, click here.
To register for the January 24 webinar on DALK/PK, click here.
To register for the March 21 webinar on Challenging Cases for the Corneal Surgeon, click here.

Contact Gail Albert, galbert@CorneaSociety.org, with questions.

Save the date: CSU Dinner, Friday, November 10, New Orleans

We are excited to announce a new dinner series developed by the Cornea Society Young Physician Task Force and sponsored by CSU (Cornea Society University). This educational program will be geared toward young physicians. The next dinner will focus on incorporating new technology into your practice and will be held on

Friday, November 10 in New Orleans from 5:30 p.m.–7:30 p.m.,
immediately following the Cornea and Eye Banking Forum.

This new dinner series will provide young physicians with an opportunity to interact and network with colleagues as well as learn more about professional development and practice building. To RSVP for the dinner or for more information, contact Gail Albert, Galbert@CorneaSociety.org. We hope to see you there!

CSU Booth at AAO

Be sure to visit the CSU booth at the American Academy of Ophthalmology (AAO) meeting in November in New Orleans. Stop by and recharge, grab a snack, and learn more about all CSU offers you. We look forward to seeing you in New Orleans.

© 2017 Cornea Society