

Practical Solutions to Common Retinal Problems

Epiretinal Membranes

Screen w oct

- may have CME
- associated BRVO
- good VA not necessarily good prognosis

Screen with optos/BIO

15% have associated tear

Dry AMD

- latest vitamin guidelines
- role of genetic testing
- home screening options
- implantable miniature telescope

Wet AMD

- Anti-vegf
- current options
- how to choose
- contraindications to anti-vegf
- role of steroids
- role of PDT

HTN retinopathy

Under diagnosed

Life saving diagnosis

- higher rate of CVA, MI

Learn to recognize

Check BP in office

Central Serous Retinopathy

Not a benign self limited condition

Permanent contrast sensitivity loss

Therapeutic options

- drops
 - hot laser
 - cold laser
 - oral diuretics
 - anti-vegf
 - combo therapies
- Stop the hidden steroid
- testosterone

- Flonase
 - creams for eczema etc.
 - inhalers
 - injection for ortho problems
- Other hidden causes
- stress, sleep, caffeine, other stimulants

NAAION

On the rise

Better screening?

Drug induced-

- meth heads
- steroid induced iop spike
- ED drugs

Counsel high risk patients

Treatment

- drop cocktail
- injections
- BP control
- treat sleep apnea
- asa for pts w cvdz
- control lipids

Diabetic Macular Edema

- screen with photos and oct
- 20/20 VA doesn't mean observe
- refer early for best results
- drug induced edema still occurs
- check med list
- dcct and f/up visits - tighter control warrants closer visits

Retinal Vein Occlusion

- seen more often in younger patients
- intense work outs
- bcp
- anabolic steroids
- better screening by general eye docs
- high percentage w clotting disorder, increased morbidity and mortality

Uveitis

- Don't forget differential
- inflammation top of list
- may be associated with systemic disease

- infection
- infiltration: lymphoma is on the rise

Commotio Retinae

Secondary to blunt trauma

Can be associated with long term and late complications

- Mac edema
- Epiretinal membrane
- CNV

-Macular hole

Screen with oct

Look for inflammatory cells

Treat with topical steroids

Refer

- dialysis
- above complications

PVD

Not always benign

Be wary of counseling your patient "normal process of aging"

Death is a normal process of aging too but can be delayed or prevented at a given moment

Appropriate exam

Appropriate f/up

Vision loss following cataract surgery

Largely preventable

Screen with exam and OCT

Prophylaxis against CME

- pre-op NSAID and steroid
- anti-vegf in high risk cases
- stop PGA

--switch to CAI containing drop

Follow high risk patients more closely

- erm
- diabetic even w/o retinopathy
- systemic inflammatory disease
- RA
- Lupus
- inflammatory bowel disease
- back pain

Summary

New technology has elevated standard of care

Common problems can be associated with uncommon, sight threatening complications

F/up "abnormal" findings

-erm

-PVD

-early signs of AMD

-early signs of DR

Co-manage the higher risk pts

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