A FOCUS ON INTACS: MANAGING PATIENTS WITH KERATOCONUS

Tips on diagnosing and comanaging patients to maintain the integrity of the cornea.

AOC *interviewed* ***Jaclyn A. Munson, OD, FAAO,*** *about her perioperative care of patients with keratoconus.*

How do you diagnose patients with keratoconus?

Ask patients about any family history of corneal disease, how often the prescription of their lenses fluctuates, and how often they rub their eyes. Additionally, patients with significant symptoms of daytime glare often go unnoticed. With each of these presentations, I rely heavily on objective signs. A solid corneal topographer is your best friend in these instances.

In addition to topographical analysis, other objective signs to be mindful of include irregular retinoscopy reflexes, progressively asymmetric cylinder power with inconsistent refractive endpoint, unresolved monocular diplopia during refraction, and increased cylinder power required when assessing the most appropriate reading power. Thorough slit-lamp inspection for corneal striae, stromal thinning, Fleisher ring, and specifically, intercorneal asymmetric Munson sign (no relation to the author) with inferior gaze positioning are giveaway signs as well.

How do you determine if a patient is a candidate for Intacs?

We discuss functional vision outcomes after they watch a short video on the Intacs Corneal Implants (OASIS Medical) procedure (Figure). If patients are seeking more conservative measures of surgical intervention, and if they have achieved 20/30 or better visual acuity with specialty contact lenses on a stable topography and refraction, I encourage them to get baseline topography scans with the surgeon. If objective or subjective signs progress and their vision is 20/30 or worse, I will recommend they repeat scans with the likely recommendation of Intacs to follow.

What has been your experience working with a certified Intacs surgeon?

For the most part, it has really been seamless, and my patients and I have been pleased with the outcomes. After the Intacs procedure, recovery may be longer than with other surgical procedures. This procedure strives to preserve the integrity of the cornea, and then providers use other corrective measures such as spectacles or contact lenses to give the best visual clarity. In the past three patients we have treated, we have been able to deliver on corneal stability and improve clarity with minimal need for additional correction.

Describe the postoperative care, and how is the OD involved?

Typically, I see the patient 1 week postoperatively. I evaluate for epithelial defects, early signs of infection, and suture positioning. Baseline topography and anterior segment optical coherence tomography are performed at the 1-month follow-up. I monitor for stromal haze or infiltration gathering near the ring segments, secondary infection prevention, and pain and light sensitivity. The most challenging part is managing patients' expectations. I cannot stress enough how variable their vision will be for 3 to 4 months. ■

To establish a patient care team with a Keratoconus Specialist in your area, call (844) 820-8940 or send an email to customerservice@oasismedical.com.

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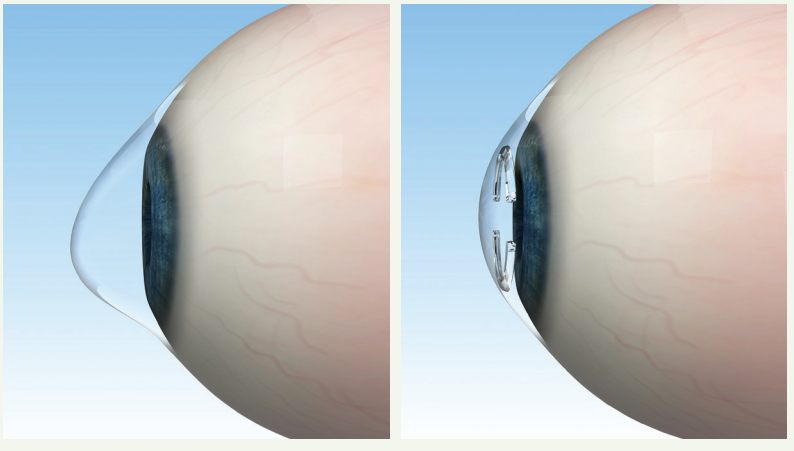

Figure. OASIS Medical's Intacs Corneal Implants for Keratoconus reshape the cornea to a more natural state.