Abstract and needs assessment

The care and diagnosis of retinal diseases is in constant state of evolution. This contributes to variability in what is defined as “standard of care.” This course will set forth to educate the participant on the most up to date evidence based medicine (EBM) in addition to the spectrum of “real world” retina practice protocols/methodologies.

Objectives

At the conclusion of this course the participant will be familiar with:

a. Today’s EBM and clinical guidelines (i.e. AOA DM & plaquenil new guidelines, etc)

b. Urgencies vs emergencies, as well as proper referral practical guidelines derived from “real world” data

c. Spectrum of “real world” retina practical approach in the diagnosis and care of patients with retinal conditions.

Outline

Plaquenil screening

AAO 2016 recommended guidelines

Primary tests used today: SDOCT & humprey visual field with white light (10-2 is commonly employ but 24-2 may be implemented in Asian pts)

What are the risk factors?

Proper guidelines for visual field testing and variation of ethnicity

EBM vs real world retina adherence to the guidelines. Are people following standard of care? (readings)

Vitreoretinal disease

Signs of ominous PVD

Vitreous hemorrhage or pigmented cells

Range in follow up

AOA 2004 guideline

AAO 2014 guidelines
Real world retina

Controversies behind scleral depression

Risk to retinal break &/or retinal detachment & timeline

Proper documentation

When to refer a retinal break

Controversy behind floterectomy

PVR: what is it?

Nevus vs melanoma

TFSOM (thickness, fluid, symptoms, orange pigment & margins near the nerve) guidelines that may be associated with a small melanoma

Most definitive confirmation is growth over a short time

Value of OCT vs ultrasonography

What changes signify possible conversion

ERM

Reason to consider treatment

Patient’s symptoms is #1 criteria

VA limits of retinal edema

Treatment options

CRAO

AHA/ASA recommendations

Our standard of care: real world retina

Since it is commonly an embolic event work-up includes: heart echo and carotid doppler

Age related macular degeneration

What is a chroidal neovascular (CNVM) plaque & its significance?

OCT findings associated with CNVM & clinical findings

i.e Thickening, fluid, exudation, heme, retinal/rpe detachment
How is it different than PCV? When do you consider PCV (DFE vs OCT)?

Most common dosage of anti-vegf is treat and extend

**Central serous choroidopathy**

When to consider referring?

Chronic case & treatment options

Variable treatment options for recurrent or chronic cases

Real world retina & PDT

Value of CAIs or NSAIDS

**The world of Anti-VEGF therapy (AVT)**

Which is better for diabetic macular edema: protocol T (DRCR.net studies)

Common complications to look out for

Elevated IOP

Silicon droplets with the use of Avastin

Paradigm shift in the treatment of proliferative DR: protocol S

What is treat and extend?

How quickly should CNV be refer for treatment?

**Retinal vein occlusion**

What are the distinct treatments for branch and central RVO with macular edema?

When should I refer a RVO?

What are the common systemic diseases associated with RVO?

What is the relationship with glaucoma?

What is the follow up guidelines: EBM vs real world retina

Most common treatment employ include antivegf over ozurdex
Diabetic retinopathy

Proper follow up according to new AOA 2014 and AAO 2016 guidelines

Is FA a requirement following PRP for PDR: real world retina

Protocol S

When to refer

DME vs CSME and subfoveal DME

Timeline for referral

Treatment options and when is each implemented

Steroid injections vs implants

Is focal laser still use?

Role of Anti-VEGF therapy

The not so common conditions and their relevance

Polypoidal

Recruent serosanguineous RPE detachment in darkly pigmented middle aged pts

Braching choroidal vasculopathies with polyps

Pachychoroid

Pathophysiology and continuum of central serous choroidopathy into pachychoroid neovasculopathy

neovasculopathy & wet macular degeneration

how to measure it and its significance

differential diagnosis & the importance in treatment management

Common management of ICSC is observed but in chronic cases PDT is affective