THE 2021 VIT-BUCKLE SOCIETY: THE FORCE AWAKENS

Key takeaways from Episode I.

BY MATTHEW R. STARR, MD

The theme of this year's Vit-Buckle Society (VBS) Annual Meeting, The Force Awakens, was a play on the Star Wars movie series. Virtual Episode I of the meeting, held in April, comprised a lineup of intergalactic retina superstars. The speakers fully committed to the other-worldly theme, as the President of VBS, Charles C. Wykoff, MD, PhD, opened the meeting costumed as Chewbacca—and even let out a primitive yell periodically.

Joking aside, Episode I of this year's meeting was packed with great lectures and panels. New this year were watch parties held in New York and Miami, with participants offering comments and insights throughout the meeting.

MANAGEMENT OF SECONDARY IOLS

The meeting kicked off with a panel of experts that included María H. Berrocal, MD; Joseph M. Coney, MD; Ninel Z. Gregori, MD; and Katherine Talcott, MD. They discussed the pros and cons of different approaches to managing secondary IOLs including PTFE (Gore-Tex, W.L. Gore) suture fixation, modified Yamane techniques, iris fixation, and anterior chamber IOLs.

Dr. Gregori shared her expertise with iris-fixated IOLs. She described her technique that involves the placement of two polypropylene (Prolene, Ethicon) sutures around each IOL haptic and positioning the optic above the plane of the iris to facilitate visualization of the haptics. This then enables her to easily visualize the trajectory of the needle through the iris and around the haptic.

After sharing their various techniques and surgical tips, the speakers concluded that vitreoretinal surgeons should be familiar with each technique as they all may come in handy in the management of specific patients.

Dr. Gregori shared a final pearl of advice for the audience: Advise patients to avoid eye rubbing postoperatively, which can lead to iris chafing or IOL dislocation.

An audience poll showed that most of the attendees reported performing scleral-fixated secondary IOL placement, with scleral suturing a close second.

SURGICAL MANAGEMENT OF MEDICAL RETINA

Lejla Vajzovic, MD, delivered an excellent talk regarding the surgical management of medical retina, namely implantation of the Port Delivery System (PDS, Genentech) for delivery of anti-VEGF medication. As the PDS continues through clinical trials, compelling data is accumulating suggesting that this system will offer safe, sustained delivery of an anti-VEGF agent to the posterior segment. As with any new technology, the risks must be weighed, but the PDS may become an option for selected patients who wish to reduce their treatment burden.

SURGICAL VIDEOS

The meeting continued with surgical videos from Matthew A. Cunningham, MD; Kristen Harris-Nwanyanwu, MD, MBA; Marianeli Rodriguez, MD, PhD; and Yewlin E. Chee, MD. Keeping with the Star Wars theme, the videos focused on the membranous forces of the Dark Side, the enemy of all vitreoretinal surgeons.

The winner of the video competition was Dr. Chee with an incredible video of a sclopetaria-related tractional retinal detachment from preretinal and subretinal membranes. Her video showed the use of indocyanine green dye to stain the internal limiting membrane. She then used this as a plane to remove the preretinal membranes as they dove subretinally, treading carefully and segmenting the bands at these junctures. By relieving the preretinal forces while carefully leaving the intraretinal and subretinal fibrotic membranes undisturbed, she allowed the retina to settle and flatten quite nicely.

SURGICAL MANAGEMENT OF UVEITIS PATIENTS

Lisa J. Faia, MD, discussed the surgical management of patients with uveitis. Her most important take-home point was that the disease must be quiescent for a minimum of 3 months before surgery. These patients can still benefit from vitreoretinal surgery (epiretinal membrane removal, etc.), and the surgery can still be successful.

Once the inflammation has been under control for 3 months, the patient's baseline therapy should be increased perioperatively. This may be as simple as increasing the frequency of topical drops or adding oral or intravenous steroids depending on the level of preoperative immunosuppression. In performing retinal detachment repair in these patients, she said, peel, peel, and peel some more when handling membranes. An interesting pearl from Dr. Faia was the possibility of using a viscoelastic material in funnel retinal detachments. It works as well as perfluoro-n-octane to stabilize the retina, she said, and is perhaps even more stable for handling those tricky funnels.

DIVERSITY, EQUITY, AND INCLUSION

Perhaps the most important session of the meeting was one devoted to diversity, equity, and inclusion, led by Basil K. Williams, MD. Dr. Williams was joined by Jessica D. Randolph, MD, and Reginald J. Sanders, MD, and the panel was moderated by Aleksandra Rachitskaya, MD; Priya Sharma Vakharia, MD; and Dr. Williams.

At a time when the nation is undergoing critical dialogue on race and diversity outside of medicine, Dr. Williams led a discussion on this topic within ophthalmology and retina. He reported that underrepresented minorities represent only 7% of all ophthalmologists. Dr. Sanders offered remarkable insights on diversity, noting that increased diversity leads to innovation and improved care. Dr. Williams referenced the March 2021 *Retina Today* article "Managing Microaggressions in Practice," by Nathan L. Scott, MD, MPP, and Hasenin Al-khersan, MD, in which the authors describe challenges they have faced during their careers surrounding race and inclusion, as well as microaggressions they encountered during training. The article describes the inherent biases and challenges trainees from underrepresented minorities face and references the ongoing dialogue regarding how to improve diversity within ophthalmology.

The VBS panel members then discussed their own efforts to mitigate this racial inequality gap and to increase diversity within ophthalmology, with the message that the key to doing so is mentorship. Providing trainees with mentors who will advocate for and educate them will pave the way toward improving diversity and inclusion, participants said. Professional societies may be able to supply the framework to facilitate these relationships, and, through sessions such as this one, VBS is doing its part to change the landscape within retina and ophthalmology. ■

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