



CSUupdate

Cornea Society University May 25, 2017

Latest cornea news from the Cornea Society

INTRODUCTION

Welcome to the eighth issue of CSU (CORNEA SOCIETY UNIVERSITY). This month's CSU VideoEd will focus on "Corneal Suturing and Wound Construction." We will also feature an article on "Teaching Residents and Fellows."



TEACHING RESIDENTS AND FELLOWS

Teaching the next generation of ophthalmologists during their residency or fellowship is a privilege and an extremely satisfying endeavor. [\(Read more\)](#)

CORNEA SUTURING AND WOUND CONSTRUCTION

Learning proper corneal suturing techniques and wound construction are such vital skills for all corneal specialists. [\(Read more\)](#)

CSU AT ASCRS

We had a very successful CSU presence in Los Angeles at the 2017 ASCRS•ASOA Symposium & Congress. [\(Read more\)](#)

[Full stories below](#)

TEACHING RESIDENTS AND FELLOWS

Teaching the next generation of ophthalmologists during their residency or fellowship is a privilege and an extremely satisfying endeavor. Watching a first-year resident blossom into a competent clinician and surgeon is so satisfying. Knowing that you have a hand in that process makes it even more meaningful. Although this is one of the most rewarding parts of my career, it is also one of the most challenging. I have definitely grown as a surgeon and a surgical teacher over the years.

When you graduate and first venture out on your own, every day is full of trials and tribulations. Your first day in the operating room, however, has little comparison. Operating on your own without the safety net you were used to in residency and fellowship can be a scary experience in and of itself. If you then throw into the mix teaching residents and fellows, where you are providing the back-up, this can be terrifying. As a new surgeon, you often feel barely prepared to handle your own complications.



I distinctly remember my first days in the OR teaching resident and fellow surgery. Even though I was very comfortable with my surgical skills, I needed to develop a whole new set of skills to be able to teach effectively. I had to articulate not only how I did something but also why I did it. I had to anticipate when a trainee was going to make a misstep and prevent it from happening, if possible. I had to customize and adapt my teaching technique for each individual trainee.

I have learned a lot over the years and hope these pearls will serve you well in your teaching careers.

1. Practice

- a. Accompany the trainee to the wet lab to practice proper techniques in a supervised stress-free environment. This will help both you and the trainee be comfortable in the operating room. We often use pig eyes in our wet labs, and although they aren't a perfect substitute for human eyes, they are great for learning many surgical steps of cataract surgery. The corneal similarities also make them ideal for practicing wound construction and corneal suturing. The wet lab allows the trainee to become comfortable with the microscope, the foot pedal, and the feel of the instruments and tissues.

2. Start easy

- a. I made this mistake early in my teaching career. I thought with advanced cataracts (white cataracts, 4+ brunescant cataracts), there was less to lose. But, in fact, it is easier for you, the trainee, and the patient if you start with easier, more straightforward cases. You can advance to the more complex, difficult cases with time. Advanced cataracts carry a higher risk of complications. In the beginning of a trainee's career, you want to encourage success and build confidence.

3. Play musical chairs

- a. When you walk into an OR with a beginning resident surgeon, it can often look like a game of musical chairs. You should have a low threshold to switch seats and take over. Preventing a complication is much better than fixing a complication. Most of the time, I switch seats, take over and finish a step or two, and then turn it back over to the trainee.

4. Backing-in technique

- a. In ophthalmic surgery, every step builds upon the previous step. In cataract surgery, for example, if you create a poorly constructed wound, the rest of your surgery will be more challenging. For this reason, I often use the "backing-in" technique. For example, with beginning resident cataract surgery, I will perform the majority of the case and then let the resident insert the IOL and remove the viscoelastic. After they are comfortable with those steps, they will progress to cortical clean-up, and so forth. I find this strategy provides a safe, measured way of performing surgery with new trainees.

Don't shy away from teaching because it is challenging; if you do, you'll miss out on one of the most satisfying aspects of our career.

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 line: 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.

CORNEA SUTURING AND WOUND CONSTRUCTION

Learning proper corneal suturing techniques and wound construction are such vital skills for all corneal specialists. The main goal of suturing is to achieve wound apposition, but with good technique, one can also improve the visual outcome and minimize astigmatism. [In this video](#), you will hear **Marian Macsai, MD**, discuss the basics of corneal suturing including how to handle the tissue, how to hold and drive the needle, suture spacing, and knot tying and burying. She will also discuss how to approach shelved wounds and stellate lacerations.

CSU AT ASCRS

We had a very successful CSU presence in Los Angeles at the 2017 ASCRS•ASOA Symposium & Congress. Many programs geared toward the CSU community were highlighted on our Facebook and Twitter accounts and were well received. During Cornea Day, on May 5, we had a booth with information about upcoming CSU programs and networking opportunities. A survey was conducted at the booth targeting residents, fellows, and cornea specialists in their first 5 years of practice. We received great feedback on future CSU activities, including future column topics, future features for the CSU interactive website, and goals for future live events. We also held our first live event, the inaugural CSU Dinner Series on Friday night immediately following the Cornea Day program. We had a great turnout. The dinner program focused on "Getting to the Podium and What to Do Once I Get There." Fellows and young cornea specialists had the opportunity to interact and network with colleagues as well as practice a podium presentation and receive real time feedback in a fun environment, complete with dinner, drinks, stress balls, and slinkys.