DSEK under challenging conditions

I) Welcome and introductions
II) Course goals
   A) Present clinical situations where DSEK may present surgical difficulties
   B) Present different approaches to individual DSEK steps which may be applicable in atypical situations
   C) Provide the attendees with an armamentarium of techniques to facilitate DSEK in challenging patients
III) Teaching method
   A) 3 DSEK surgeons with 3 different techniques
   B) Case presentations with video and discussion
IV) The steps of DSEK in “normal” patients – each step will be discussed and contributions will be made by the course faculty
   A) AC maintenance
   B) The incision
   C) Stripping Descemet’s
   D) Recipient bed preparation
   E) Donor disc introduction
   F) Opening the donor disc
   G) Disc positioning
   H) Air Fill
   I) Post operative patient positioning
   J) Post operative medical regimen
   K) Post op follow-up
V) The incision
   A) How big
   B) Where located
   C) Wound profile
VI) Descemet’s stripping
   A) When to do it
   B) How best to do it
   C) Donor / stripped zone size difference
   D) Viscoelastic or anterior chamber maintainer
VII) Host bed roughening – do you do it?
VIII) Donor disc introduction
   A) Preferred technique
      1) Why?
IX) Disc opening – how you do it
X) Disc positioning
   A) – how do you do it
   B) How to tell it’s where it is supposed to be
XI) Air fill……
   A) How much
   B) How long
   C) Do you make a PI
XII) Patient positioning post-operatively in recovery
   A) How long
   B) Rest of the day of surgery
   C) Do you “burp” the day of surgery
XIII) Post operative evaluation
   A) Medical regimen
XIV) Disc rebubbling
   A) Timing
   B) technique
XV) Specific scenarios –
   A) The phakic patient
   B) The aphakic patient
   C) Patient with AC hardware
      1) Tubes
      2) AC IOLs
   D) Dense edema with a poor view
   E) The patient on Flomax
   F) The patient with a large peripheral iridectomy / sector iridectomy
   G) DSEK for failed PKP
XVI) Questions from the audience