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3D Heads-Up Visualization: Cases in Glaucoma Surgery

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Singh:

Have you been using 3D heads-up displays in the operating room?

Dr. Petrakos:

Paul, I have been using 3D displays in my operating room.

Dr. Singh:

Well, what type of cases do you find it beneficial, the most, using these 3D heads-up displays?

Dr. Petrakos:

That's a great question. There are so many. But first, let me say this is CME on ReachMD, and I'm Dr. Paul Petrakos.

Dr. Singh:

And I'm Dr. Paul Singh.

Dr. Petrakos:

So overall, it's been great for all of my cases, but especially for glaucoma cases. Obviously, the ergonomics of a heads-up display has helped with my neck pain after surgery, back pain after surgery, but I really love the enhanced depth perception that it provides. And the improved visualization of the angle when doing minimally invasive glaucoma procedures.

And at my academic institution, we do a lot of combined cases with retina and our cornea colleagues, and we're teaching residents and fellows and medical students that are there as observers. It really helps keep everyone on the same page in the OR. It's really helped teach these students see their first eye cases in many cases. And it's really enhanced the experience for everyone in the operating room.

Dr. Singh:

Yeah, I couldn't agree with you more. I think that that is the key, you just mentioned. I think everybody who's observing has the same view that you have as a surgeon, so that way if you're teaching, if you're staffing, if you have industry coming in, you know that everyone can actually be on the same page and really help educate better, as well. In fact, I'm just going to show a video of a case that I had. The video I like is because I'm actually here in Panama using the 3D heads-up display here as well, and we're all learning a new procedure and there's a bunch of doctors watching me. There's a doctor who's also proctoring and also kind of showing everybody else. And you can see how everybody is watching the screen. Everybody has the same 3D view, the depth perception. And that's the key when we talk about MIGS.

What's the right case? Well, what's beautiful about these 3D heads-up is when you do a MIGS procedure, you have that gonio view, the depth and the angle looks just amazing. So when you try to find out how do you want to approach the angle, or what degree you want tilt up a little bit towards the TM, you can really appreciate that better with 3D heads-up. And being able to have my staff, the technicians were able to also now watch and I think also be more proactive. And that's one thing I've also realized. When the technician sees what we're seeing also, they're more proactive and they can hand things before we even ask for them as well. So I think just having that experience of everybody on the same page including my techs, as well as the attendees really, really helped a great deal from a teaching perspective as well.

Dr. Petrakos:

Yeah. Paul, excellent work. I mean, this is a beautiful video. I mean, this really encompasses a lot of the strengths of 3D heads-up display. Not only is it improving our ergonomics, but it's giving ownership of the cases too for our staff. They feel like they're more involved in the case that they're helping out. They can see exactly what's happening. We've all been in these cases where unfortunately, there's no screens or people can't see what you're doing. It's harder for them to help out in the case. It's harder for them to feel involved. Or when you're a medical student, shadowing, going into ophthalmology and you're in the OR, and you have no idea what's happening but you're curious and you want to learn. And it's really helped in all those situations.

And so for our surgeons that are interested in 3D heads-up display, take the time. It's going to pay dividends going forward, okay? It's not only going to help your ergonomics, your staff's going to love it, the OR nurses are going to love it. And whoever's with you in the OR, if you're at a teaching institution, they're going to learn so much more being there.

Dr. Singh:

Absolutely. I couldn't agree with you more. And I just want to add, what's nice and I think what we're now seeing now is the benefits of digital screens. We can modulate these screens. These different companies that are making these 3D heads-up allow us to change the color saturation, be able to highlight. There's different modes on these different screens that allow us to highlight the trabecular meshwork, highlight the interior capsule with kind of bringing up the greens or bringing up the reds, or changing the contrast. So now we're actually able to modulate to really enhance our view compared to what we have with our traditional scopes as well. So pretty cool technology. It's going to get better and better every year.

Paul, it's been a great time speaking with you today. Thanks so much for having me.

Dr. Petrakos:

Same here, Paul. Great talking to you as always.

Dr. Singh:

And to our audience, thank you for tuning in. This has been CME on ReachMD.

Announcer:

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