

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/eye-on-ocular-health/vbs-2026-innovations-clinician-wellness/56547/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Highlights from VBS 2026: From Care Innovations to Clinician Wellness

Announcer:

You're listening to *Eye on Ocular Health* on ReachMD. On this episode, Dr. Akshay Thomas, a vitreoretinal surgeon and director of the uveitis service at Tennessee Retinal, will reflect on key insights from the 2026 Vit-Buckle Society Annual Meeting. Here's Dr. Thomas now.

Dr. Thomas:

What makes this so special is that it's a very surgical meeting. The large majority of the topics covered focus on surgery. We also have topics we just don't have at other meetings—for example, physician wellness and the business of retina.

Amongst the sessions, some of my favorites are always the complications sessions. Essentially, surgeons present surgical complications they encountered in the middle of otherwise possibly routine cases or complex cases. The reason that it's so beneficial to see those is because you really learn from either your own complications or other people's complications because until you've had a specific complication, you don't really think about the thought process of what to do in the heat of the moment. And some of these complications are just ones you never would've even thought could happen. And so having to think on the spot in the middle of a surgery and be quick on your feet is going to be challenging. But if you have the opportunity to see how someone else handled this situation, you can always use that as a starting point to get yourself out of that tough situation. So the complications section is always fantastic, and it was this year as well.

The other session, which is always exceptional, is our wellness section, where we talk about everything from struggles outside of medicine, to physician burnout, to feelings of a little bit of imposter syndrome that some of us might have felt over the years, to struggles some of us have had surgically early on in our careers. Again, I think it's just people being extremely honest and vulnerable to help all of us out, because even if we're unwilling to mention it in a very public forum, many of us have been in similar situations, and it's good to normalize some of these things. Sometimes we look at other surgeons, and you just think they're unflappable and perfect and get everything right all the time and never make mistakes and have no shortcomings, but the reality is we all do. And seeing that normalized to some extent makes you feel a little more comfortable about talking about your own struggles and things you've done to get to the other side of that.

I think at this meeting we always see very innovative surgical approaches for some common and some perhaps uncommon situations. For some of the interesting surgical techniques, this is not the first time they've been described, but it's still relatively new, and fewer people have adopted it than the general retinal population. One would be suprachoroidal viscoelastic for creating a temporary buckle in cases of retinal dialysis or suprachoroidal viscopexy. It was interesting to see a couple cases with a clinical outcomes for such patients that were actually pretty good.

The other technique, which a lot of us are doing in the last one to two years, would be use of an amniotic membrane graft for treatment of large chronic and refractory macular holes. But in addition to seeing anatomical outcomes, I think we've followed these patients long enough where we're able to delve a little bit more into some of the functional outcomes, which have been modest, but that isn't expected.

Those are two areas I think more people are starting to do, slow and steady. And we're starting to see people's outcomes, which will likely make more people adopt them once they see that some of these surgical outcomes are actually quite good.

We're also seeing a little bit of data with some surgical complications of some of our novel therapeutics. For example, we saw an excellent presentation of some of the complications arising from a patient receiving subretinal gene therapy in a clinical trial.

We've had a chance to look at some investigational surgical devices. Dr. Frank Brodie presented on a new surgical approach for patients who are aphakic, and it's basically a prosthetic capsular bag into which we can place a variety of intraocular lenses, which may simplify management of our patients being secondary intraocular lens placement. There's a lot of novel surgical therapeutics potentially in the pipeline. And then also seeing some of the surgical outcomes of some of our newer but previously described surgical approaches was pretty nice.

Announcer:

That was Dr. Akshay Thomas sharing his thoughts on the Vit-Buckle Society Annual Meeting. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!