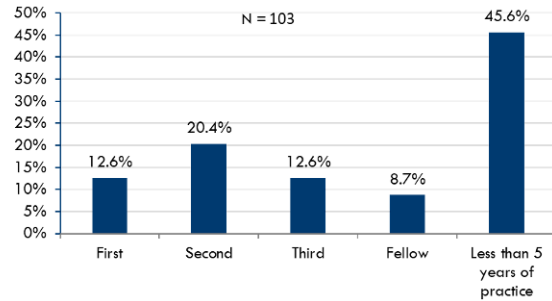


Of the 103 young eye surgeons who responded to the 2019 ASCRS Clinical Survey, 45.6% noted that they have been in practice for less than 5 years. Meanwhile, 12.6% were in their first year of training, 20.4% were in their second year of training, 12.6% their third year of training, and 8.7% in fellowship.

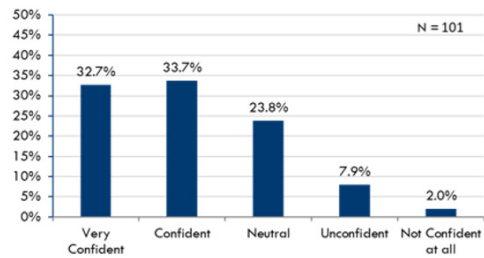
Given the training they received so far, respondents indicated that they were very confident (32.7%) with the preoperative evaluation and planning for presbyopia at the time of cataract surgery. Additionally, 33.7% were confident.

Similarly, when asked about their confidence with preoperative evaluation and planning for astigmatism at the time of cataract surgery, 46.5% were confident, and 33.7% were very confident.

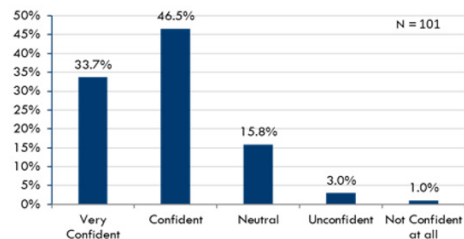
IN WHAT YEAR OF TRAINING ARE YOU?



GIVEN YOUR TRAINING AND/OR OTHER EXPERIENCE YOU HAVE RECEIVED THUS FAR, HOW CONFIDENT ARE YOU WITH THE PREOPERATIVE EVALUATION AND PLANNING FOR PRESBYOPIA AT THE TIME OF THE CATARACT SURGERY?



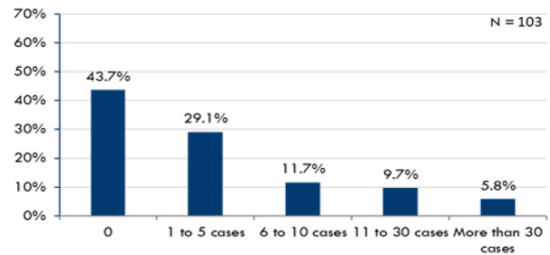
GIVEN YOUR TRAINING AND/OR OTHER EXPERIENCE YOU HAVE RECEIVED THUS FAR, HOW CONFIDENT ARE YOU WITH THE PREOPERATIVE EVALUATION AND PLANNING FOR ASTIGMATISM AT THE TIME OF THE CATARACT SURGERY?



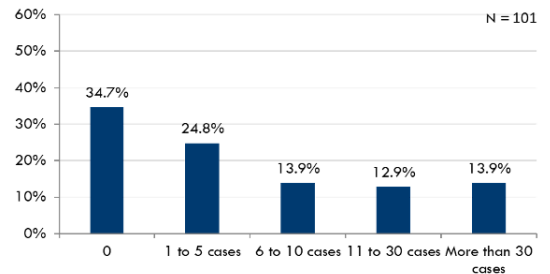
Young eye surgeon respondents overwhelmingly had not performed manual corneal relaxing incisions during training; 43.7% said they had performed no such incisions. Close to a third of respondents (29.1%) had performed one to five cases.

There was relatively low experience with implanting presbyopia-correcting IOLs, with 34.7% indicating that they had not implanted this technology. About a fourth (24.8%) had done one to five cases, while 13.9% had done more than 30 cases.

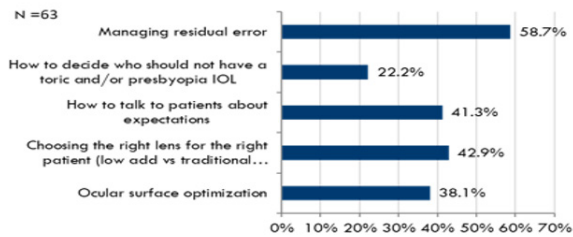
DURING YOUR TRAINING, HOW MANY MANUAL CORNEAL RELAXING INCISIONS HAVE YOU PERFORMED (AK, LRI/PCRI)?



DURING YOUR TRAINING AND/OR EXPERIENCE THUS FAR, HOW MANY MULTIFOCAL/EDOF PRESBYOPIA-CORRECTING IOLS HAVE YOU IMPLANTED?



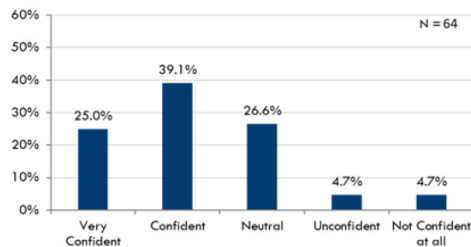
IN WHAT AREAS HAVE YOU HAD SURPRISES WITH TORIC AND/OR PRESBYOPIA-CORRECTING IOLS? (SELECT ALL THAT APPLY.)



Some respondents (a total of 63) indicated where they had seen surprises with toric and/or presbyopia-correcting IOLs, with the largest percentage (58.7%) being managing residual error.

Based on their training, respondents were, for the most part, very confident (25.0%) or confident (39.1%) with the preoperative work-up, implantation, and management of presbyopia-correcting lenses.

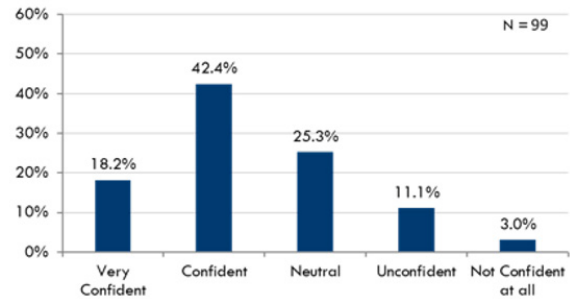
GIVEN YOUR TRAINING AND/OR OTHER EXPERIENCE YOU HAVE RECEIVED THUS FAR, HOW CONFIDENT ARE YOU WITH THE PREOP WORK-UP, IMPLANTATION, AND MANAGEMENT OF PRESBYOPIA-CORRECTING LENSES?



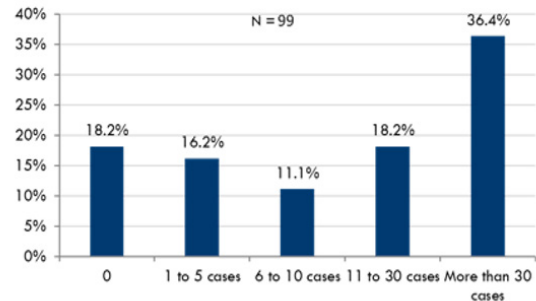
When asked about their confidence in deciding between corneal, lenticular, or no surgery for astigmatism management, the largest percentage of respondents (42.4%) said they were confident. Meanwhile, 18.2% said they were very confident, and 11.1% were unconfident.

In addressing toric IOLs, 36.4% of respondents indicated that they had done more than 30 cases of toric IOL implantation during training or in their early experience, though 18.2% hadn't done any toric IOL cases. Respondents were overwhelmingly very confident (39.8%) or confident (44.6%) with implantation and management of toric IOLs.

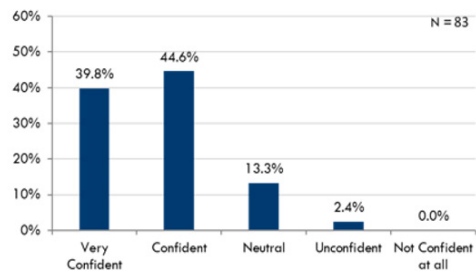
HOW CONFIDENT ARE YOU DECIDING BETWEEN CORNEAL, LENTICULAR VS. NO SURGERY AT ALL FOR ASTIGMATISM MANAGEMENT?



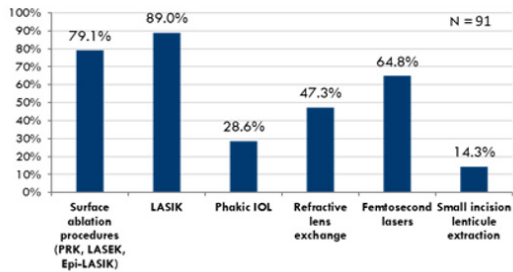
DURING YOUR TRAINING AND/OR EXPERIENCE THUS FAR, HOW MANY TORIC IOLS HAVE YOU IMPLANTED?



GIVEN YOUR TRAINING AND/OR OTHER EXPERIENCE YOU HAVE RECEIVED THUS FAR, HOW CONFIDENT ARE YOU WITH THE IMPLANTATION AND MANAGEMENT OF TORIC IOLS?



WHAT SURGICAL REFRACTIVE TRAINING HAVE YOU BEEN EXPOSED TO BEYOND A LECTURE (SURGICAL OBSERVATION OR PERSONALLY PERFORMING THE PROCEDURE)? (SELECT ALL THAT APPLY)

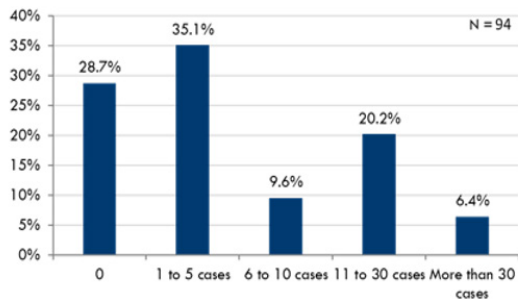


Respondents also provided feedback on the surgical refractive training they have been exposed to (either **observing or performing**) beyond a lecture. They noted **surface ablation procedures, LASIK, phakic IOLs, refractive lens exchange, femtosecond lasers, and small incision lenticule extraction.**

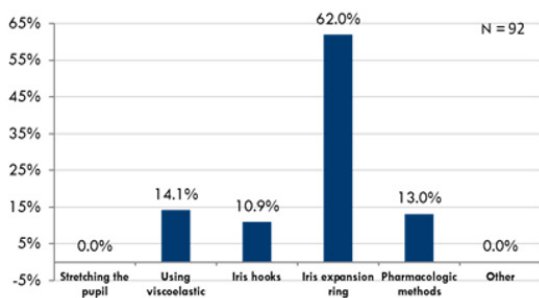
Relating to **zonular disease**, respondents weighed in on the number of **capsular tension rings/segments/hooks** they had implanted, with **28.7%** indicating they had done no cases and **35.1%** responding that they had done one to five cases.

In terms of the most common way to approach small pupil patients, **62%** of respondents said they use **iris expansion rings.**

WITH RESPECT TO ZONULAR DISEASE, HOW MANY CAPSULAR TENSION RINGS/SEGMENTS/HOOKS HAVE YOU IMPLANTED?



WHAT IS YOUR MOST COMMON WAY OF APPROACHING SMALL PUPIL PATIENTS?





More young eye surgeon members are getting experience with manual astigmatic incisions. This is important, as it is an easy (and economical) way to get comfortable managing corneal astigmatism at the time of cataract surgery.

Young eye surgeon members are getting exposure to toric, multifocal, and EDOF IOLs. This is likely due to continued support from industry. Most companies allow three to five evaluation lenses so young eye surgeons can get experience with these technologies at no cost to their patients.

Young eye surgeon members continue to have somewhat limited exposure to personally managing zonular weakness. This is likely due to the limited number of cases that they perform. That being said, on the whole, more than 70% have some personal exposure to these challenging cases.

Iris rings continue to be the most common way to address small pupil cases (followed by OVD, iris hooks, and pharmacologic methods in almost equal percentages), with no young eye surgeon members employing iris stretching techniques.

Sumit "Sam" Garg, MD

Young Eye Surgeons Clinical Committee Chair



When comparing the 2018 to 2019 data, there is a definite increase not only in confidence level by the respondents but also the actual numbers of refractive cases they are performing. We can conclude that residency/fellowship programs are doing a better job of exposing their trainees to these types of procedures and IOLs. Additionally, for the young eye surgeons who are finished with training, they are clearly getting more exposure to new technologies after they graduate. In many of these cases, it is happening through ASCRS-sponsored programs, wet labs, and industry-supported educational events. On all levels the increased exposure is truly impressive.

There has been a lot of buzz about pharmacologic options for pupillary dilation being the one-stop option, but these results demonstrate that for young eye surgeons, iris rings are actually used more often in practice, which highlights the continued importance of exposure for young eye surgeons to these devices.

Soroosh Behshad, MD, MPH

EyeWorld YES Connect Co-Editor



I think this data overwhelmingly shows that training programs are doing a great job. I think the most interesting thing is that LRIs are not being taught well. The residents are not being trained well on managing astigmatism patterns on their own. I think the overall tenor of this survey shows we are doing much better than in prior decades.

Michael Patterson, DO

EyeWorld YES Connect Co-Editor