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INSIDE

Safe harbors offer protection for few

Most ASC ownership arrangements will not qualify for protection, which does not necessarily mean they are illegal.

by Michael A. Romansky, JD and Joel I. Suldan, JD
Special to OCULAR SURGERY NEWS

On July 29, the Office of the Inspector General of the Department of Health and Human Services published the long-awaited final regulations establishing safe harbors under the Medicare and Medicaid antikickback statute.

These controversial regulations raise a number of questions about the legality of the following:

- ***physicians owning entities to which they refer patients;***
- ***ophthalmologists entering into consulting arrangements with suppliers;***
- ***Ambulatory surgical centers (ASCs) purchasing equipment, IOLs and supplies from manufacturers through bundling arrangements; and***
- ***ophthalmologists acquiring optometrists' practices.***

Providers and manufacturers will need to be sensitive to these new parameters of the Medicare fraud law in conducting business.

The Medicare statute prohibits offering, paying, soliciting or receiving remuneration to induce referrals for items or services reimbursed under Medicare or Medicaid. The regulations define certain practices and arrangements, known as safe harbors, that will not be considered violations of that statute. Because the safe harbor definitions are very narrow, many arrangements will have difficulty qualifying for protection.

For more: ***Safe harbors, page 18***

Support for sutureless surgery continues

Look Ma: *incision size, not suture, may be biggest factor in induced astigmatism.*

by Robert Henahan
OSN International Correspondent

PARIS—Modification of the small incision used in single-stitch surgery for foldable and reduced-dimension IOLs can in many cases allow sutureless closure once the lens is in place. However, debate continues among surgeons over the merits of no-stitch cataract surgery.

Proponents of no-stitch techniques, such as **John R. Shepherd**, MD, of Las Vegas, claim that the carefully constructed incision needed for sutureless closure functions better than older incision designs closed with single or multiple stitches.

For more: ***Sutureless, page 24***

Dapiprazole drops appear to reverse diagnostic mydriasis

TUCSON—A production problem delayed its availability, but a new drop to reverse diagnostic mydriasis was expected to reach physicians' offices by the beginning of July.

Storz Ophthalmics began marketing dapiprazole, under the brand name Rev-Eyes, after the FDA gave final approval of the eye drops in May.

It is the first drug to become clinically available to reduce diagnostic mydriasis caused by phenylephrine and tropicamide, although another drug, thymoxamine, has been found to cause a similar response.

Dapiprazole is an α-adrenergic blocker, which causes miosis in the dilator muscle of the iris.

The effectiveness of the drops was tested in separate studies conducted in Tucson and Philadelphia.

For more: ***Dapiprazole, page 27***

Subfoveal vessel removal outlined

Surprisingly good results seen in some patients

by Joann Nash
OSN Correspondent

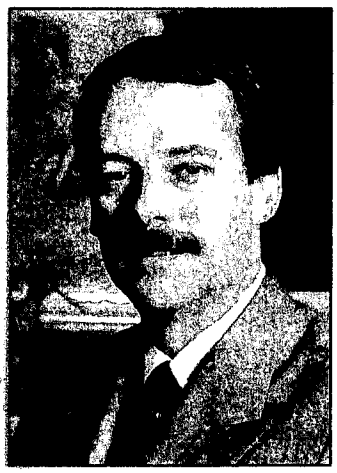
ST. LOUIS—A new submacular surgical procedure has significantly improved central vision in some patients with ocular histoplasmosis or age-related macular degeneration, according to a recent report from **Matthew Thomas**, MD, of Retinal Consultants, Ltd.

The procedure, which involves surgical removal of subfoveal neovascular membranes, evolved from earlier successful removal of massive blood clots behind the retina.

For more: ***Subfoveal, page 12***

Forceps design provides better grasping surface

New capsulorhexis instrumentation helps meet the challenge of small-incision, single-stitch cataract surgery



by K. Broderick Stolte, MD
Special to OCULAR SURGERY NEWS

The development of small-incision, single-stitch and now sutureless cataract surgery has increasingly challenged the surgeon as well as the surgeon's instruments.

When I began performing sutureless cataract surgery about a year ago, I realized the instruments on the tray were inadequate. They were either too short or could puncture the delicate scleral flap. The ball-and-socket tip offers the advantage of a larger grasping surface.

Depending on the viscoelastic material used, the capsule has a tendency to slip, especially when using a cystotome or bent needle. These problems are more prone to occur with the sutureless incision since it is farther back from the limbus.

Overcoming inadequacies

To overcome these inadequacies I developed capsulorhexis forceps, made by Katena Products (patent pending). They have ergonomic advantages. They are long enough for adequate reach and allow the surgeon to firmly grasp the thin capsular membrane. The surgeon can insert the forceps easily, grasp the membrane at any point and go 180° around before having to regain fixation of the tissue. The blunt tip lessens the chance of striking the iris upon entry or churning up cortex.

The forceps have less tendency to puncture the membrane or slip secondary to the effects of the viscoelastic material. If fixation is lost, it can be regained at any point rather than at the edge of the membrane as with other capsulorhexis forceps.

Ideal applications

The capsulorhexis forceps are especially effective at 6 o'clock or with anterior cortical cataracts. If a posterior capsulorhexis is required, these forceps are ideal. With the blunt tip, there is less risk of puncturing the anterior hyloid face, preventing the need for vitrectomy. These forceps have a millimeter scale to measure the radius of the capsulorhexis. This is especially important to ensure that there is total envelopment of the optic of the newer ovoid lenses.

In my hands, these capsulorhexis forceps have proved to be efficient and safe. I have had consistently excellent results using this instrument for sutureless cataract procedures. ■

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Dr. Stolte has no proprietary interest in the instrument mentioned in this article.

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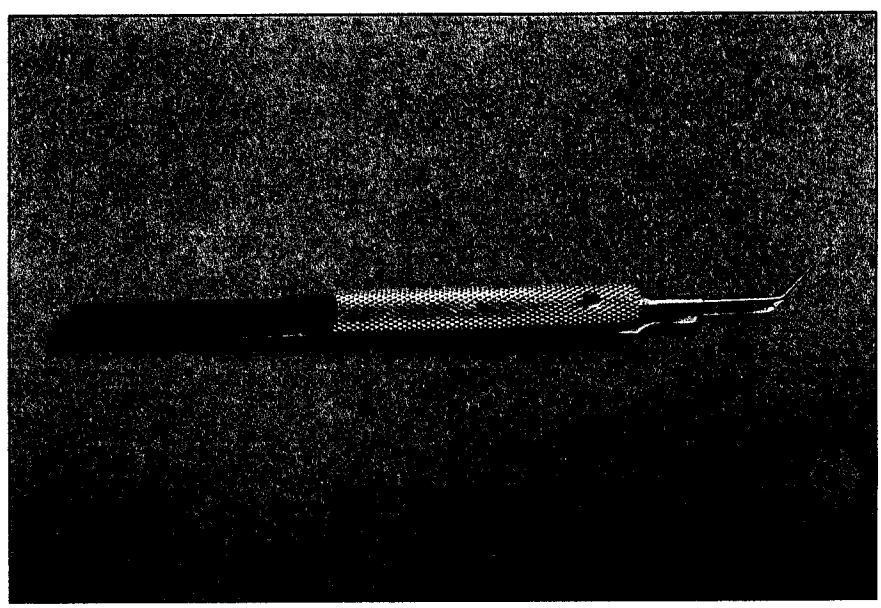
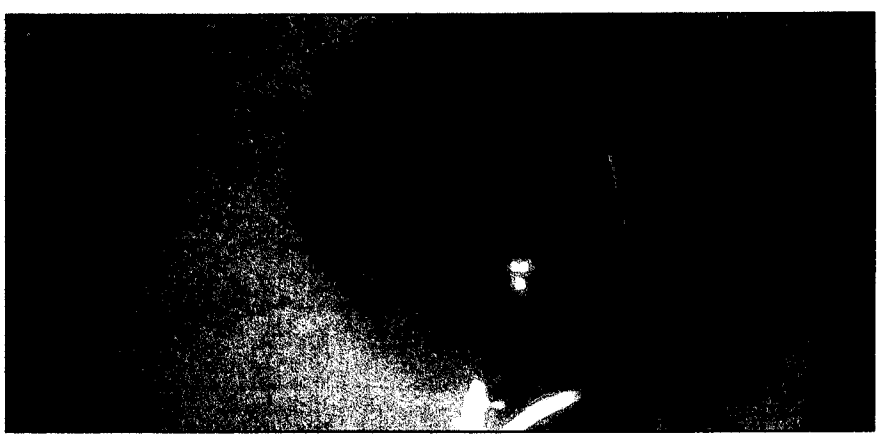
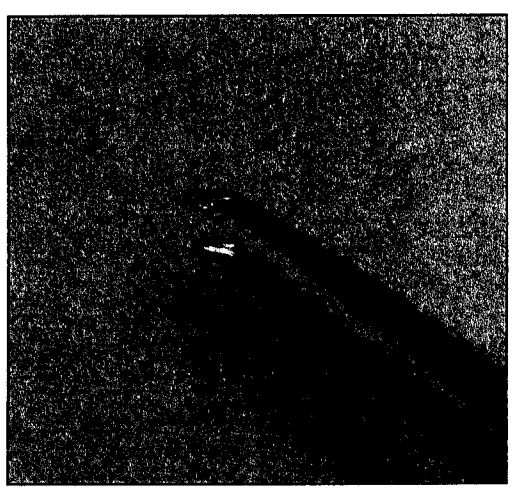
> —K. Broderick Stolte







The capsulorhexis forceps with a blunt tip and ball-and-socket fixation offer the advantage of a larger grasping surface.