

Cataract Surgery

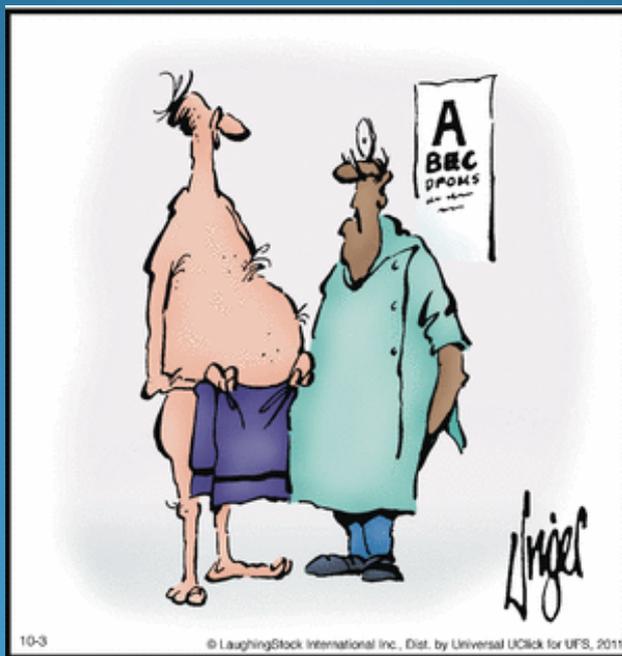
The Good, the Bad, and the Ugly!

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The Ugly!



**“Is this the first time you’ve had
your eyes tested?”**

Suprachoroidal Hemorrhage

- Underlying hypertension
- Obesity
- Glaucoma
- Systemic vascular disease
- Anticoagulation
- High myopia
- High hyperopia

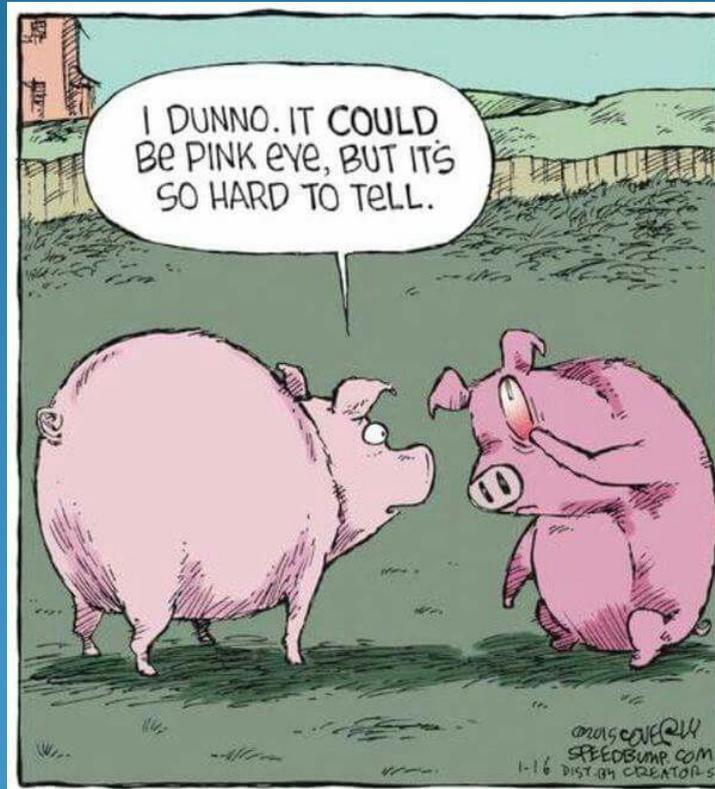
Suprachoroidal Hemorrhage

- Pain!
- Shallowing of AC and rock hard eye
- \pm Change in the red reflex

Treatment

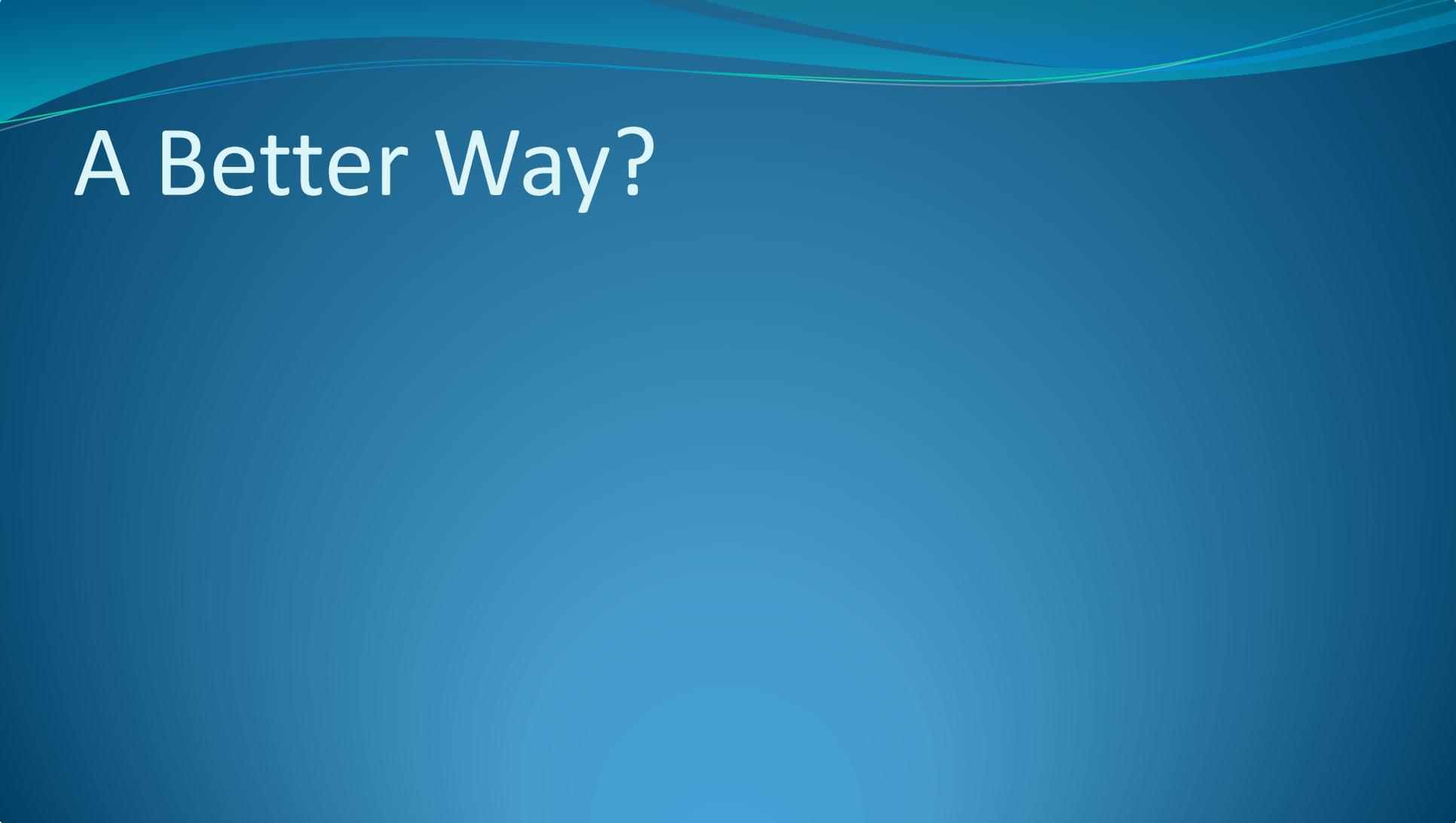
- IV mannitol mg/kg body weight
- ± Posterior sclerotomies

The Bad



Argentine Flag Sign!

- Pearly white hypermature cataract
- High intracapsular pressure
- Shallowing of AC



A Better Way?



The Good!

In the Bag IOL Dislocation

- With the advent of CCC, late in-the-bag IOL dislocation has become more frequent
- Pts with pseudoexfoliation syndrome are at particular risk
- Trauma
- Glaucoma
- Previous retinal surgery

Single Suture Iris-to-Capsulorhexis

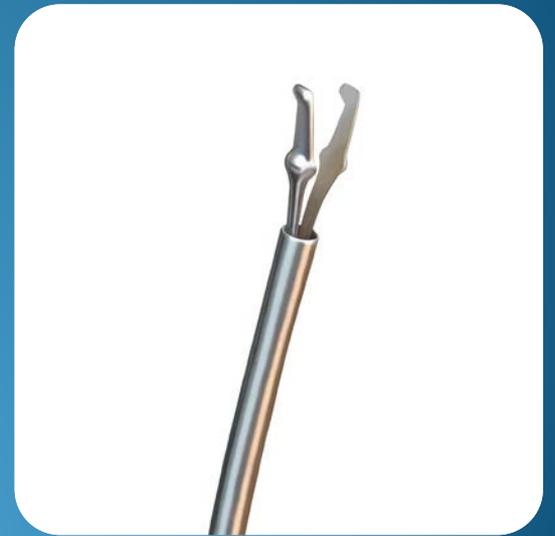
- Simplified technique
- Minimal intraocular manipulations
- Conjunctival sparing

Ideal Patient

- Mild to moderate in-the-bag IOL dislocation
- Fibrosis of capsulorhexis
- No posterior tilt of IOL
- Minimal vitreous in the anterior chamber
- Elderly or sedentary patient

Tools Needed

- CTC-6L needle on 10-0 prolene suture (Ethicon)
 - Long curved spatulated needle
- Micro graspers
 - Ahmed micro-graspers
 - MST – micro holding forceps
- Large Castroviejo needle holders
 - Designed for 6-0 to 7-0 needles



Anesthesia

- Any time uveal tissue is manipulated, more than topical anesthesia is to be considered
- Retrobulbar block for anesthesia and akinesia
- Subtenons will work especially if in an unanticipated situation

Patient

- 84 yo WF
- Previous complicated cataract surgery done elsewhere
- Previous unsuccessful attempt at re-centering IOL also done elsewhere

