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Functional results of cataract surgery at Bukavu Eye Clinic, 2017

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Introduction: Cataract blindness is avoidable. Surgery is the only way to cure it and restore vision if well done. Through our study we wanted to evaluate cataract surgery out its comes in our eye clinic and identify the causes of bad results.

Material & Methods: A prospective study of 603 eyes operated for cataract was conducted in adults from January 1st, 2017 to December 31st, 2017 (12 months). The results were analyzed by the software, Monitoring Cataract Surgical Outcomes (MCSO). Post-operative functional data were analyzed and the causes of poor performance were identified.

Results: 229 women (49.6%) and 304 men (50.4%) underwent cataract surgery. The average age was 62. Extra capsular cataract extraction (ECCE), and manual suture less small incision cataract surgery (SICS) with posterior chamber implantation in 91.4% were the main surgical techniques. Above 50.6% of our patients had good visual acuity (≥ 0.3) with the correction range, 31.4% had a limited visual acuity (0.1–0.2), and 18% had a poor visual acuity (< 0.1). After correction, good results increased up to 64.2% (385 patients), border limit visual acuity decreased up to 20.7% (125 patients) and poor results to 15.1% (91 patients). The causes of poor results were mainly related to systematic use of standard intraocular lenses (21–22D), and refractive errors in 13.6% (82 cases), bad pre-operative patient selection in 11.1% (67 cases) and surgical complications in 8.6% (52 cases).

Discussion: These results are lower than the WHO standards, which recommend a value greater than or equal to 80% for good outcome and a value below 5% for bad outcome.

Conclusion: The identification of the causes of poor performance draws attention to the use of biometry, a good preoperative selection of patients, improvement of surgical skills and the need for refractive surgery.

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