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Phacoemulsification—from simple surgery to the nightmares

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Cataract represents the leading cause of curable visual impairment in which improvement after the surgical procedure can lead to complete restoration of visual acuity. Phacoemulsification is one of the most commonly performed surgical procedures in the treatment of patients with cataract. Based on recent publications, the rate of complications varies from 0.05–2%. Depending on the type of the cataract and other ocular or general comorbidities, surgical procedure can, in some cases, present real challenge for the surgeon. Corneal opacity, insufficient mydriasis, angular glaucoma, posterior synechia, intumescent or brunescant cataract, traumatic cataract and zonulolysis can all put additional stress on the surgeon while performing the surgery in those patients. The most difficult complication for an anterior segment surgeon is the drop of the lens into the vitreous cavity which leads to vitrectomy. The purpose of this lecture is to present various cases of difficult cataract procedures, to present the way of how we deal with them and to discuss interactively some others possibilities which could be used instead. Management of the drop lens will be presented as well as the secondary intraocular lens (IOL) implantation. All procedures were performed in local topical or retrobulbar anesthesia using a clear corneal 2.75 mm temporal approach, divide and conquer or phaco-chop technique and IOL implantation. Vitrectomy was performed using 23G 3 port or 4 port vitrectomy with a three piece (scleral sulcus or scleral fixation) or Artisan IOL implantation. All patients used combine tobramycin-dexamethasone and NSAID (nonsteroidal anti-inflammatory drugs) therapy after the surgery. In all patients cataract surgery was successfully performed. Visual acuity ranged from 0.6–1.0 and remained stable during the follow-up period.

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