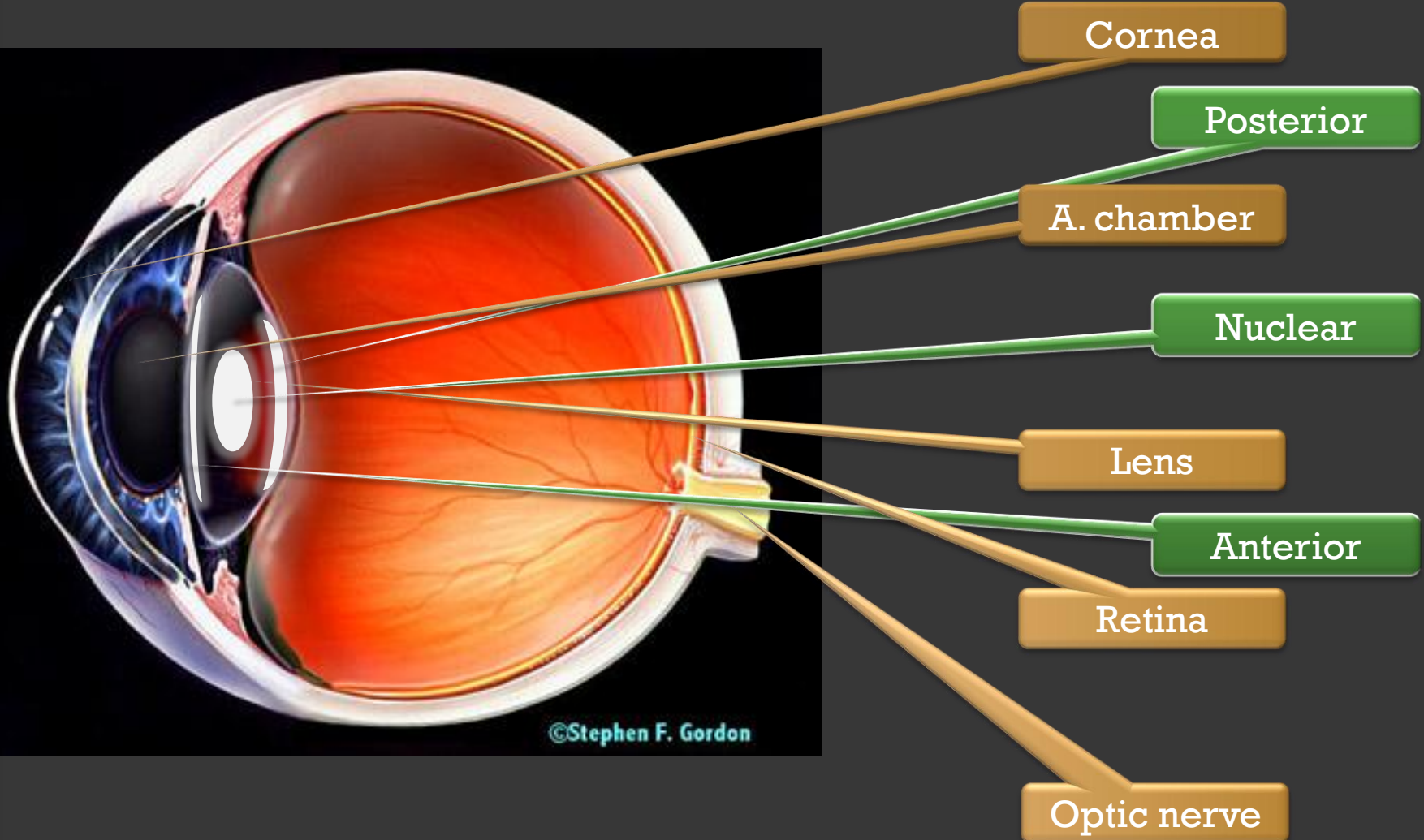


Cataract

CATARACT

- Clouding of crystalline lens of eye
- Losing transparency of the lens of the eye
- Limits light entering in to the eye
- Gradual vision loss leads to complete blindness

What happens to the Lens ?



How to identify Cataract

- If Cataract is mature- white pupil in the room light
- Flash a torch- see white reflection
- Use an Ophthalmoscope at a distance- see disturbed red reflex
- Examine with a slit lamp
- Relate findings to person's vision



Cataract Surgery-back to light..

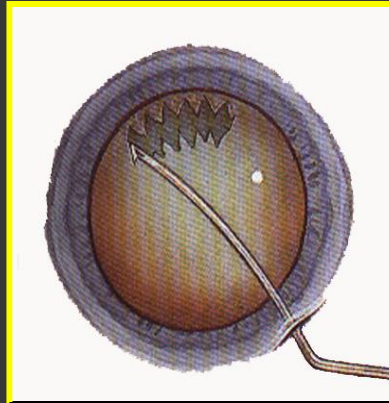
- Simple, quick procedure takes less than 10 minutes
- Extraction of lens with cataract
- Implantation of an artificial lens (IOL)
 - Conventional ECCE
 - Phaco-emulsification
 - Small incision cataract surgery

Pre-operative assessment

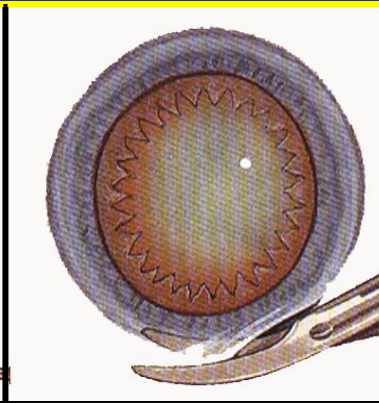
- General fitness, willingness, awareness
- Exclusion of other disease
 - Diabetes- urine ward test, FBS
 - Hypertension- BP
 - Ischaemic heart disease- ECG
- Cleanliness, clothing
- Biometry- A scan, Keratometry
- Pre-op medication
 - Systemic- anxiolytic
 - Topical- antibiotic, mydriatic
- Assessment of cataract- type, maturation
 - To determine technique of surgery

Extracapsular cataract extraction

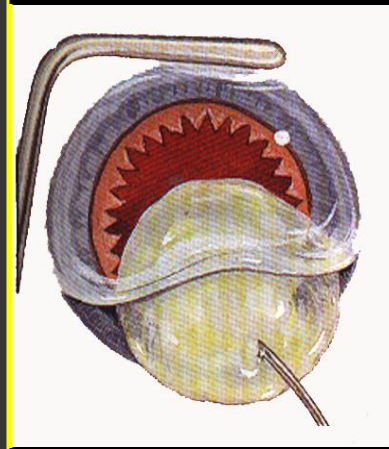
1. Anterior capsulotomy



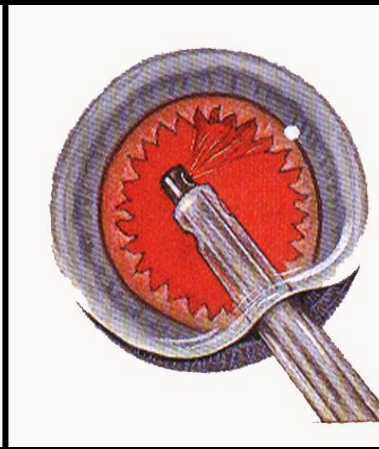
2. Completion of incision



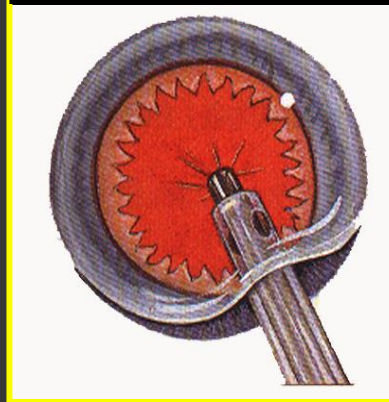
3. Expression of nucleus



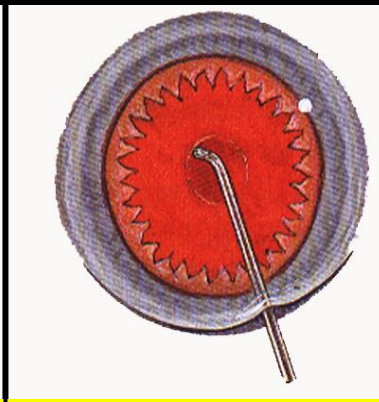
4. Cortical cleanup



5. Care not to aspirate posterior capsule accidentally

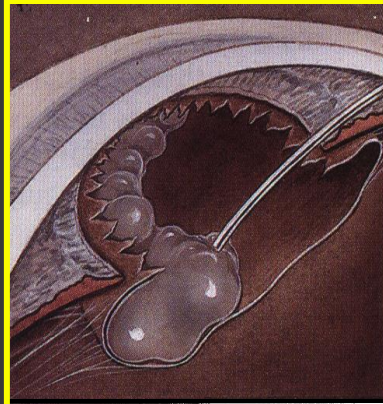


6. Polishing of posterior capsule, if appropriate

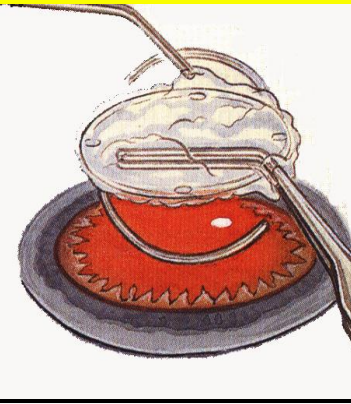


Extracapsular cataract extraction (cont.)

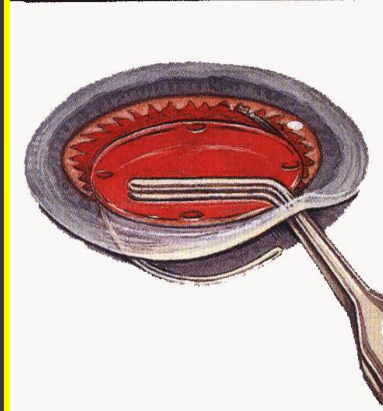
7. Injection of viscoelastic substance



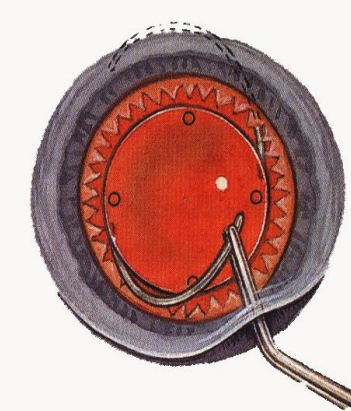
8. Grasping of IOL and coating with viscoelastic substance



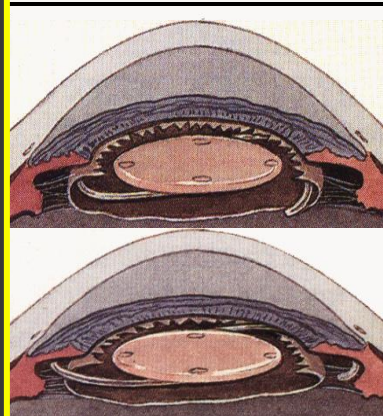
9. Insertion of inferior haptic and optic



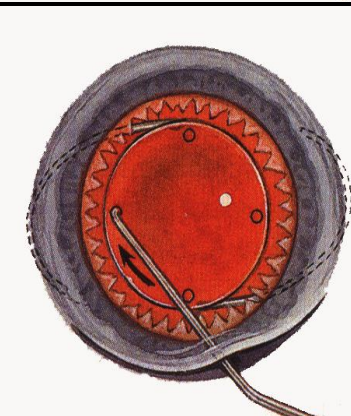
10. Insertion of superior haptic



11. Placement of haptics into capsular bag and not into ciliary sulcus

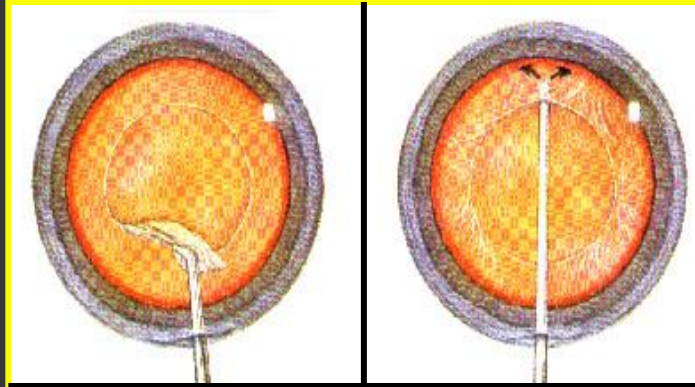


12. Dialling of IOL into horizontal position



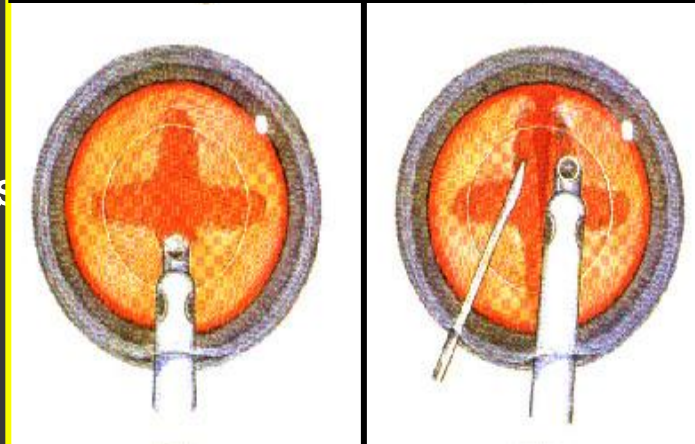
Phacoemulsification

1. Capsulorrhexis



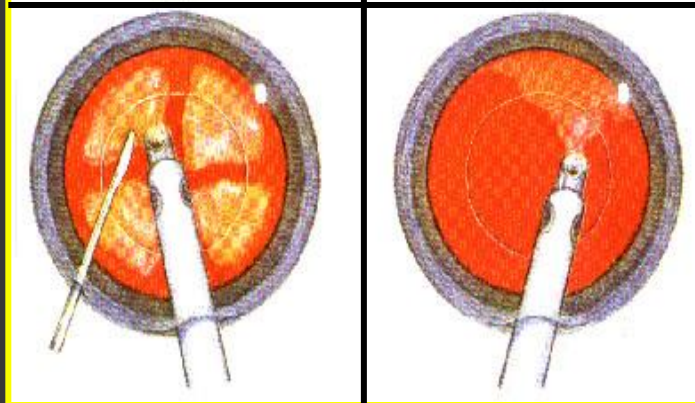
2. Hydrodissection

3. Sculpting of nucleus



4. Cracking of nucleus

5. Emulsification of each quadrant



6. Cortical cleanup and insertion of IOL



After the surgery

- Patient can be sent or kept over night
- Examined on the following day
- Needs topical steroid / antibiotic cover
- Follow up in one week / one month
- Suture removal if necessary
- Refraction
- Provision of spectacles
- Discharge

Cataract Extraction

- ◉ Simple procedure
- ◉ Quick
- ◉ Less complications
- ◉ Easy post-op care
- ◉ Excellent visual outcome
- ◉ No long term follow up

Thank You !
