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## Surgical outcomes of posterior polar cataract using envelope capsulotomy and hydro-dissection with Simcoe cannula in manual small incision cataract surgery (MSICS)

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**Introduction:** Posterior polar cataract often causes significant stress on cataract surgeons.**Objective:** To report the effectiveness of envelope capsulotomy and hydro-dissection with Simcoe cannula in posterior polar cataract.**Main outcome measures:** The main outcome measures include PCR rate.**Methods & Results:** Fifty eyes with posterior polar cataract underwent surgery using the above mentioned technique. The surgical technique will be demonstrated and the other techniques of capsulotomy will be discussed.**Conclusion:** The use of envelope capsulotomy and hydro-dissection with a Simcoe cannula results in a desired outcome in cases of posterior polar cataract in MSICS.

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## Outcome of 100 phacoemulsification surgeries at Mohammad Al-Dossary Hospital Khobar, Saudi Arabia

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**Purpose:** To evaluate the outcome of phacoemulsification surgeries at department of ophthalmology, Mohammad Al-Dossary Hospital Khobar, Saudi Arabia.**Materials & Methods:** 100 eyes of 87 patients were included in this study that was conducted from 1<sup>st</sup> December 2014 to 30<sup>th</sup> November 2015. 87 patients were male whereas 13 were female. 40 right eyes, 34 left eyes while 13 patients were undergone bilateral phaco surgeries within 7 to 16 days. 1 patient was in age group C, another 1 was in group D, 19 were in group E, 38 were in group F and remaining 41 were in group G. 41 were suffering from diabetes, 33 were hypertensive, 3 were with cardiac problems using pace maker and 1 was involved with HCV infection. Patients suffering from ocular diseases: open angle glaucoma 5, pseudoexfoliation 6, pigment dispersion syndrome 2, chroniciritis 3, cholestrosis bulbi 2, asteroid hyalosis 1, age related macular degeneration 3. All were dilated with mydriacil/phenylephrine eye drops, local anesthesia as retrobulbar as well as facial block (von lint technique) were given using 2% xylocaineinj without adrenaline. 2.8mm incision, capsulorexhsis with bent 27 gauge needle, followed by hydrodissection and in some hydrodelienation with small caliber irrigation cannula, copious 2% methylcellulose used to save endothelial cells as well as to maintain anterior chamber, all 4 steps of phaco followed with divide and conquer method and finally injectable IOL implanted. Every operation ended with sub-conjunctival injection of dexamethasone 2mg plus gentamicin 20mg.**Results:** 59 eyes gained 20/20 visual acquity on first post-operative day, 23 eyes gained 20/40, 10 gained 20/60 which over a period of five days improved to 20/20 after using topical prednisolone 1mg along with moxifloxacin eye drops, 5 gained 20/80 corrected with glasses, 3 were having 20/100 because of macular diseases.**Conclusion:** In my experience phacoemulsification is an excellent technique which saves time, gives early rehabilitation depending upon the patience, experience and skill of surgeons.

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