

Egyptian Ophthalmological Society

***Summer Meeting 27th of September
2018***



Controversies in Cataract Surgery (Panel)

Moderator :

Ahmed El-Massry

Panelists:

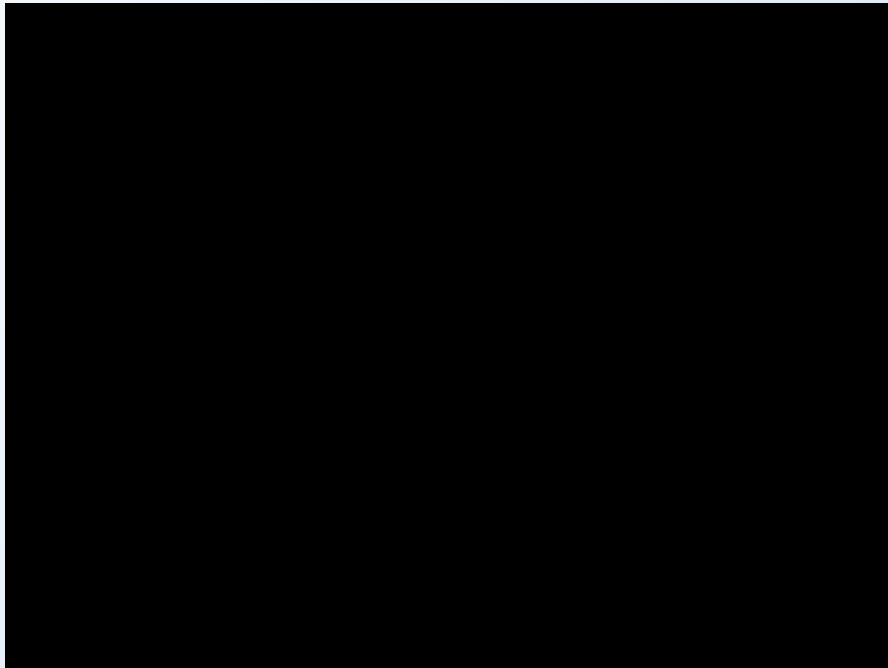
Alaa El-Zawawi.

Hesham Fawzy.

Hossam Elfalal.

1- Cataract with Juvenile Idiopathic Arthritis (JIA):

- ❑ 12 year old girl
- ❑ Left eye VA :
 - ❖ Hand Motion
 - ❖ No active uveitis: for how long???
 - ❖ Your Armamentarium for the Pupillary membrane.
- ❑ Systemic/topical steroid regimen?



Messages:

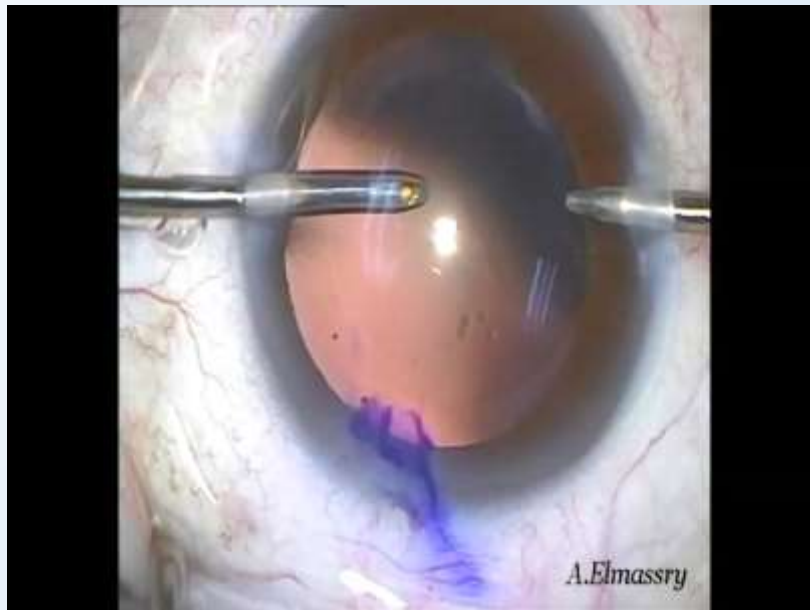
Children with Juvenile Idiopathic Arthritis (JIA):

- Systemic steroids.**
- Difficult Surgery: all tools must be available.**
 - ❖ **Iris hooks**
 - ❖ **PCCC**
 - ❖ **Vitrectomy**
 - ❖ **Three pieces IOL**
 - ❖ **Suturing**
- Immunology Consultation (ANA, sub-types of arthritis, screening)**

Case #2:

Rent in the posterior capsule with Trifocal IOL

- 50 year old female type A personality.**
- Planned for cataract surgery +trifocal IOL
implantation.**



Discussion

- ❑ How to manage a PC tear during cortical clean up?
- ❑ Timing of the rent affects the management plan.?
- ❑ Tri- or multi-focal in bag or sulcus?
- ❑ PCCC?

Case #3: Cataract with Fuch's Dystrophy

- ❑ 65 year old male
- ❑ Bilateral N++
- ❑ Specular microscopy Number of Cells less than 800
- ❑ CV: 50 % (norml 30%)
- ❑ Pachymetry 580 micron.
- ❑ Decision ??????
 - ❖ Cataract only and assess ??
 - ❖ FLACS Or Conventional
 - ❖ Cataract and DMEK ???

Phaco in Fuch's dystrophy



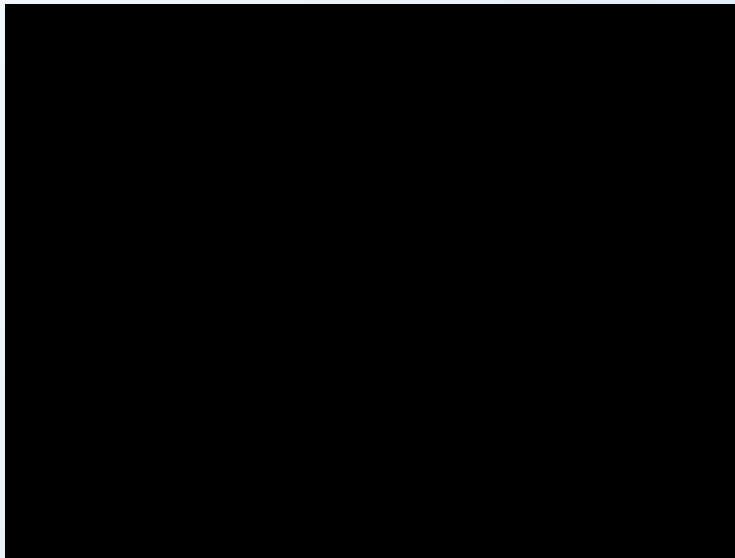
Messages

- ❑ **Your approach in cataract + Fuch's endothelial dystrophy?**
- ❑ **Femto vs phaco cataract? Literature?**
- ❑ **Cataract surgery alone or + DMEK or DESEK?**
- ❑ **Patient's Counseling is Mandatory: More pessimistic.**

Case #4: Cataract with Fuchs Corneal Dystrophy II

- ❑ **91 year old lady**
- ❑ **Brown cataract , Fuchs dystrophy , cell count is 13/mm**
- ❑ **Decision??**
 - ❖ **Cataract only**
 - ❖ **Cataract and DMEK**
 - ❖ **Cataract and DSEK**

Cataract with DMEK



Message

Phaco DMEK:

❑ Advantages:

- ❖ One step surgery
- ❖ High quality visual results.

❑ Disadvantages:

- ❖ Steep learning curve
- ❖ Rate of rebubbling

Message

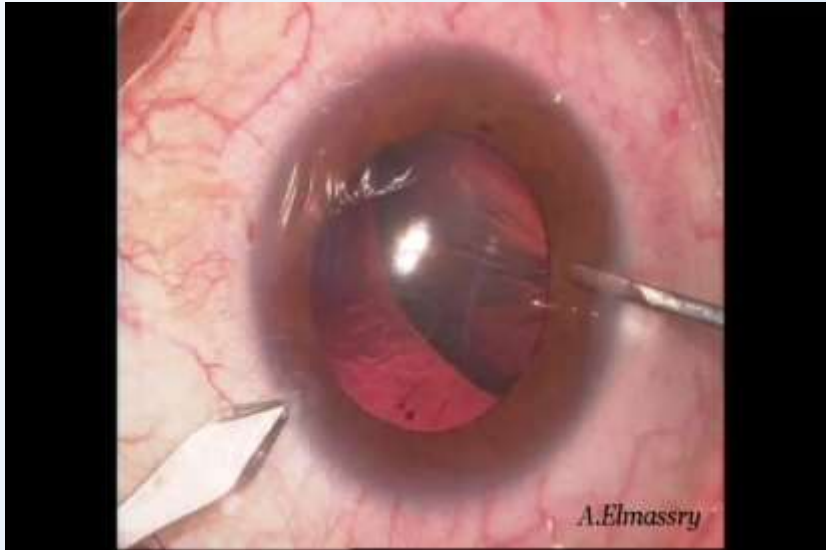
Patience

Perseverance

Case # 5: Marfan Syndrome

- ❑ 20 Year old boy with Marfan syndrome
- ❑ Glasses are no longer useful :
 - ❖ Timing of surgery?
 - ❖ Plan: ?

Subluxated Lens in Marfan syndrome



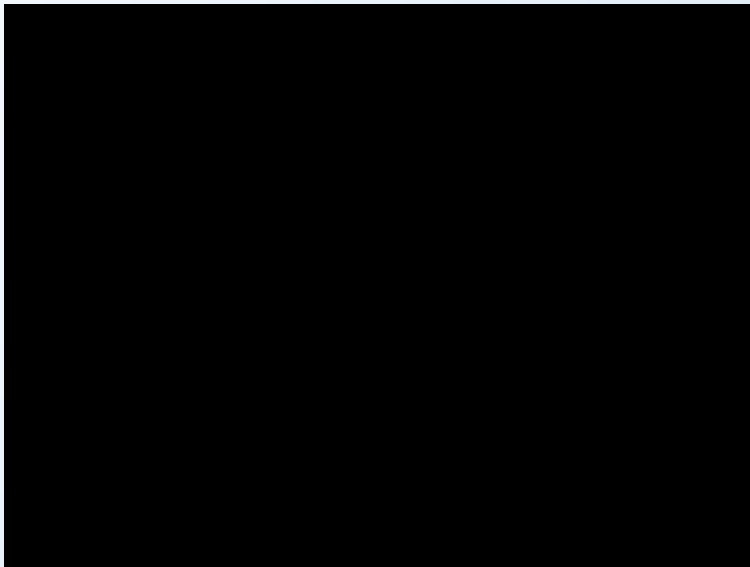
Discussion

- ❑ Does amount of sub-luxation affect your decision?
 - ❖ CTR/Cionni ring + IOL + scleral fixation with bag preservation?
 - ❖ lensectomy + iris claw lens? Pre- or retro-pupillary?
 - ❖ if lensectomy? Anterior or pars plana approach?
 - ❖ Retinal problems:
- ❑ Percentage of Retinal detachment

Case # 6: Congenital syndrome

- ❑ 8 year old Girl
- ❑ Aniridia+ spherophakia + progressive cataract+
glaucoma
- ❑ IOP controlled on Dorzolamide + Timolol drops
- ❑ Plan?

Modified Yamane technique in aniridia



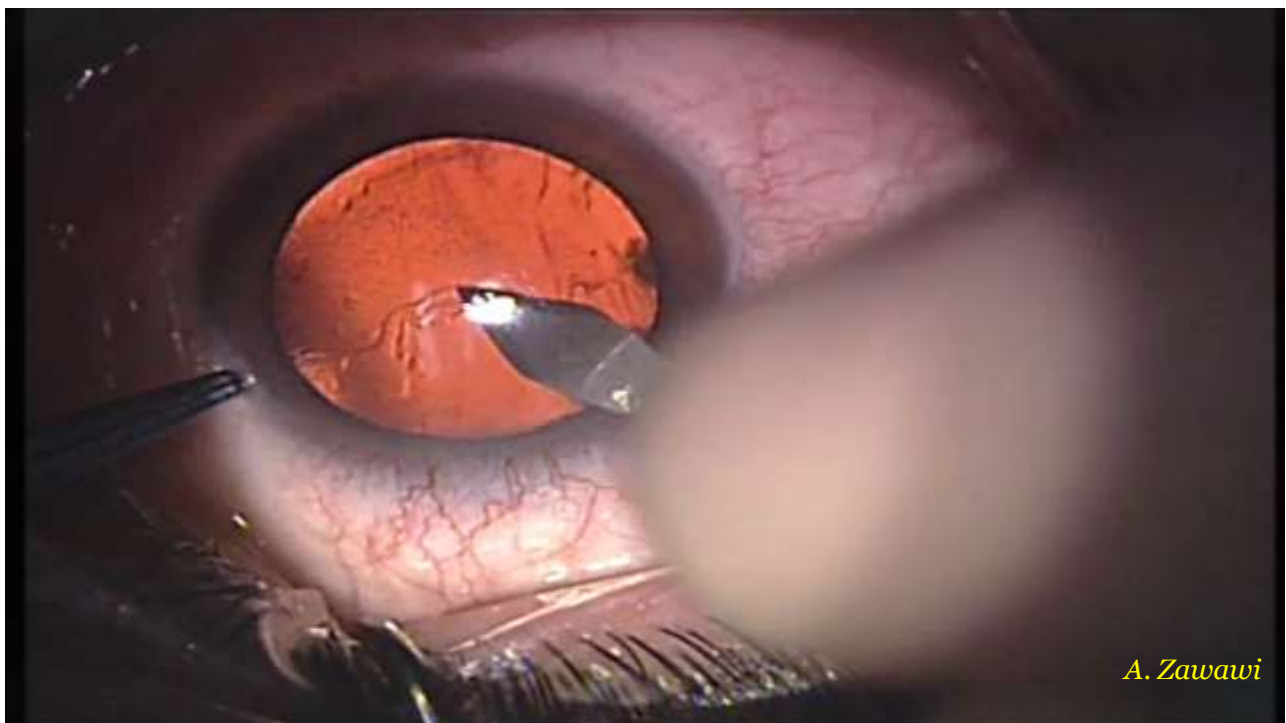
Congenital syndrome

- ❑ Scleral fixation techniques preferred?
- ❑ Other considerations:
 - ❖ Stem cell deficiency
 - ❖ IOP spikes after surgery
 - ❖ Photosensitivity: iris-lens complex? Artificial iris?

Case # 7

- Dr. A. K (dentist – practicing) 52 yrs old
- Diabetic 3 years
- C/O Diminution of vision 2 yrs
- BCVA 0 / - 0.75 x 180 → 0.4
 -0.5 / - 1.0 x 145 → 0.6
- Diagnosis : Nuclear cataract for surgery

Name: Abdallah, Abdel Khaliq ID: 120477 Date of birth: 08/14/1965 Age of patient: 52 Examination date: 11/01/2017 Surgeon: Prof. Dr. Alaa el Zawawi Lens: AMD Tecnis 1 ZCB00		Target ref: plano n: 1.3375																																																																																																									
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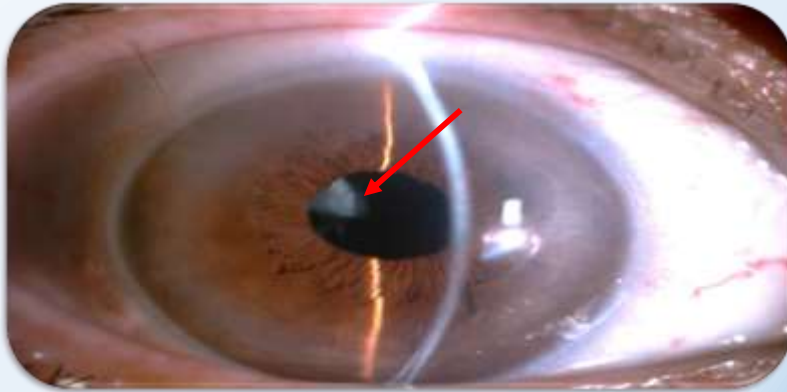


A. Zawawi

Post-Op

1st day - PCO

Ref + 0.75 / - 1.25 x 8 → 0.5



Message

- Iris Retropulsion syndrome
- Conversion to G.A.
- Management of compromised rent in anterior capsule
- Type of IOL to be used

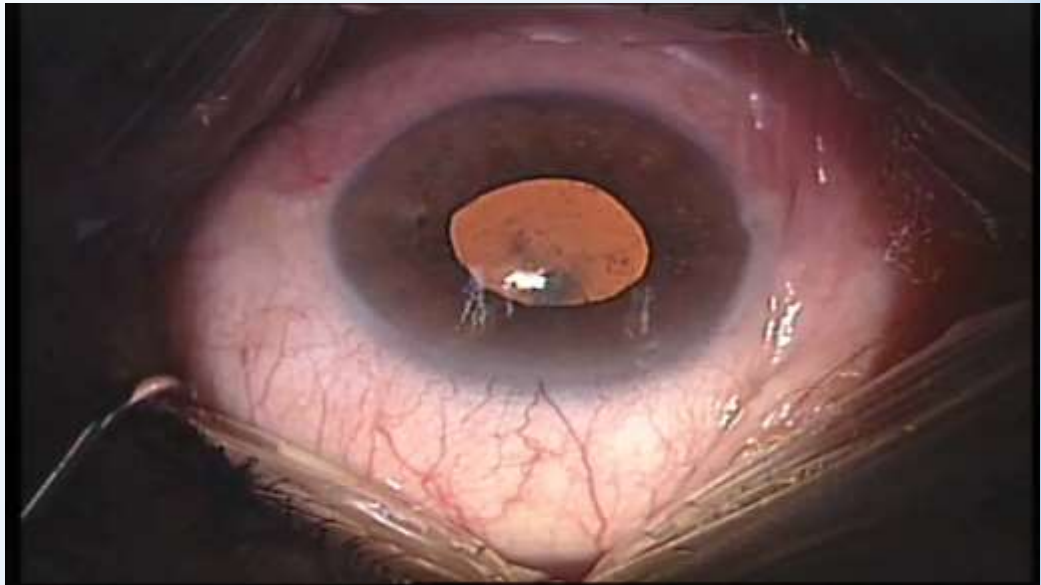
Case # 8

- Female 63 yrs
- History: Bilateral Acute Angle Closure Glaucoma following pupillary dilatation
- On treatment: Cidamex, Cosopt, Alphagan
- BCVA : - 0.5 / - 1.5 x 105 → 0.1
- 2 / - 2.5 x 105 → 0.05
- Bil. V. shallow anterior chamber
- ½ dil fixed pupils
- Tension Rt 17 mmHg Lt 47 mmHg
- Bil. Nuclear cataract ++
- Fundus +/- healthy discs



ID: 137408 Date of birth: 07/28/1953 Age of patient: 64 Examination date: 11/01/2017 Surgeon: Prof. Dr. Alan el Zawawi Lens: AMO Tecnis 1 ZCB00				Target ref: plano n: 1.3375		ZEISS	
AL measurements should be checked for plausibility as there may be pathological changes!							
OD right		AL: 22.76 mm (SNR = 10.5) K1: 42.08 D / 8.02 mm @ 104° K2: 42.67 D / 7.91 mm @ 14° R / SE: -0.59 mm / 42.3 D Cyl: -0.59 D @ 104° ACD: 2.13 mm Refraction: 0 D 0 D @ 0°				OS left	
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				26.0	-1.1	27.0	-1.23
				25.5	-0.7	26.5	-0.67
				25.0	-0.3	26.0	-0.51
				24.5	0.1	25.5	-0.15
				24.0	0.5	25.0	0.30
				23.5	0.9	24.5	0.55
				23.0	1.3	24.0	0.89
				Emme. IOL: 24.56		Emme. IOL: 25.28	
Haigis		Holladay 1		Haigis		Holladay 1	
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				27.0	-1.03	27.0	-0.93
				26.5	-0.66	26.5	-0.58
				26.0	-0.30	26.0	-0.23
				25.5	0.06	25.5	0.12
				25.0	0.42	25.0	0.48
				24.5	0.77	24.5	0.80
				24.0	1.12	24.0	1.13
				Emme. IOL: 25.59		Emme. IOL: 25.67	

(* = value has been edited, ! = borderline value)



Post op.



Messages

- Risk of pupillary dil. in shallow Ant. Ch.
- Management of non-responding angle closure glaucoma
- Mannitol pre-op. (amount – timing)
- Anaesthesia
- Pars Plana Vitrectomy
- The surgery
- Goniosynechiolysis

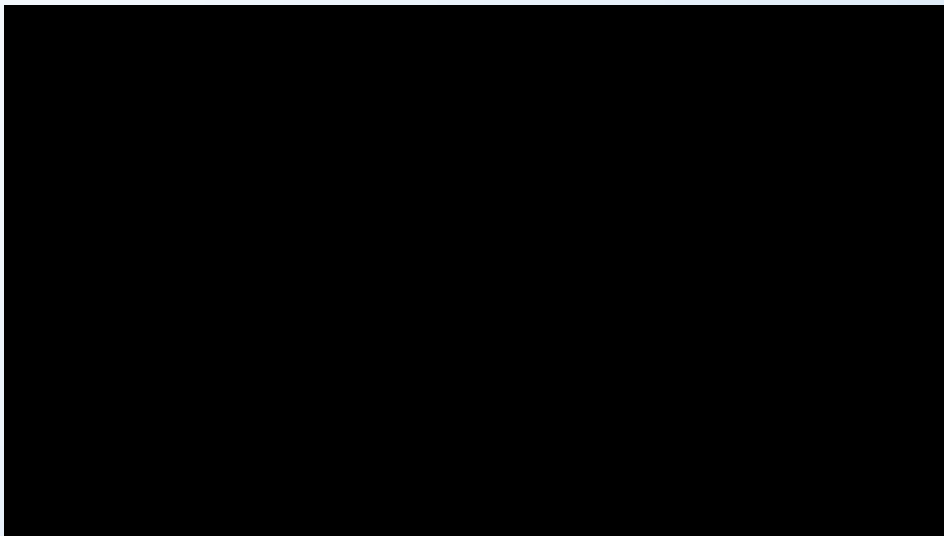
9 – Capsular Block Syndrome



Capsular Block Syndrome

- **Early detection of the rent.**
- **Management of early rent in the posterior capsule.**
- **Be Patient , be patient, and be patient.**

10- Exchange of Opacified IOL



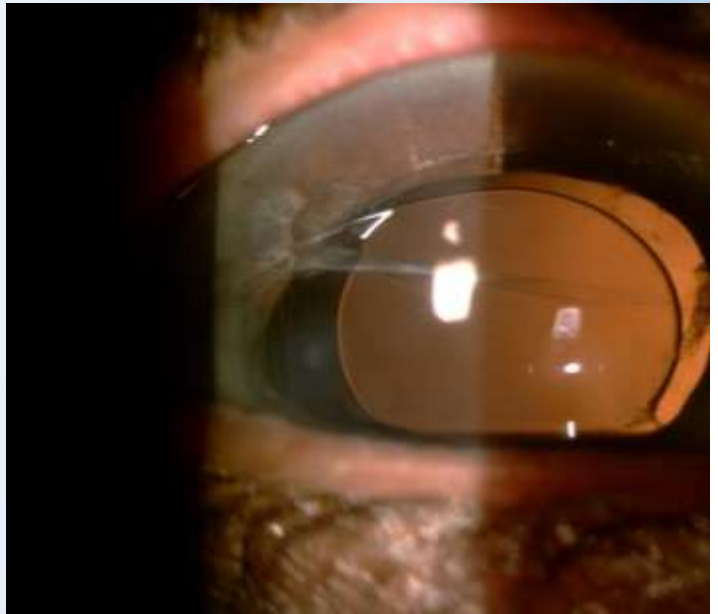
Messages

- **Don't hesitate to exchange IOL ?**
- **Full explanation of the situation .**
- **Plan A, B and C**

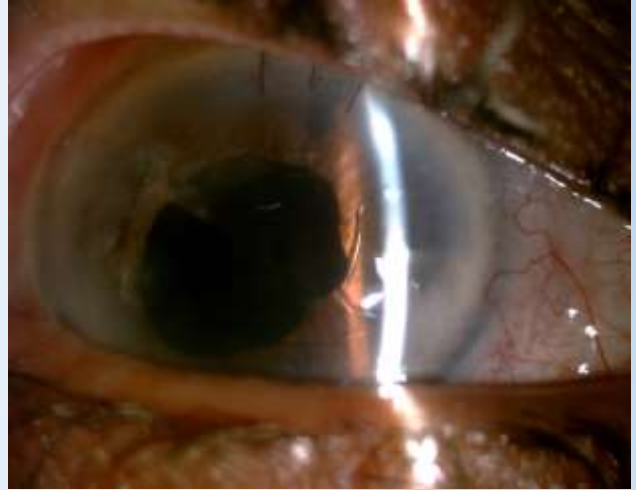
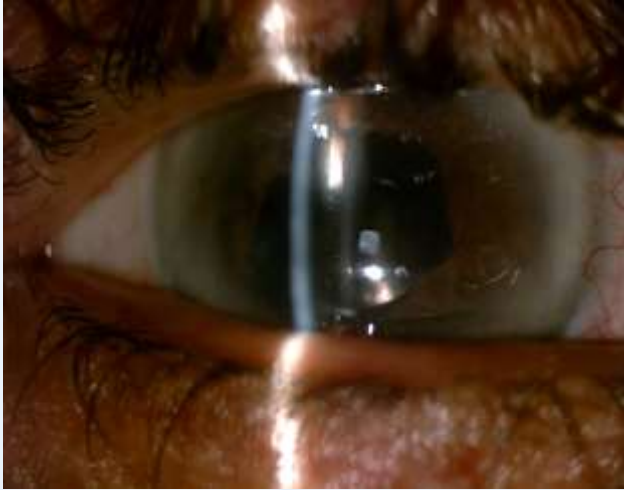
Case # 11

- 60 year old lady
- Did ECCE and IOL since One year
- C/O: Stitching pain from Day 1 of surgery
- BCVA: 0.16

- Temporal haptic is in front of the iris



Post op.



Thank You