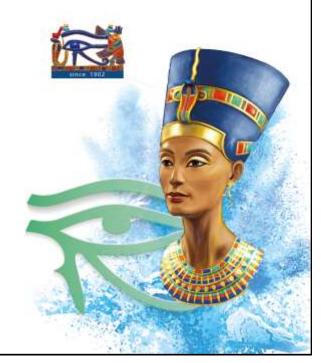


# Cataract Cornea Incision Burn

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#### Corneal Incision Contracture CIC (Wound Burn)

Phaco probes contain piezoelectric crystals that vibrate at ultrasonicrange frequency (28000 to 60000 Hz) when stimulated.

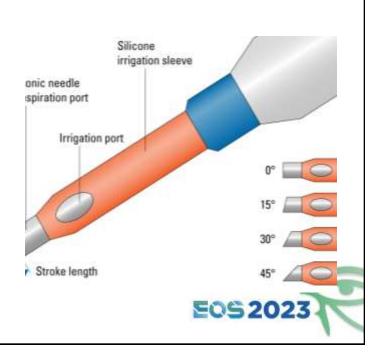
#### The vibration energy is

- transmitted to the titanium probe tip that oscillates back and forth.
- it can also generate microbubbles of gas that implode at ultrasonic speed releasing large amounts of energy, (cavitation offset)

#### The phaco probe creates two sources of heat:

- > conversion of electrical energy to mechanical energy,
- $\succ$  friction heat when the phacoemulsification needle

vibrates against the sleeve that contains the probe.



## Corneal Incision Contracture CIC (Wound Burn)

- If the flow of irrigation fluid surrounding the phacoemulsification needle is disrupted, the generated heat may contact the tissue, with the corneoscleral wound site being most susceptible to damage.
- Thermal damage to the collagen fibers in the corneal tunnel can occur once the temperature reaches 60 degrees Celsius, leading to a "phacoburn" over 1 to 3 seconds.
- The wound burn results in the contracture of the incision site and surrounding tissue.



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#### **Risk Factors**

- Mature cataract
- ultrasound energy used with higher levels or prolonged use
- The type of surgical approach used for nuclear disassembly
- higher risk on the use of ultrasound energy, divide-and-conquer, carousel, and stop-and-chop...
- lower risk USE OF mechanical force & require less ultrasound energy, full chop or dry chop
- obstruction by (OVD)
- high viscosity OVDs:
- can occlude the phaco tip and prevent the cooling effects of fluid flow, increasing the temperature at the incision site.
- Healon5
- Ocucoat and Viscoat. OVER FILL.



#### **Risk Factors**

- Decreased irrigation around the phacoemulsification tip
- · irrigation fluid
- · bottle is empty, positioned too low for sufficient flow,
- · if the irrigation tubing is compressed.
- Type of ultrasound used

transVerse ultrasound, such as the OZiL and Ellips, may produce less heat than longitudinal ultrasound

· Importantly,

surgical incision size, power modulation, and type of ultrasound were not found to modulate the risk of corneal incision contracture



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### **Complications**

- Delayed wound healing,
- Fistula formation,
- Damage to corneal stroma and endothelium,
- Inability to close the incision,
- Increased surgically induced astigmatism.
   tight sutures used to close the wound.
- Flat anterior chamber and iris prolapse, inability to achieve a watertight closure



#### Prevention

- Continuous irrigation on the outer surface of the phacoemulsification needle and aspiration through the central canal to prevent the tip from increasing in temperature and causing subsequent thermal injury.
- Verification of proper machine setup and adequate irrigation flow before insertion of phacoemulsification probe .
- Irrigation and aspiration should be performed for up to 15 seconds at the beginning of the case (fluid pocket)

ensures that the working space above the nucleus is free of the OVD, which protects against wound burn.  $\[\]$ 

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#### **Detection**

- Early
- appearance of milky white fluid around the phaco tip
- whitening of the cornea and gaping at the incision site.
- At the end of the procedure,
   difficulty in maintaining watertight closure of the incision site







#### Management

➤ Radial sutures; join the anterior and posterior aspects of the wound

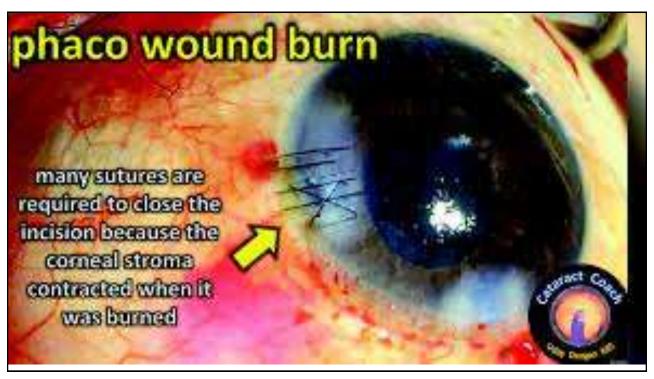
associated with higher surgical-induced astigmatism

- ➤ Horizontal suture :
- a single horizontal suture that opposes the anterior aspect of the wound to the wound bed to reduce the development of astigmatism
- Soft contact lens
- ➤ Scleral patch grafts; severe thermal injuries and difficulties with closing the incision. 

  ☐
- **▶POST OPERATIVE TTT**

Aqueous suppressants and antibiotic drops options









## **PCR Transformed to Posterior CCC**



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