



Phaco tuning for best results

The world of phaco tricks

No financial interest

Incision

- Difficult instrument mobility. (rhexis forceps and tip)
- Sleeve compression.
 1. Incision heating.
 2. Reduces irrigation.
- AC. Collapse whenever withdraw phaco-tip out.

KHALED KHALIFA

300

0

CDE
0.00

Long
0

IOP
20

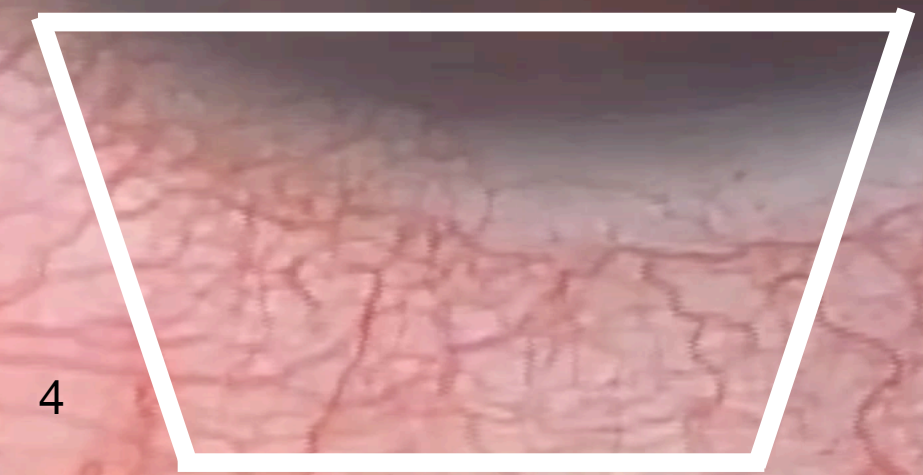
Asp
30

Vac
360

Tors
0 / 65

AS

CENTURION
VISION SYSTEM



ALC(1/102)

Scene 4

4

Capsulorrhexis

Size and centration ?

White cataract ?

مركز الخبرات
لجراحات العيون و الليزر

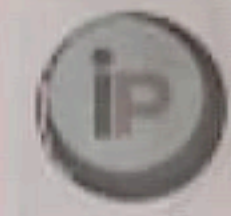


KHALED HASHI LOW

2 - CHOP

Epi

Phaco



370

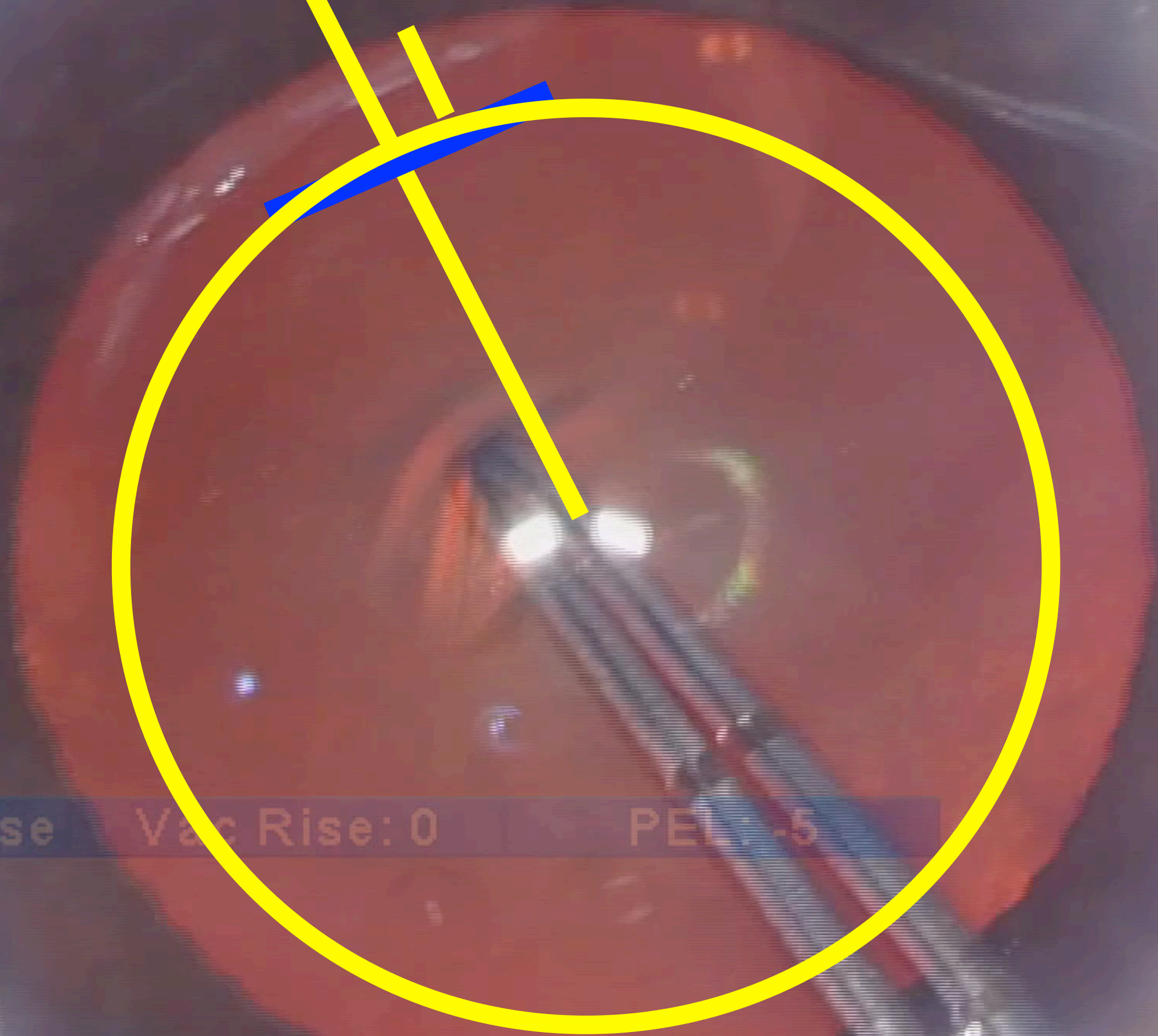


CDE
0.00

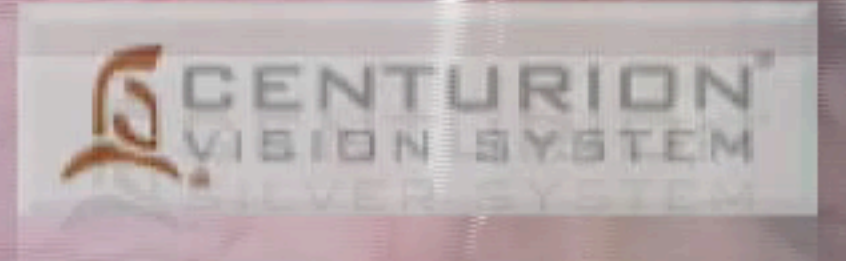
Long
0

Tors
35
0

Irr	76
IOP	30
Asp	30
Asp	40
Vac	380
Vac	550
	330



Cont Irr: Pause Vac Rise: 0 PEL: -5



KHALED KHALIFA

200

0

CDE
0.00

Long
0

IOP
20

Asp
40

Tors
0 45

Vac
290 525 300

AS

CENTURION
VISION SYSTEM

Hydrodissection and nucleus rotation

- **No hydrodelineation.**
- **No cortex.**

KHALED KHALIFA

300

0

CDE
0.00

Long
0

IOP
20

Asp
30

Vac
360

Tors
65
0

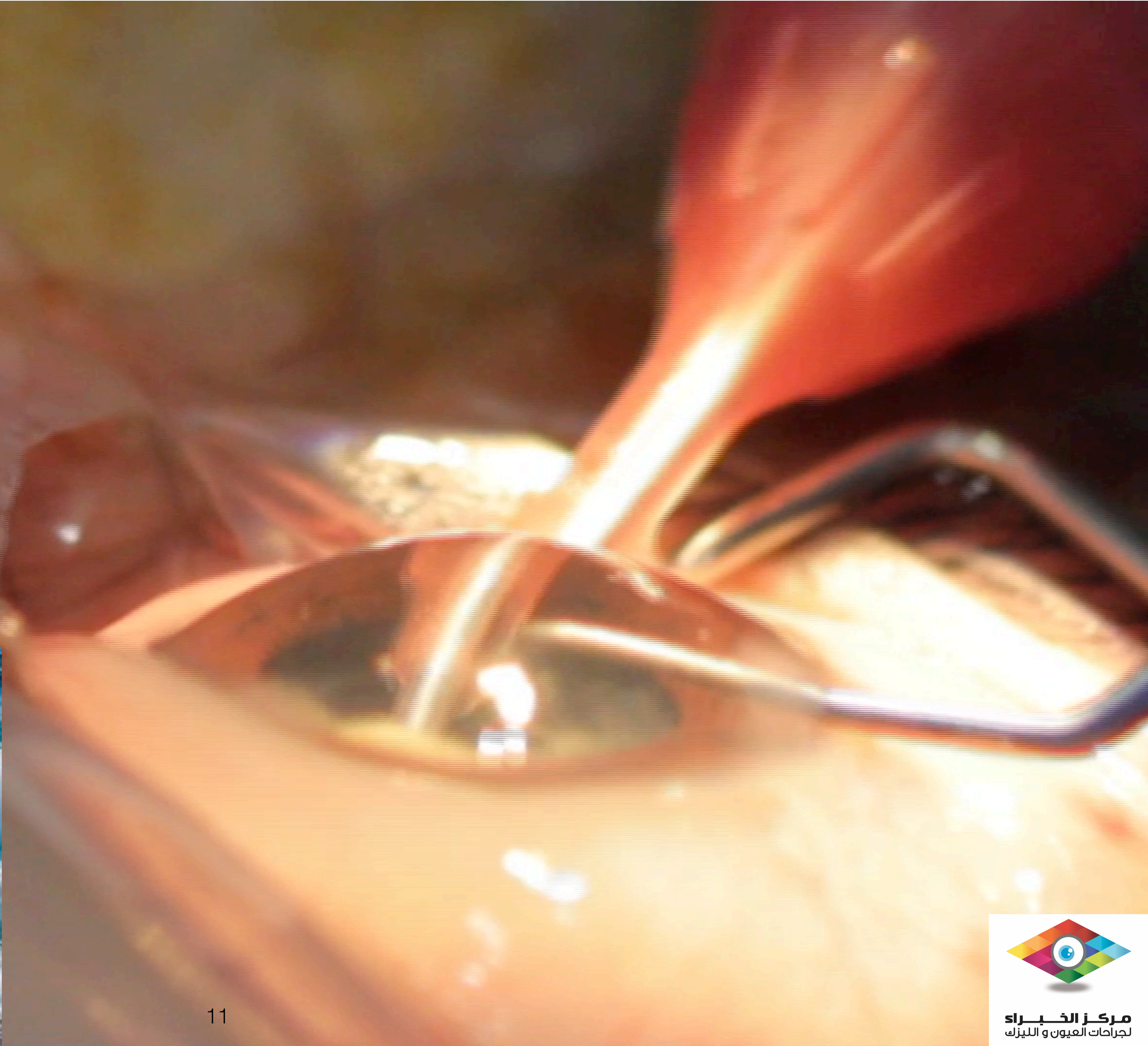
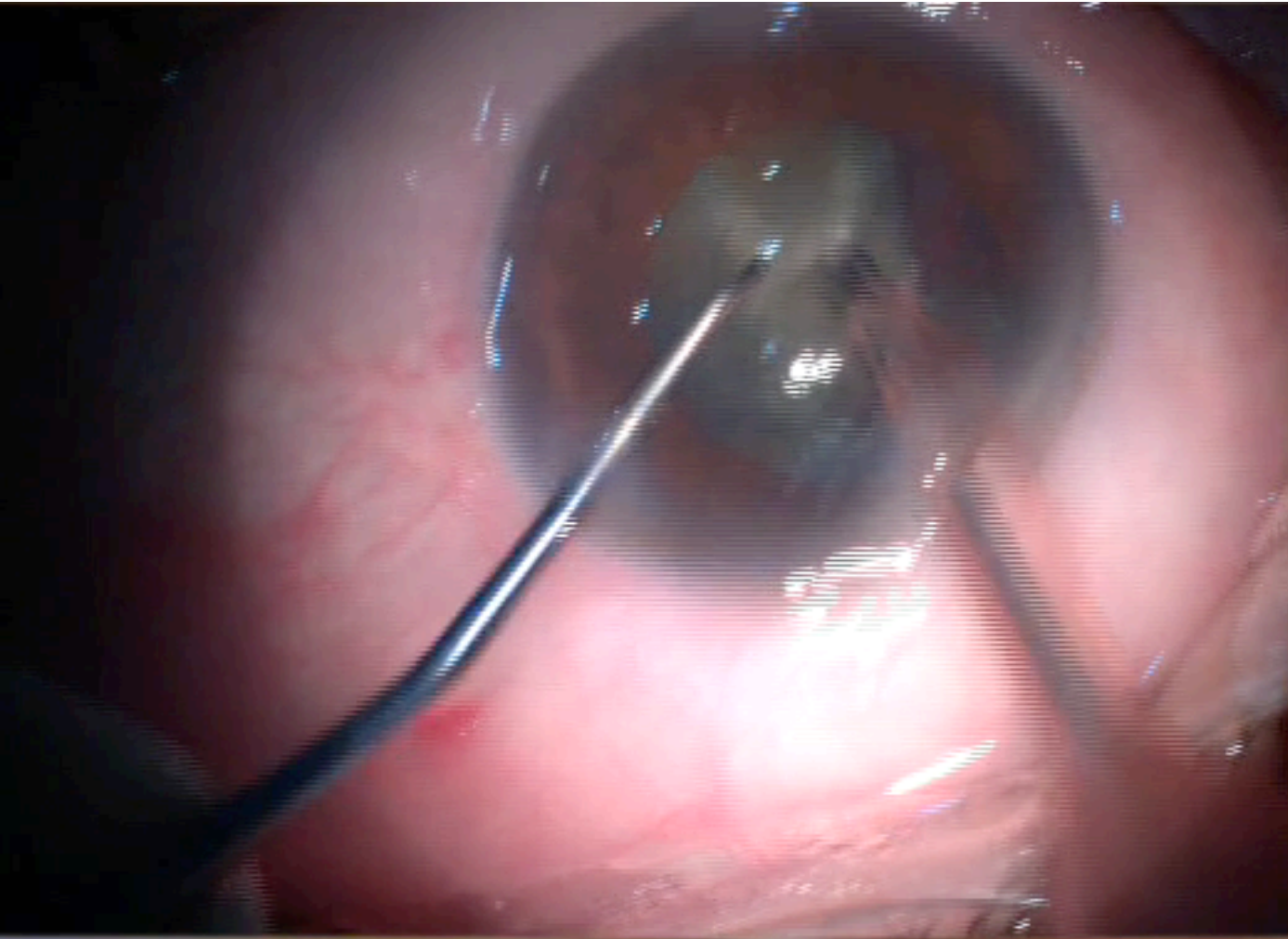
AS

CENTURION[®]
VISION SYSTEM

ALC(1/78)
Scene 4

Nucleus management





The Golden trick !!!

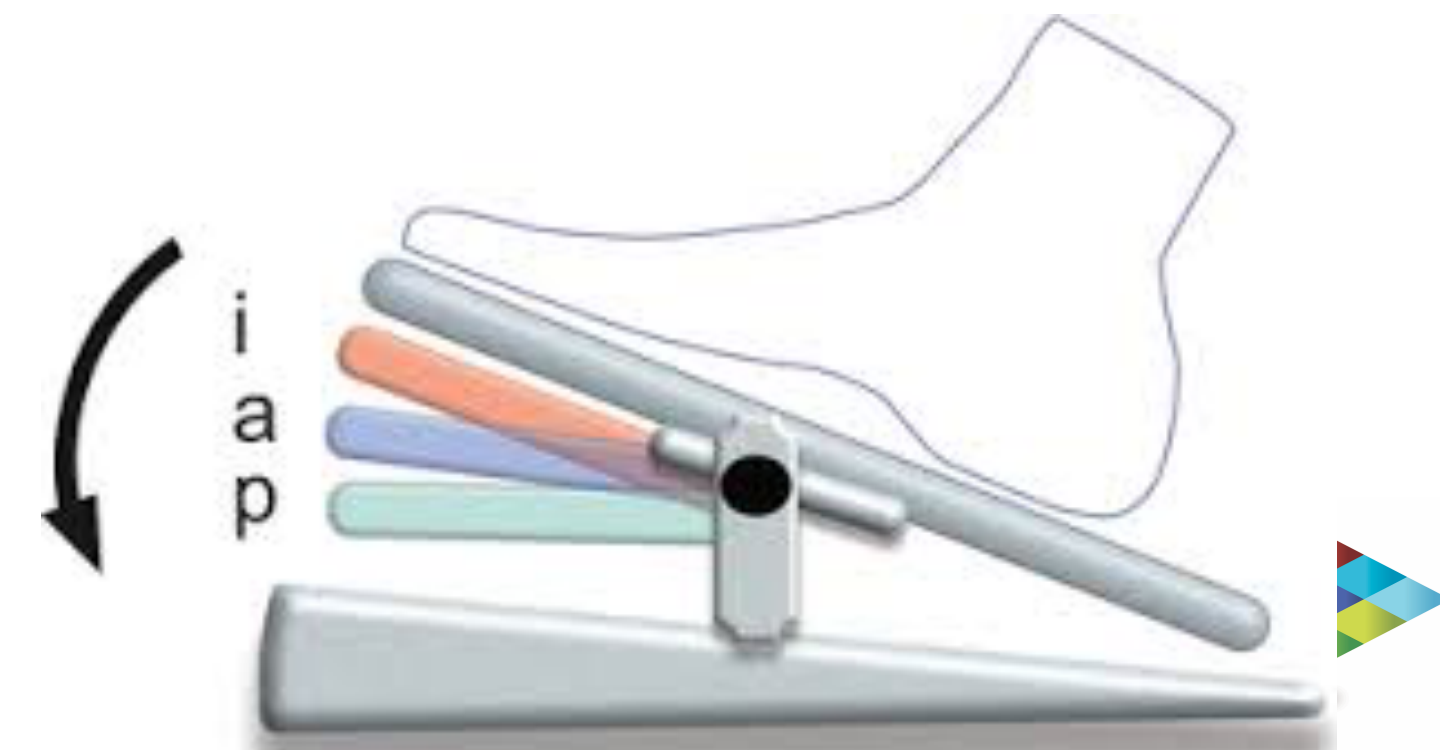
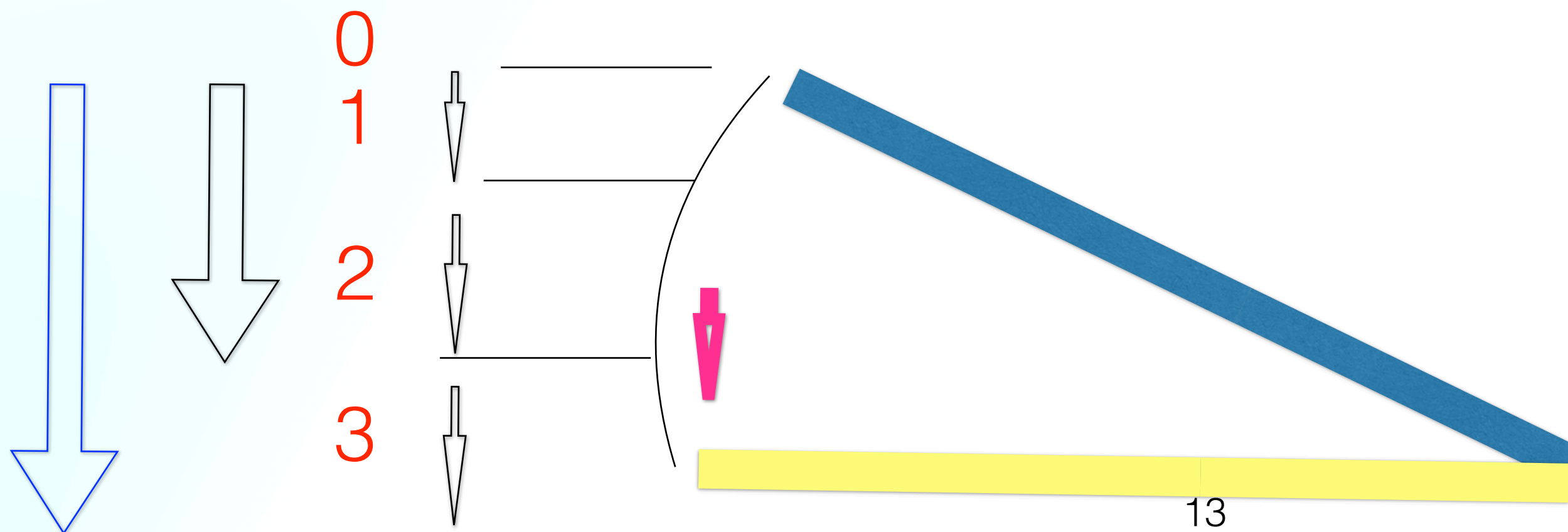
Emulsify away from cornea

Avoid post occlusion surge ??



Chopping (multislice chops)

- As many as possible chops using a horizontal chopper.
- All fluidics parameters are fixed as well as US (same foot switch press).
- Keeping the chopper inside the bag most of the time.



Avoid post occlusion surge



KHALED KHALIFA

150 3 CDE
0.5Q

Long
0

IOP
20

Asp
40

Vac
214

Tors
45

AS

GENTURION[®]
VISION SYSTEM

ALC(1/178)
Scene 4

Emulsification_(no occlusion)

NO post occlusion surge

Emulsification of smaller cataract pieces (less vacuum)

Can be done in a smaller and tight area.

- Inside the bag emulsification.



KHALED HASH LOW

ip 370 0 CDE 0.00

Long
0

Tors
0 60

IOP
30

Asp
40

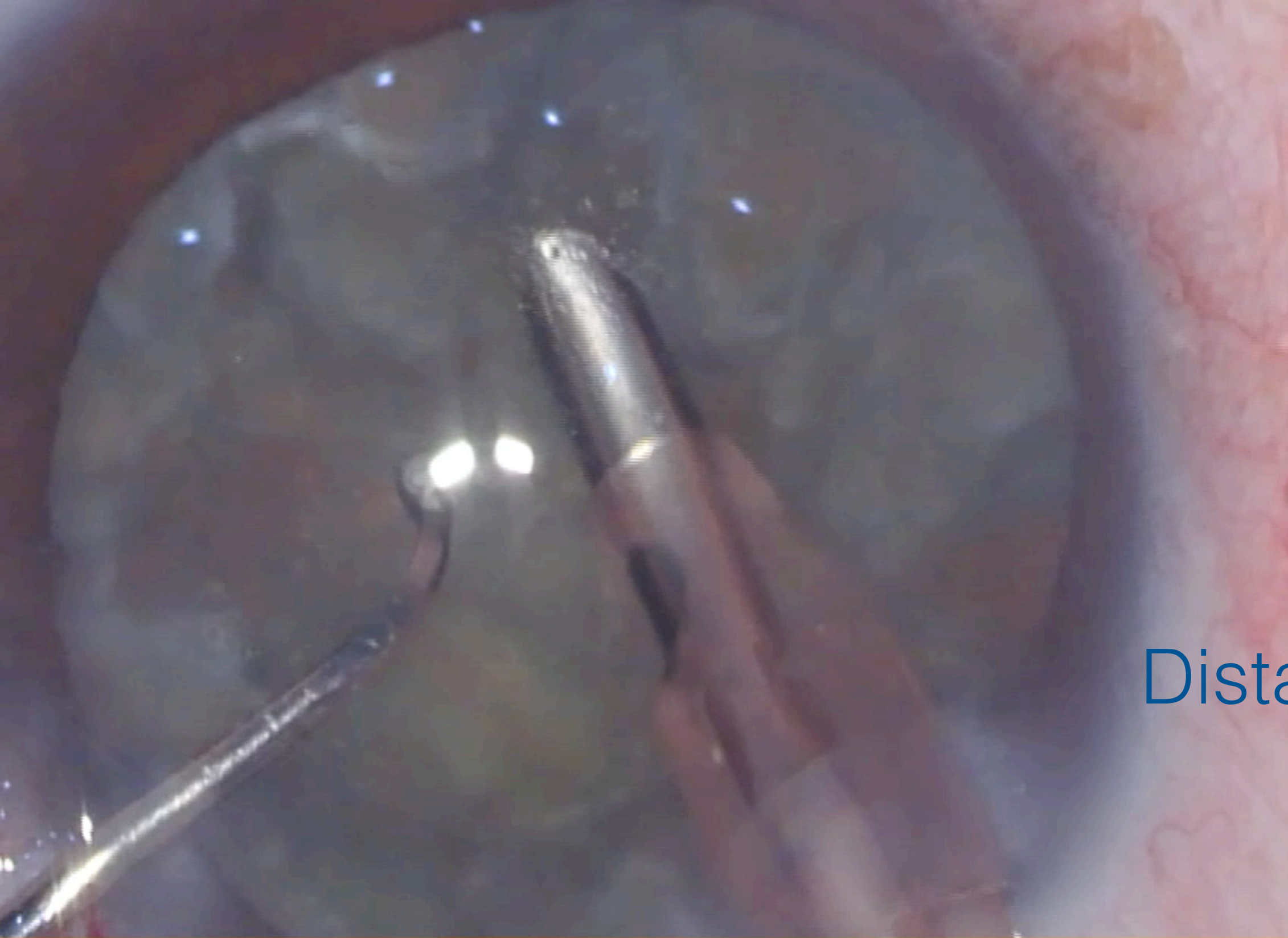
Vac
0 550 300

CENTURION
VISION SYSTEM

Khaled A. Khalifa

Emulsification in the bag

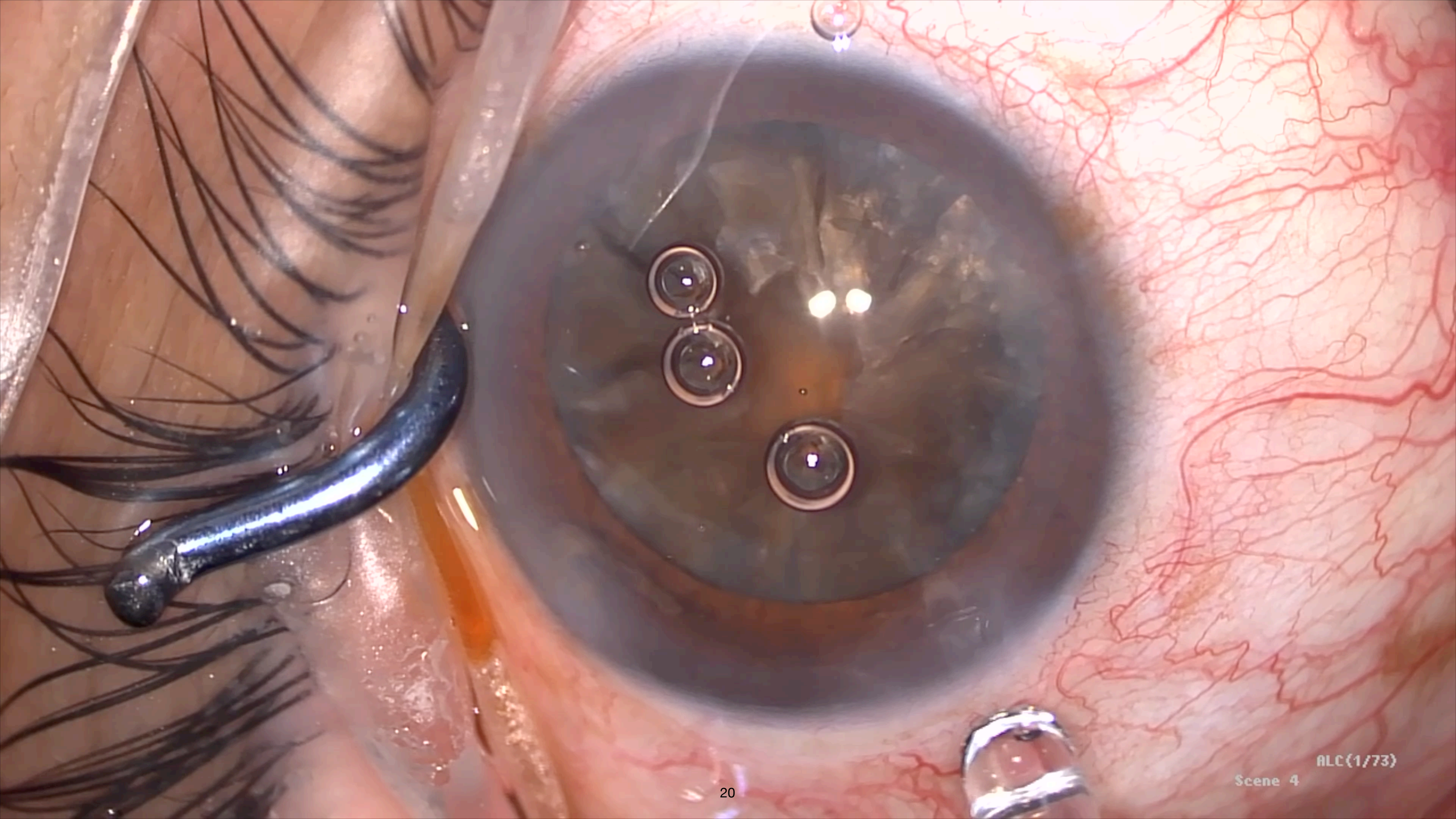
Distance from C. Endothelium



Nucleus management Hard cataract

- If corneal edema is the only complication.
- We should avoid emulsification near the cornea.





Removal of membranes

- Pupillary membrane.
- Ant. and post. sub-capsular membranes.



KHALED KHALIFA

  **CDE**
0.00


Long
0

Irr
75

Asp
40

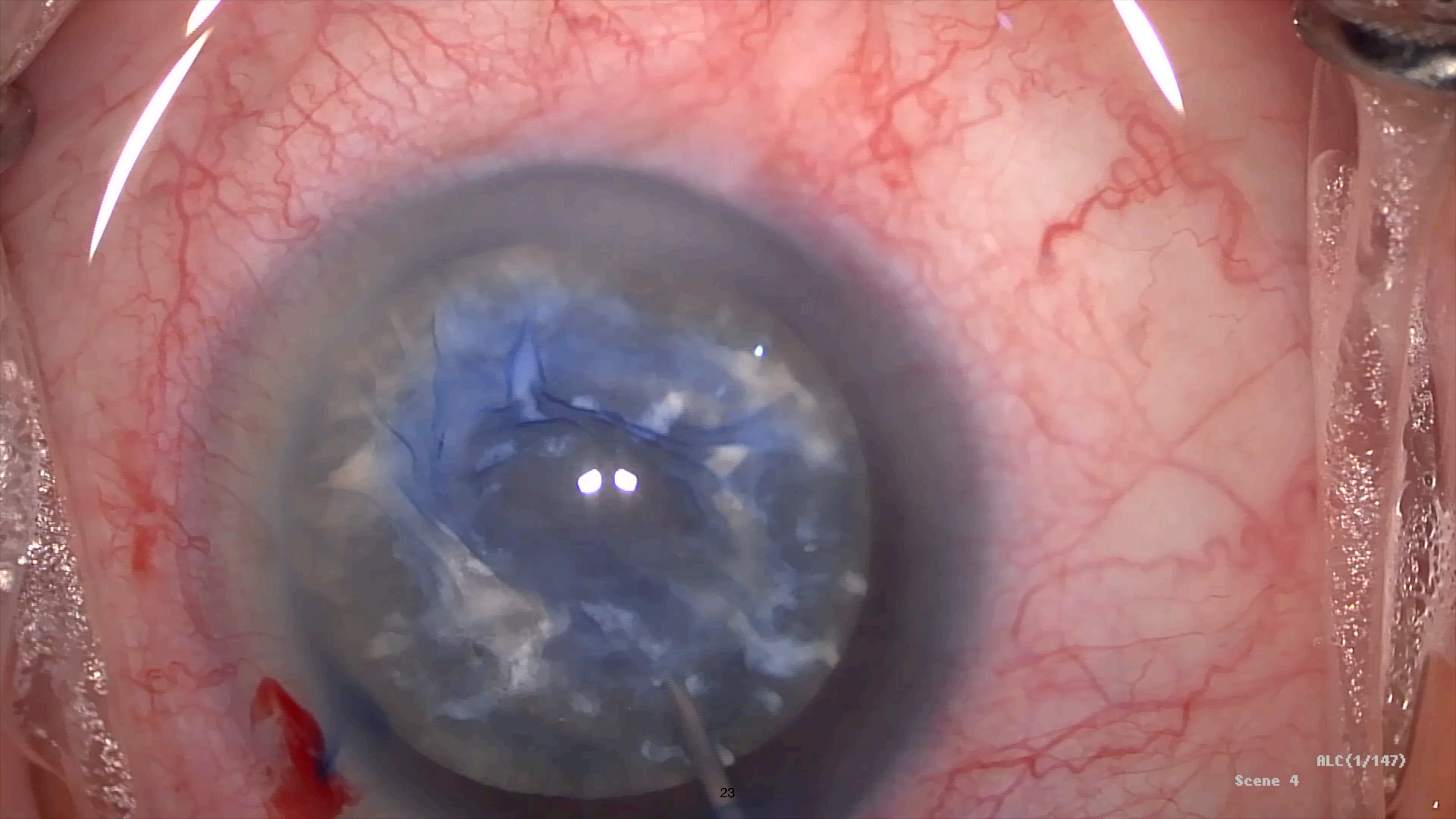
Vac
290 525 300

Tors
0 45



ALC(1/60)

Scene 1



ALC(1/147)

Scene 4

KHALED KHALIFA

230

0

CDE
6.84

Long
0

IOP
20

Asp
30

Tors
60

Vac
380

AS

CENTURION[®]
VISION SYSTEM

ALC(1/60)

Scene 4

Capsule polish

KHALED KHALIFA

80 0 CDE
7.71

IOP
30

Asp
0 10

Vac
0 20

CENTURION[®]
VISION SYSTEM

MLC(1/60)
Scene 4

KHALED KHALIFA

80 0 CDE
7.71

Long
0

IOP
20

Tors
30
0

Asp
30
0

Vac
380
0

AS

CENTURION
VISION SYSTEM

Scene 4
NLC(1760)

KHALED KHALIFA



CDE
4.26

Long

0

Tors

60

0

Irr

80

Asp

23

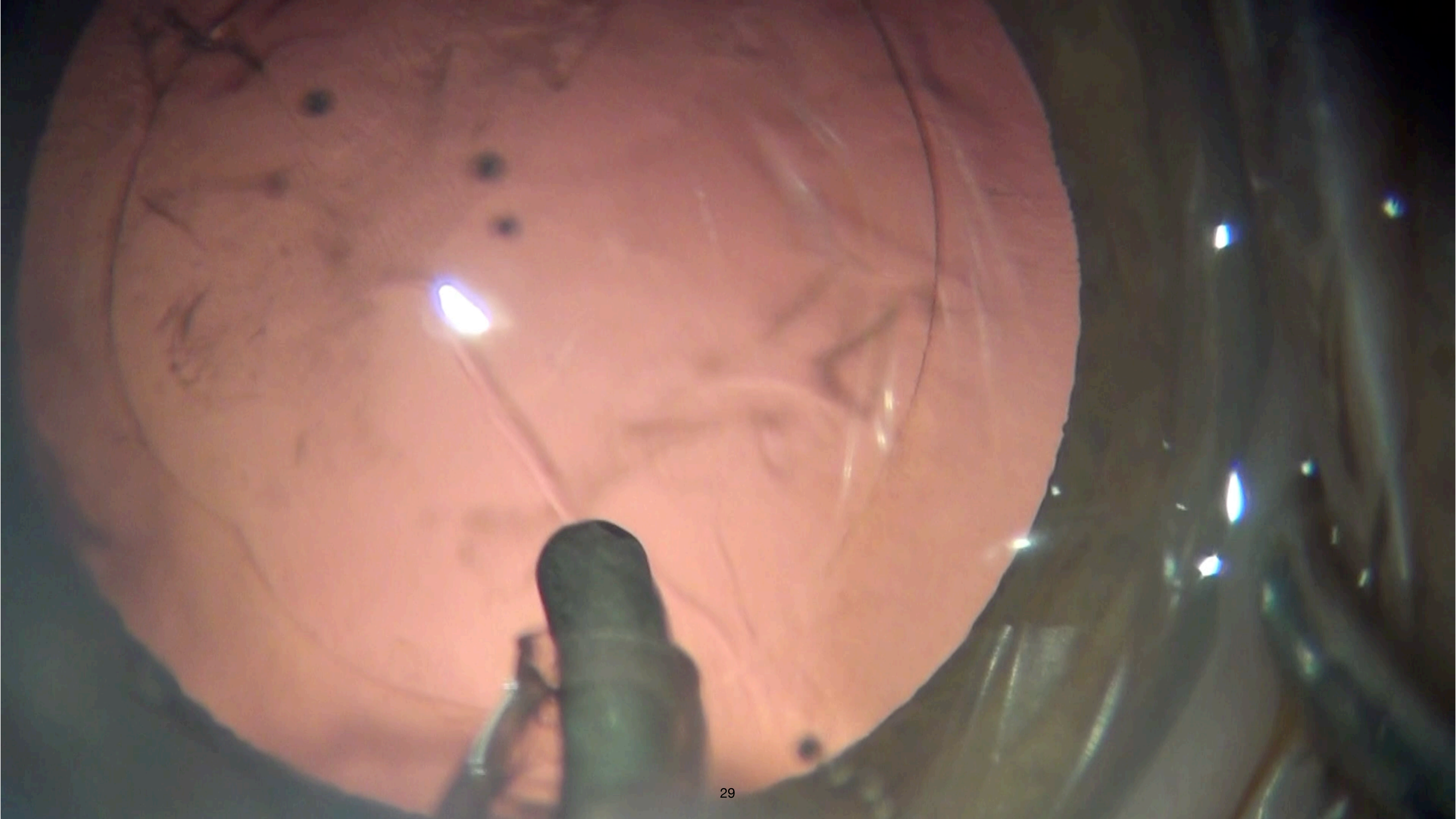
Vac

80

CENTURION[®]
VISION SYSTEM

ALC(1/86)

Scene 4



KHALED KHALIFA

3 - G3

Cortex



CDE
1.49

Irr

79

Asp

35

Vac

400

0

Cont Irr: Pause

Vac Rise: 0

PEL: -5

CENTURION
VISION SYSTEM

RLC(1/82)

Scene 4

Trouble shooting



Trouble shooting

- Floaters (fragments escape through zonules, between PC and ant. Hyaloid).
- Small post. capsule membrane.
- PXE with insufficient contact between capsule and IOL.
- Expected fast PCO. Especially in pediatric cases, toric and multifocal IOLs.
- Posterior polar cataract.
- Narrow pupil and difficult YAG.

posterior capsulorrhexis.

khaled a. Khalifa



C.D.E.
0.00

Irr

80

Asp

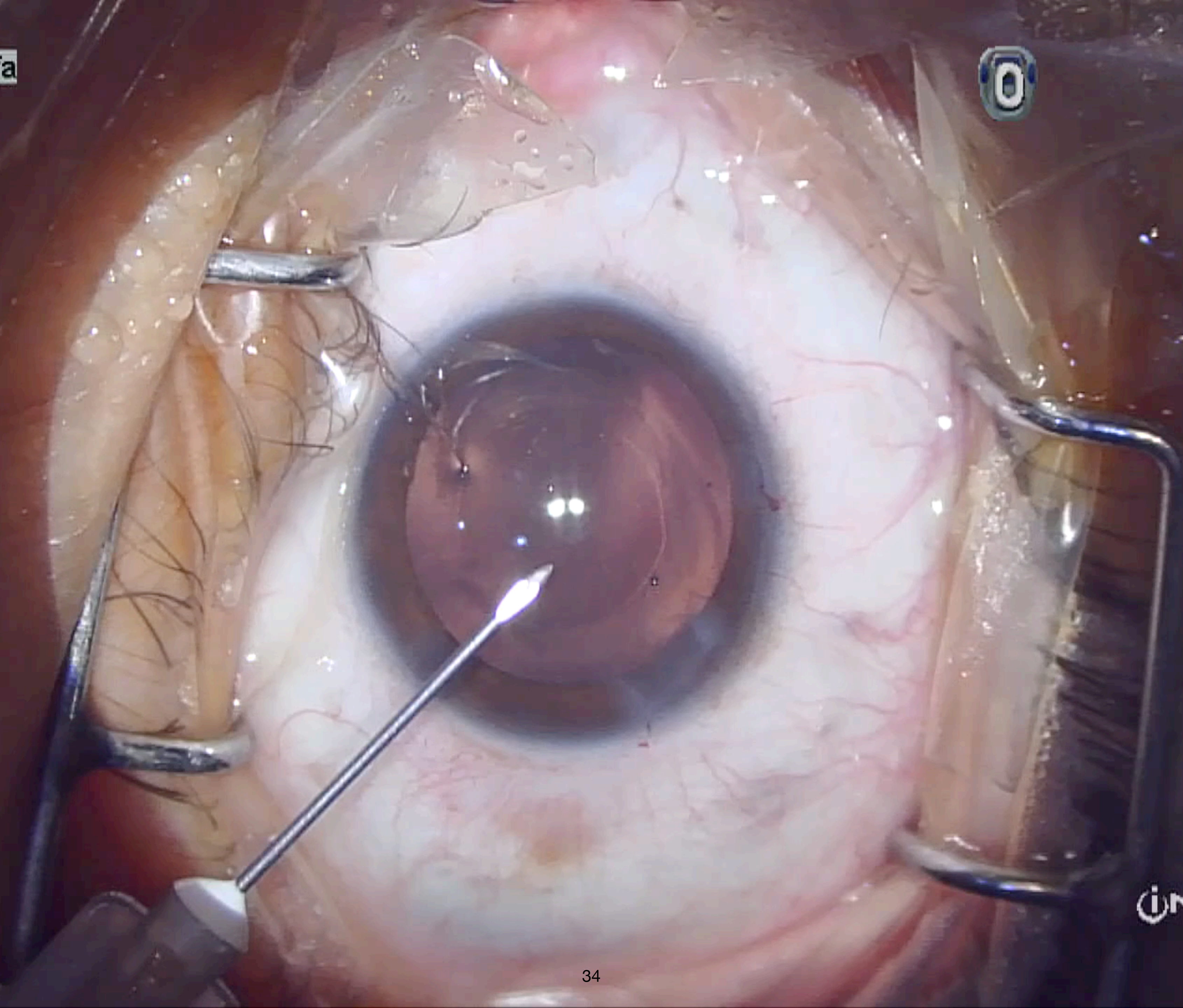
25

Rise

0



Vac

475
0



INFINITI
AILEON (72)
Scene 1

KHALED KHALIFA

  **CDE**
3.03

Long
0

Irr
75

Asp
30

Tors
30

Vac
380

 **CENTURION**
SILVER SYSTEM

KHALED KHALIFA

  **CDE**
3.06

Long
0

Tors
40
0

Irr
75

Asp
30
0

Vac
380
0

 **CENTURION**
SILVER SYSTEM

KHALED KHALIFA

0 CDE 0.00

Long
0

Irr
75

Asp
40

Vac
290 525 300

Tors
0 45

CENTURION
SILVER SYSTEM

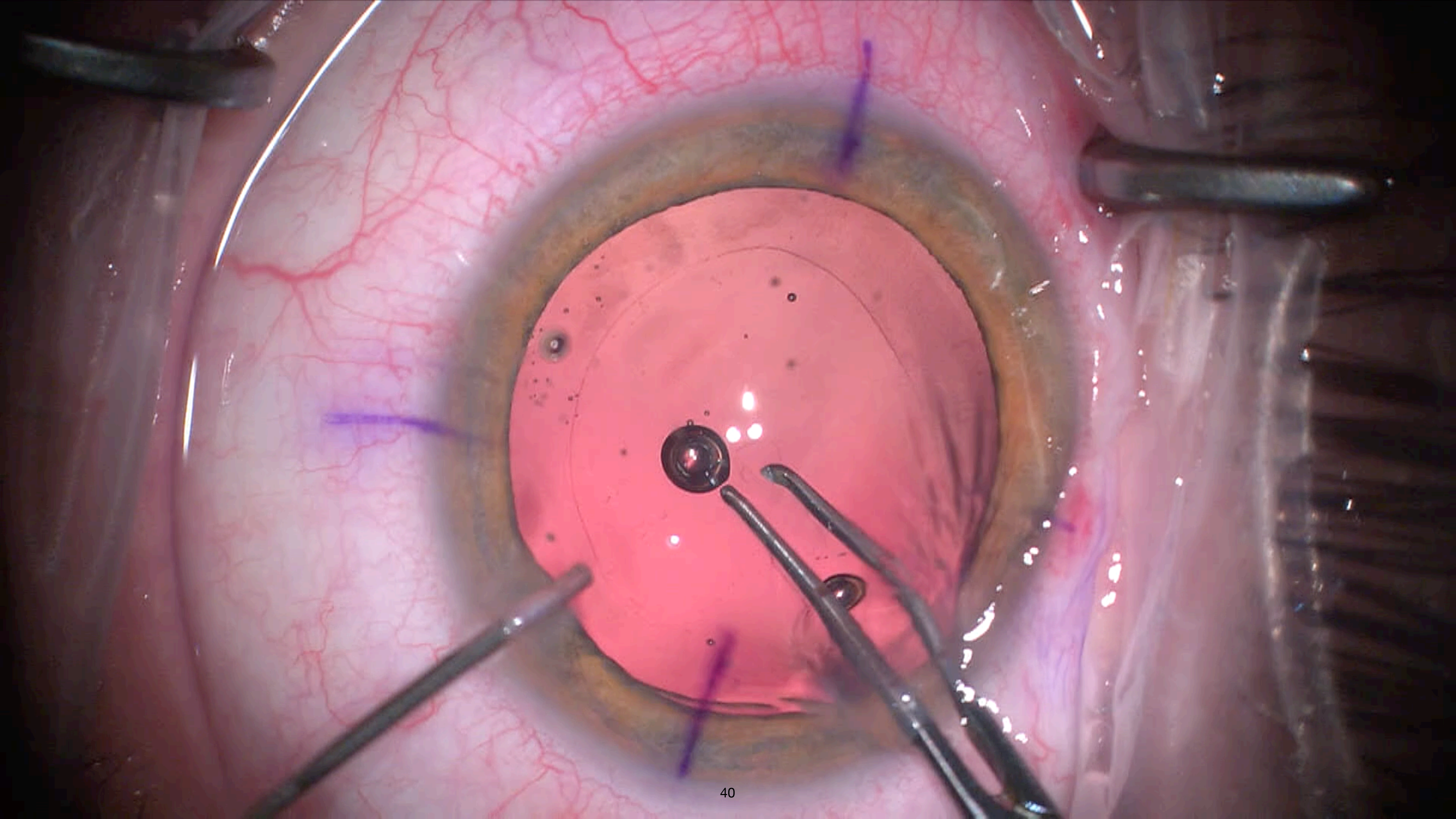
ALC(1/60)
Scene 1

IOI capturing.



Indications: IOL capturing

- In AT IOLs cases.(clear VA and permanent centration).
- Toric IOL(no rotation).
- Large bag with descenterd IOL.
- Compromised anterior rhexis for IOL stabilisation.



Take home message

- Phaco-tricks is endless.
- Watch videos as you can, you will grab some and you will invent the other.
- Finally, it is the patient satisfaction, what we are aiming for.

THANK YOU

