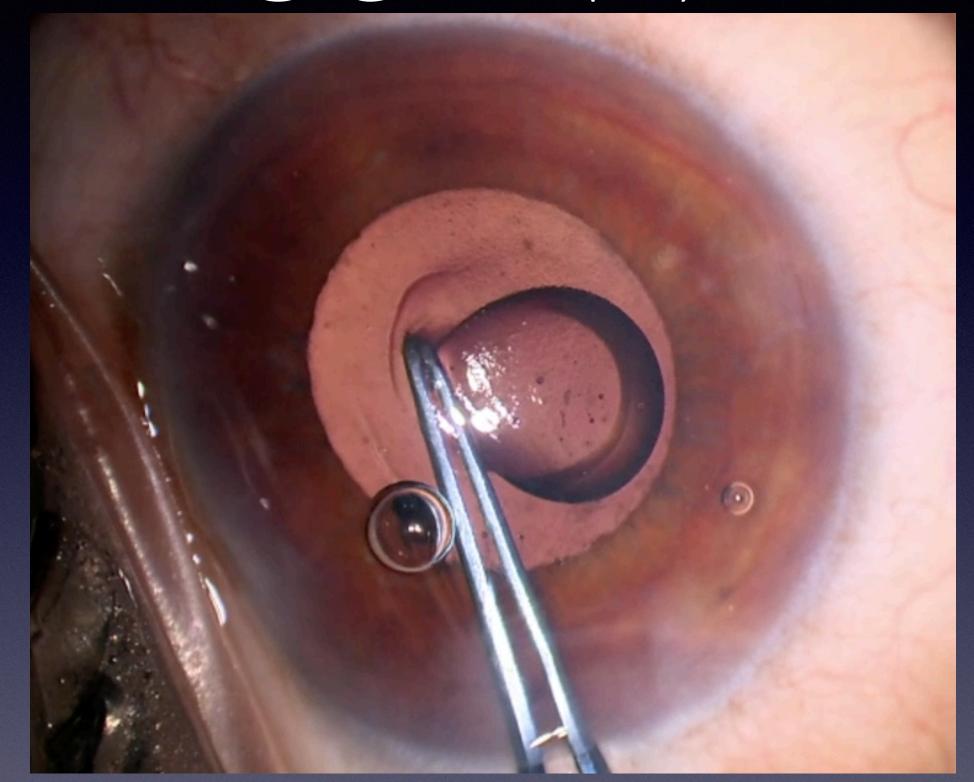
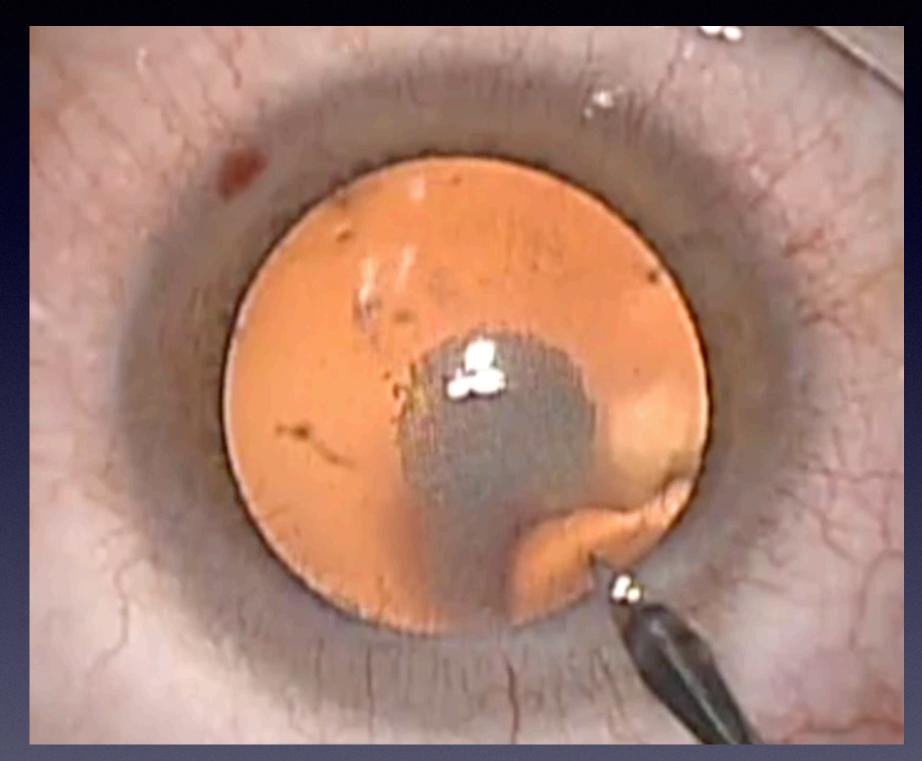
PHACO IN VITRECTOMIZED EYES





MOSTAFA NABIH MD.

PROFESSOR CAIRO UNIVERSITY

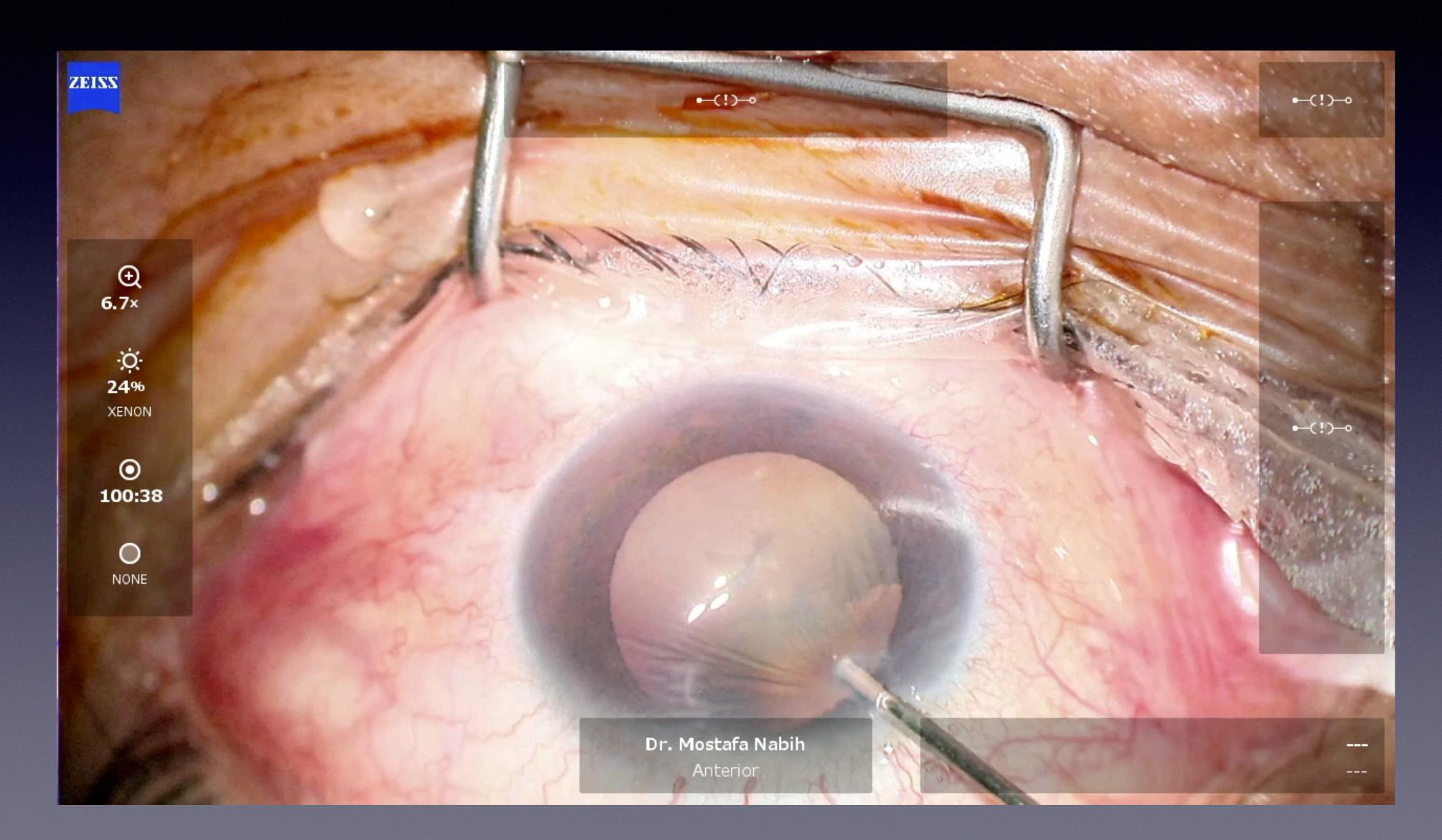
APPROACH OR REFER?



117

- · TECHNICALLY DIFFICULT (A.C. DEPTH)
- · ORIGINAL DISEASE
- SURPRISES
- BIOMETRY? LASER INTERFEROMETRY

DEEP CHAMBER BEFORE VITRECTOMY



NOT BASICALLY ABOUT BEING VITRECTIMIZED IT IS INITIATED BY ARCHITECTURE OF THE EYE

• IRIS AGAINST CAPSULE

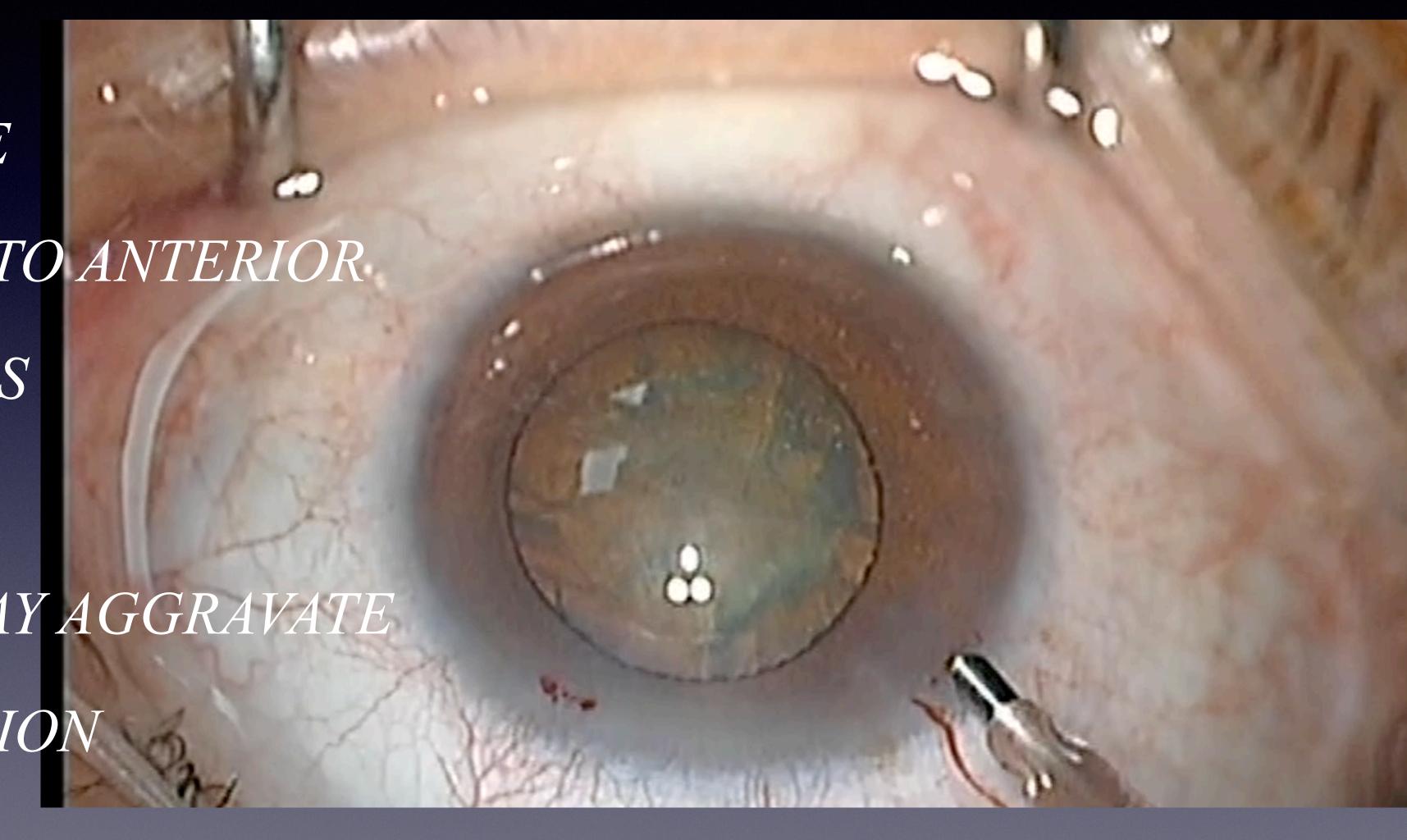
• ONE WAY VALVE POST TO ANTERIOR

• FLUID IN VIT EASY PASS

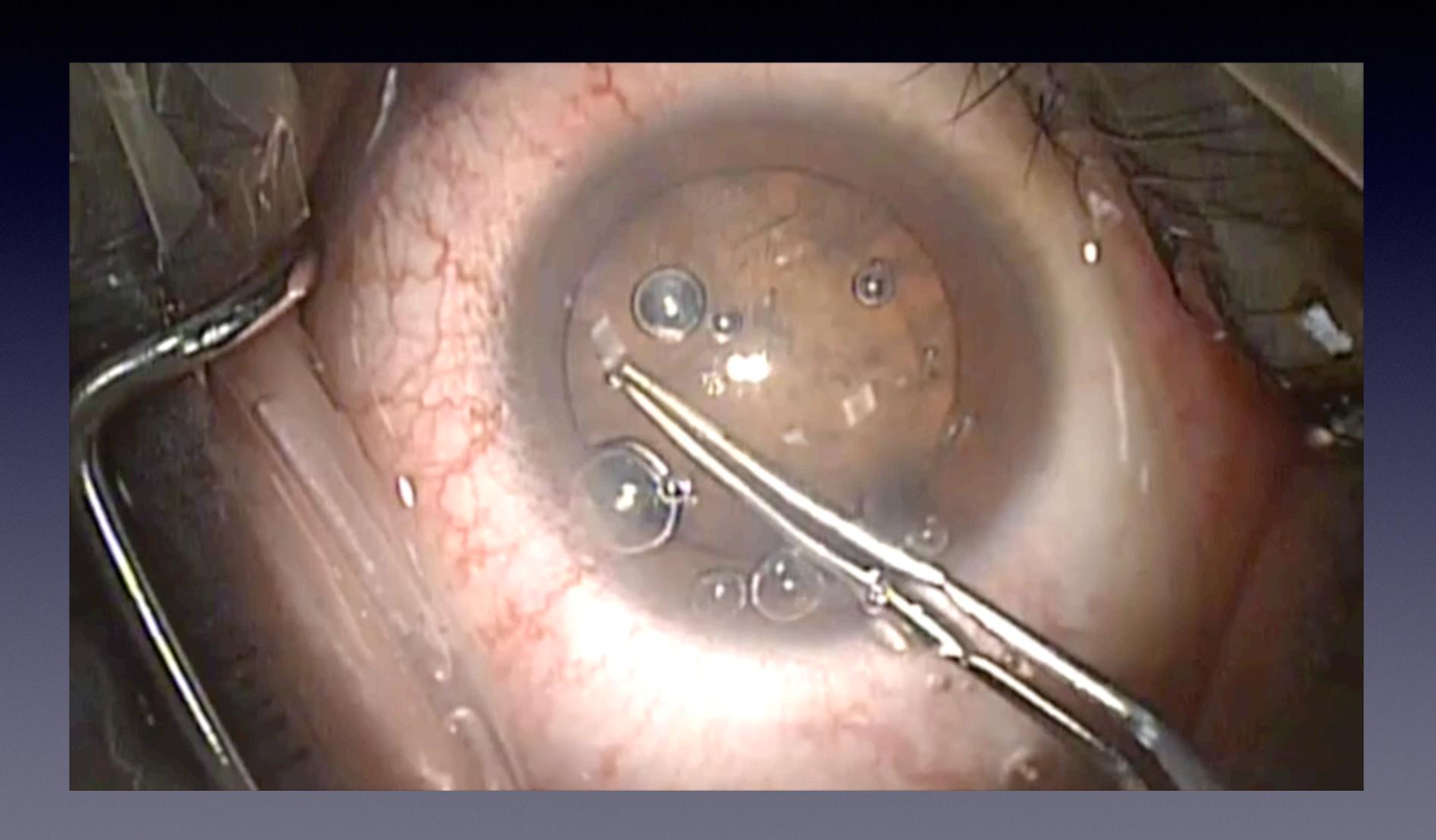
• VICIOUS CYCLE

· INFUSION CANULA MAY AGGRAVATE

• BREAK BY IRIS ELEVATION



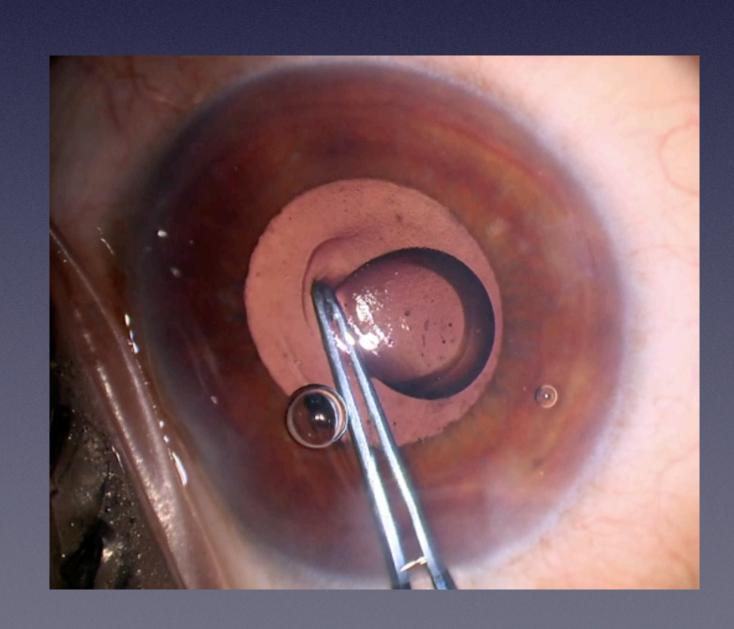
VITRECTOMIZED NO DEEPENING



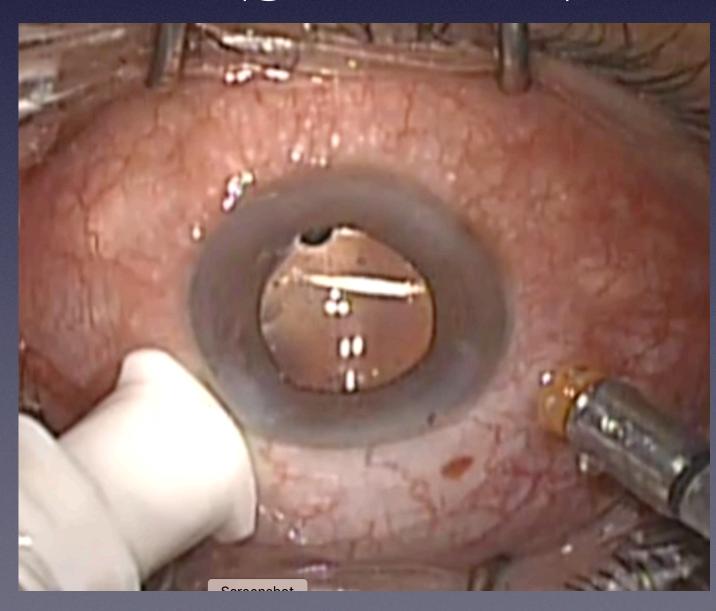
SILICONE OIL ISSUE

• KEEP OR REMOVE (NOT VALID QUESTION)

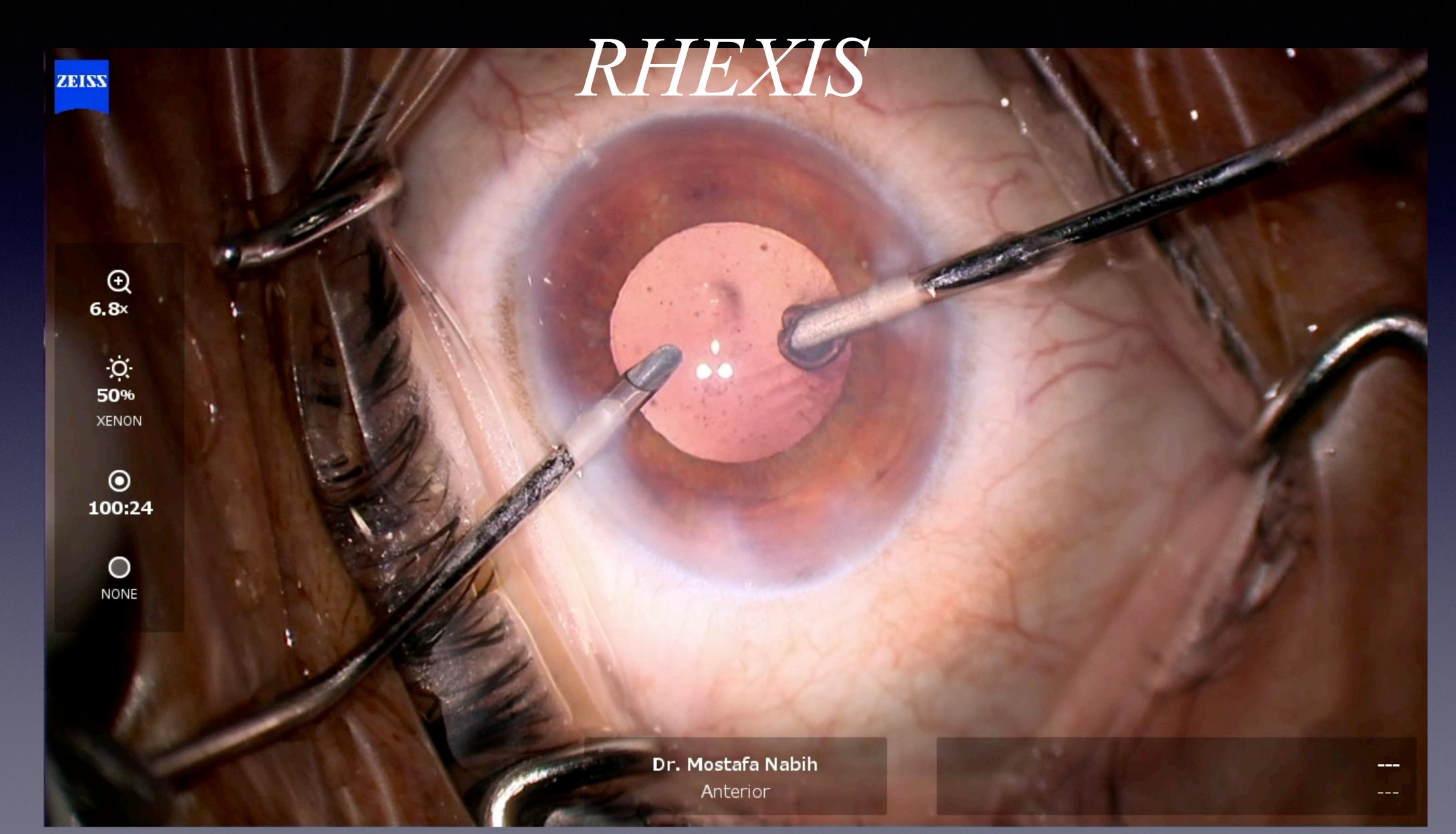
• THRU ANTERIOR

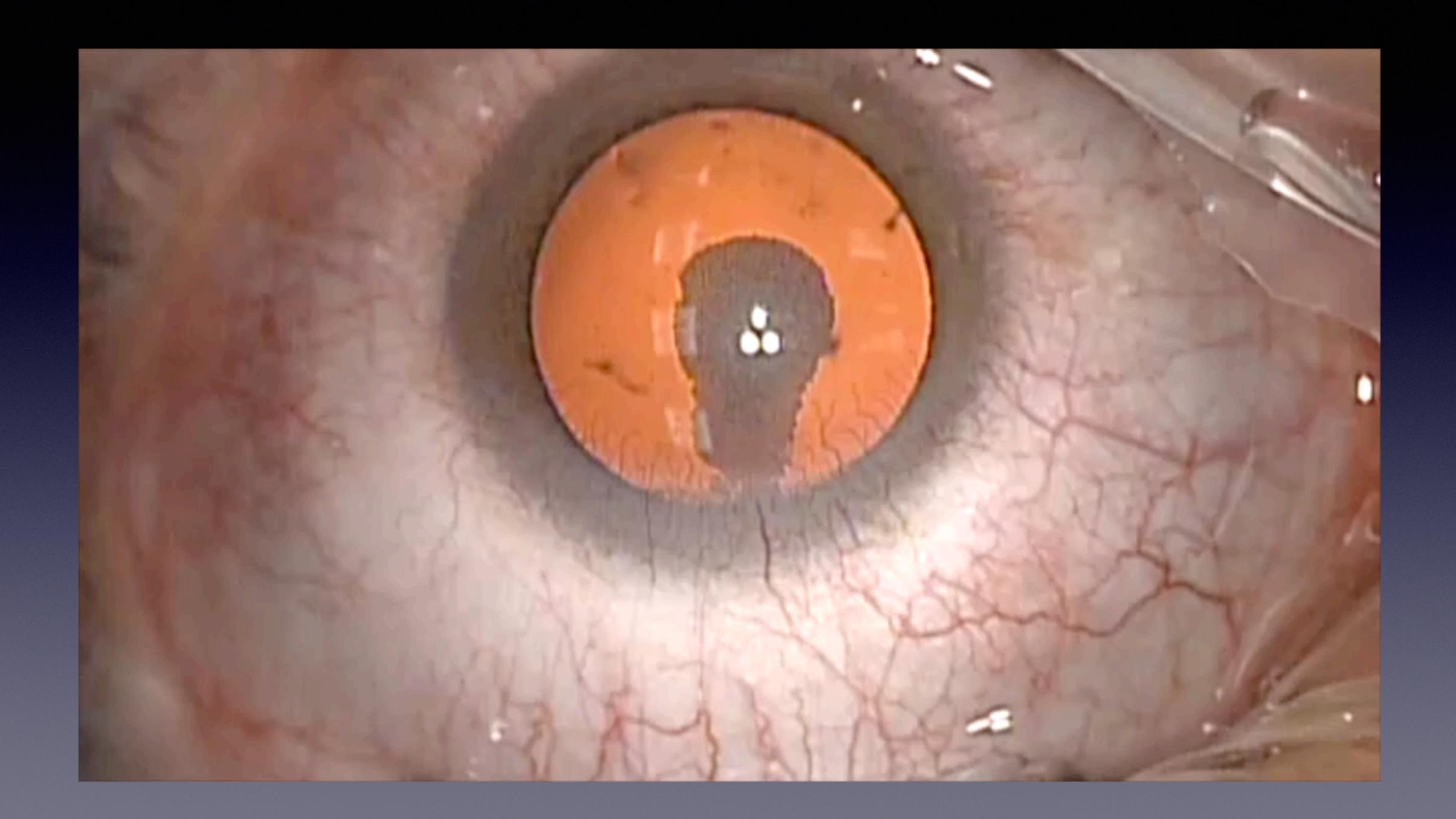


PARS PLANA



PHACO OIL REMOVAL THRU POST





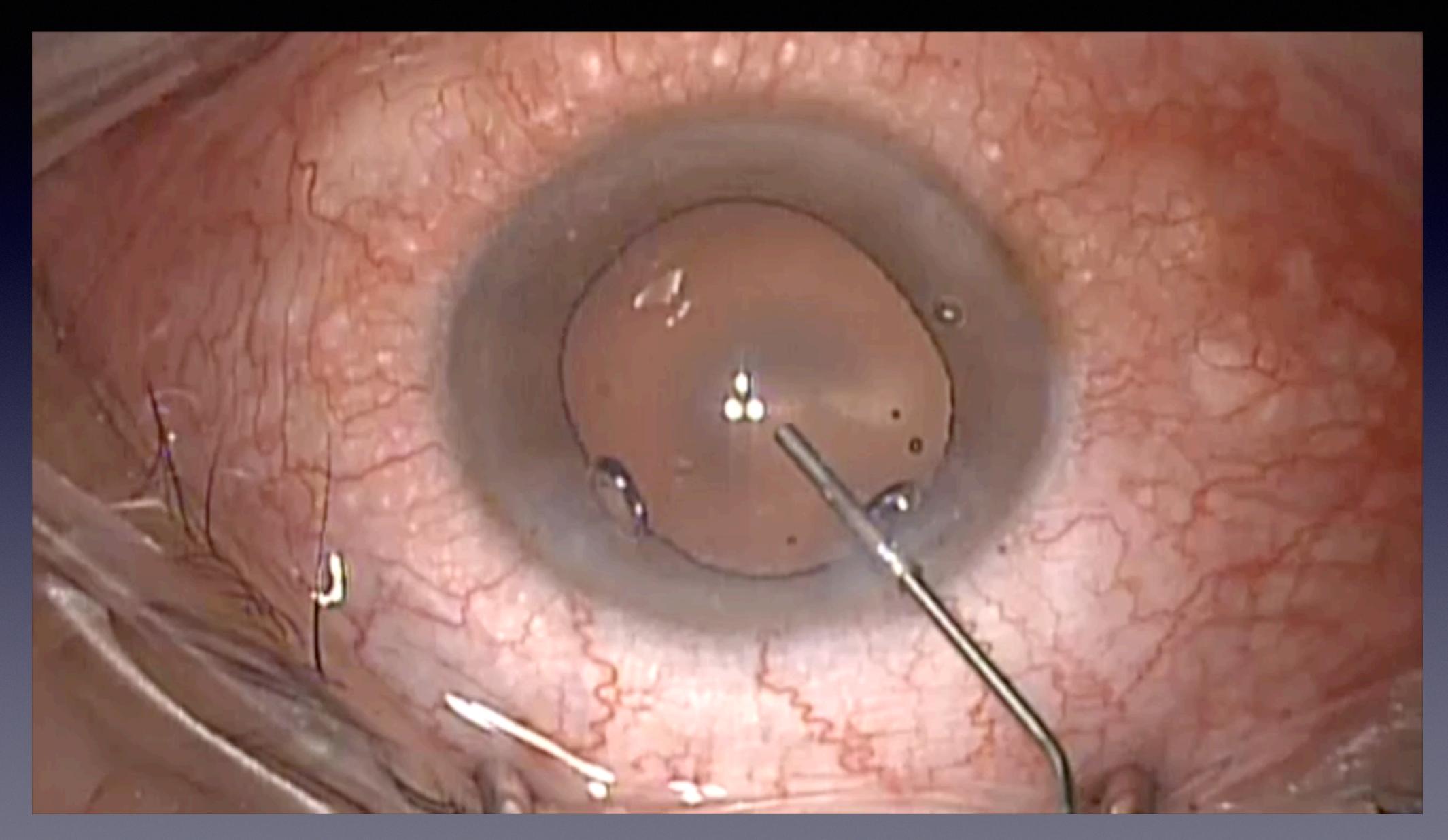
PROS & CONS

- · CORNEAL WOUNDS MORE COMPETENT
- NO POST OP. HYPOTONY & HGE
- SAVE SCLERA

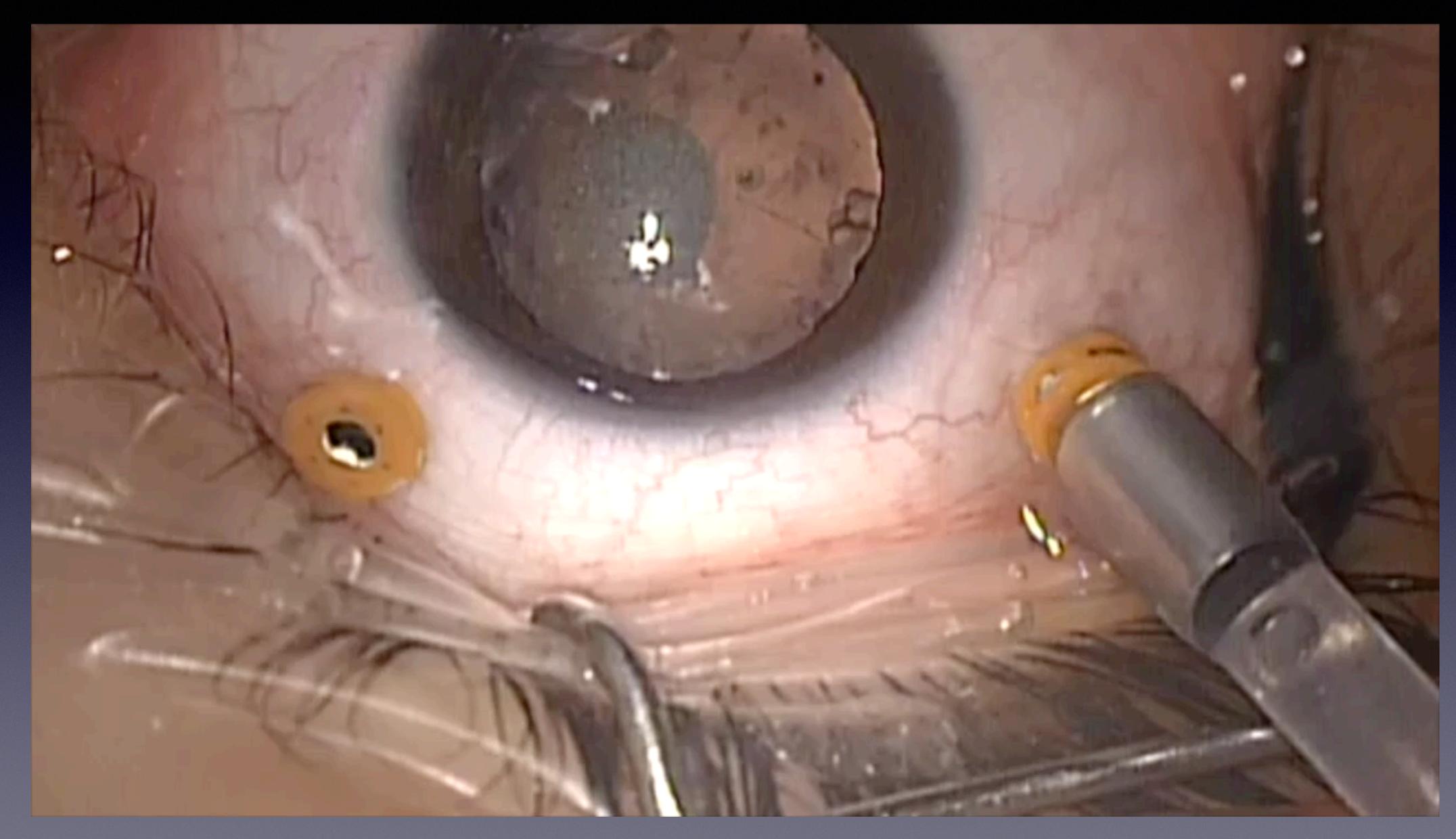


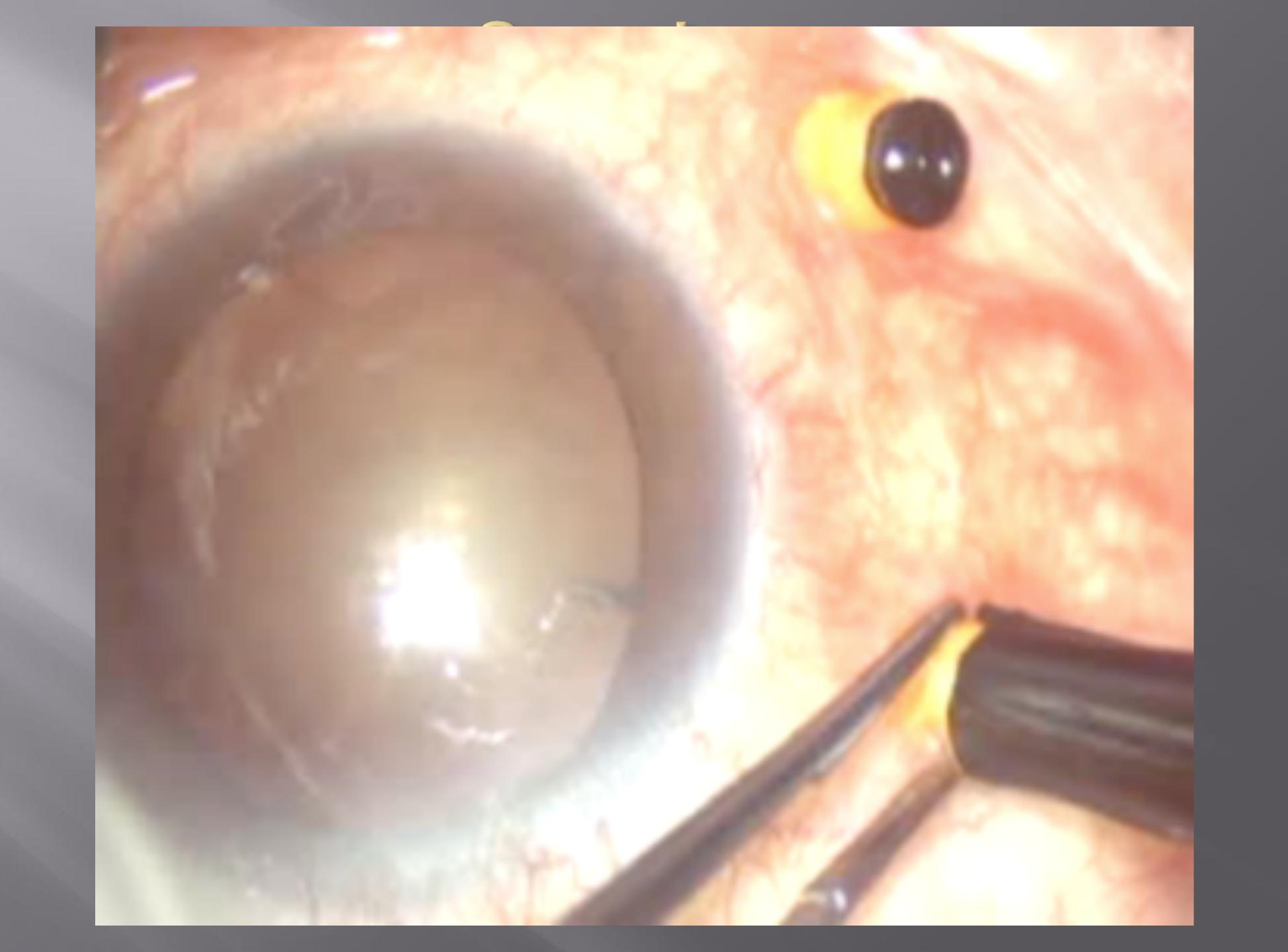
• NORETINANAL EXAM (PREOP. ENDOLIGHT THRU SIDE PORT. INDIRECT OPHTHALMOSCOPY)

NOTSURE ABOUTRETINA = PPOIL REMOVAL

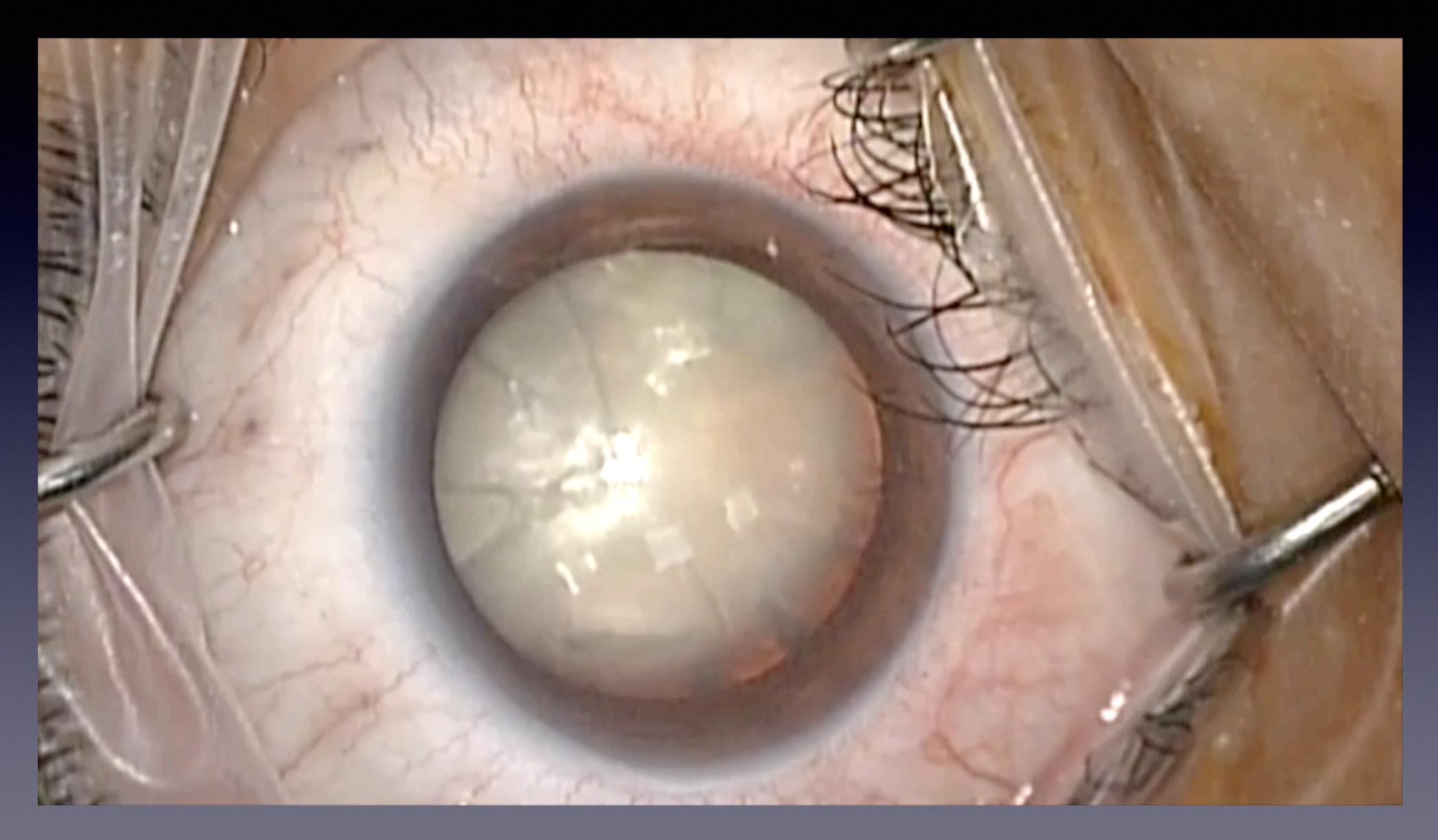


OIL REMOVAL + PP LENSECTOMY





ANTICIPATE SURPRISES



THE QUESTIONIS...

• SHOULD I DO OR REFER??

• NEARBY VR FACILITY (INCLUDING A SURGEON)

