

# B. B. DALK Rescue

of perforations  
at the very beginning of operations

**Tarek Katamish, MD**  
*Professor & Head of  
Ophthalmology Department  
Cairo University*

## DM Ruptures

*T. Katamish*

*mostly with the fragile BB Type 2*

**DM Ruptures**

**DM Ruptures  
at the very beginning  
of the operation**

**\*\* At partial-thickness trephination**

**\*\* At air injection**

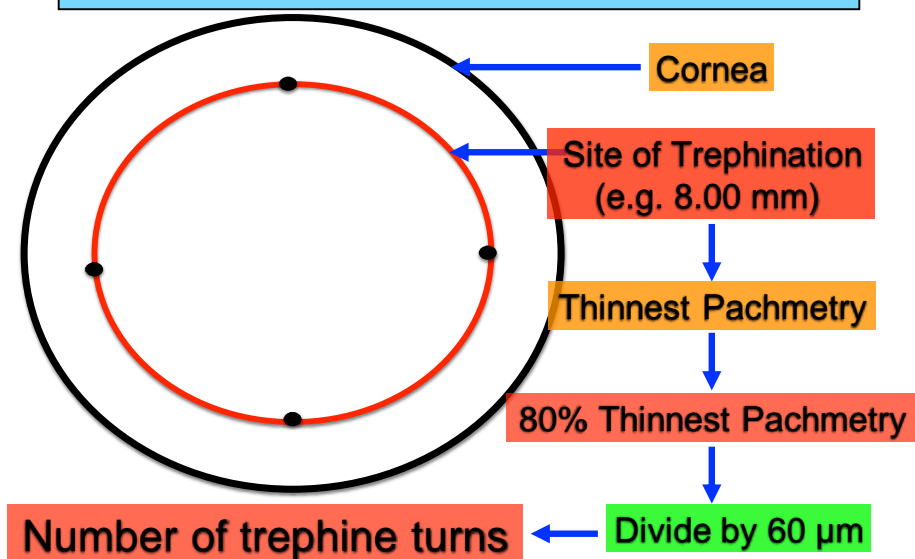
Partial-thickness trephination

**How many 1/4 turns  
I am supposed to do ???!**

*It is  
Variable  
from case to case*

**80% depth  
at site of trephination**

## Partial-thickness trephination



## DEEP

Partial-thickness trephination

*T. Katamish*

GO UP TO

**80%**

CORNEAL THICKNESS  
AT SITE OF TREPHINATION

# Big Bubble formation

The secret of success  
is

**DEEP**

placement of the  
Needle or Cannula

## Big bubble: Blunt cannula



## 3 Cases of very early DM perforations

### Case 1

Premature trephination

### Case 2

While deepening by super blade

### Case 3

While making the minute  
nick by insulin needle

### Case 1

Premature trephine perforation



**Case 2**

**While deepening by super blade**



**Case 3**

**While making the minute nick  
by insulin needle**



## **Why?**

### **Great advantages of DALK**

- **No *Endothelial* graft rejection**
- **No graft failure**
- Extra ocular procedure
- Rapid tapering of steroid therapy
- Shorter healing time
- Stronger globes

***Thank you for attention***

