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ROYAL MAXIM PALACE KEMPINSKI, CAIRO

Conquering Rocks Simplified : A Video Manual for Phacoemulsification of Hard Cataracts

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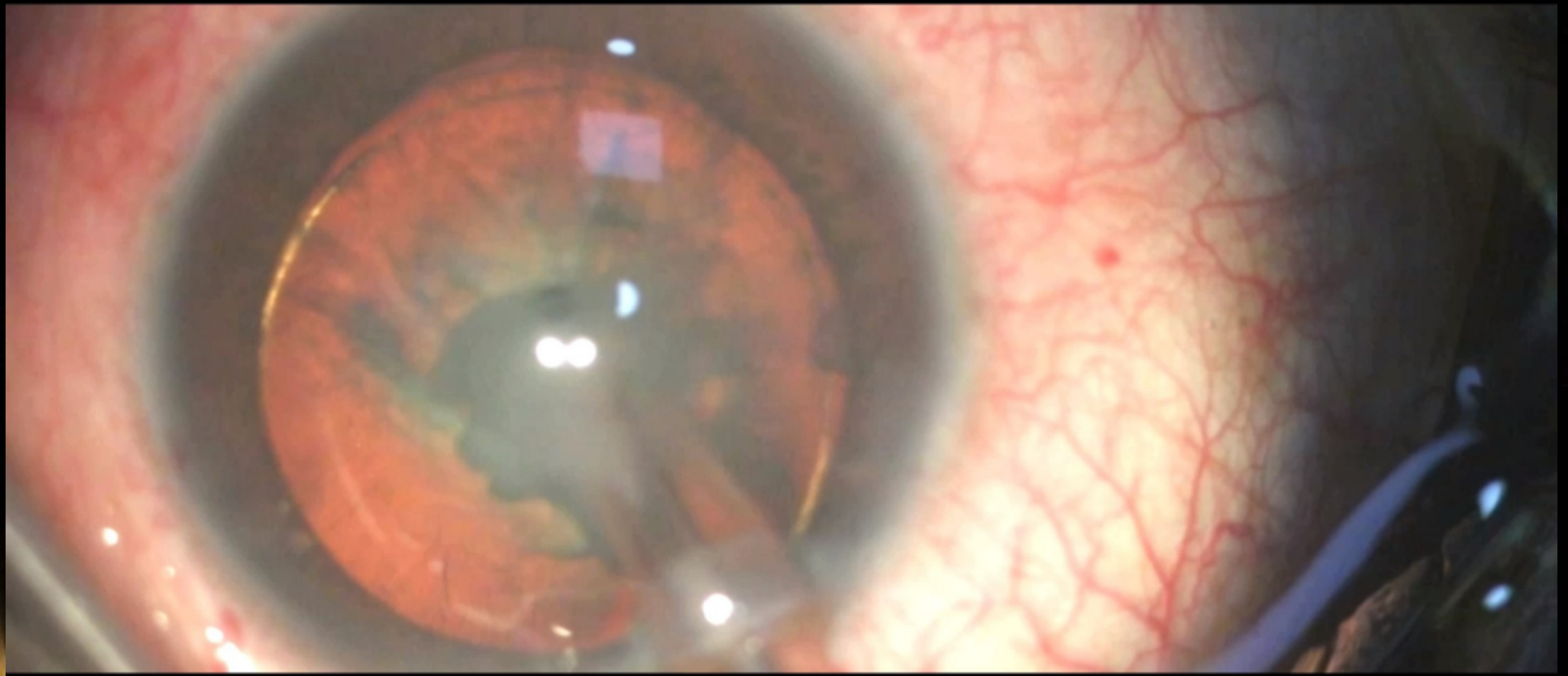

Good Surgical Habits in Hard Cataracts

- Wider incision (2.5 to 2.6 mm incision) to avoid wound hydration but not more than 2.6 to avoid wound leakage and unstable anterior chamber.
- Wider rhexis than usual (6 mm) instead of 5 or 5.5 mm rhexis to avoid stress on anterior capsule edge and allow easy delivery of pieces into the anterior chamber.
- Viscoelastic use before starting phaco and generous (Dispersive) OVD use during surgery to coat Corneal Endothelium.
- Ensure nucleus mobility to decrease stress on zonules through multiple Small waves of hydrodissection at different quadrants.
- Minimizing Supra-capsular Phaco of large nuclear pieces as much as we can and doing phaco at pupillary plane.
- Mechanical fracturing of pieces into smaller pieces to decrease dissipated power.

Good Surgical Habits in Hard Cataracts

- Debulking the central part of the nucleus (20 %) to have more space for the upcoming maneuvers
- If Pupil is not dilated well then vertical chopping to have multiple pieces (one half into 2 or more pieces).
- Using the nuclear pieces to hold off the posterior capsule while emulsifying the piece at the phaco tip
- Using the chopper to push the posterior capsule away from phaco tip while eating the last nuclear piece especially if the posterior capsule is trampolining (moving up and down with vacuum).

Take Home Message

- Every Rock can be Emulsified.
- You just need a decent Phaco machine, a good left hand, a sharp vertical chopper and most importantly your mother’s prayer.

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