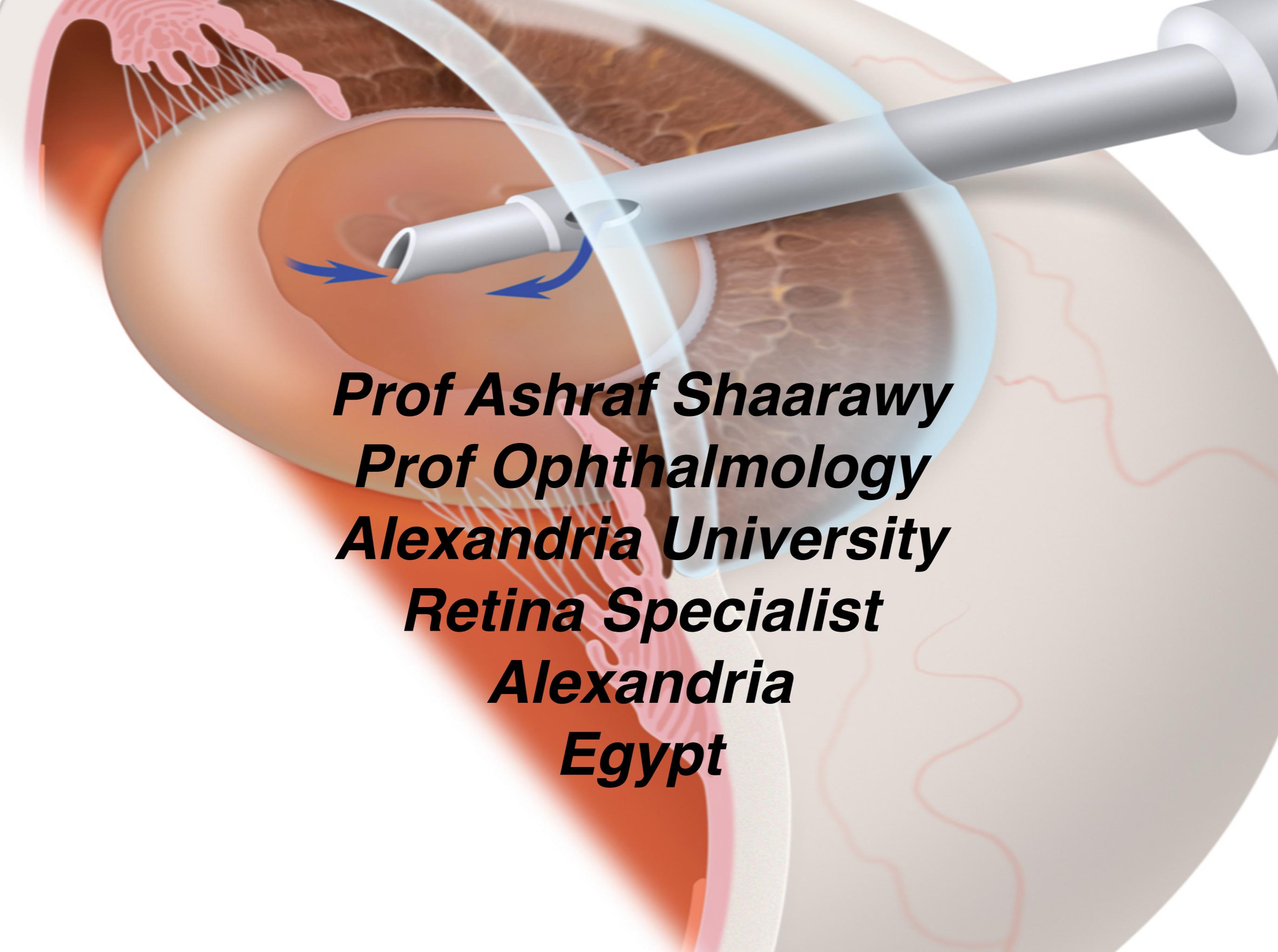


بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





Cataract Surgery in PDR

An anatomical diagram of a human eye in cross-section, showing the retina and vitreous body. A surgical instrument, likely a vitrectomy probe, is shown entering the eye from the right side. Blue arrows indicate the direction of fluid flow or manipulation. The diagram is overlaid with text identifying the surgeon.

Prof Ashraf Shaarawy
Prof Ophthalmology
Alexandria University
Retina Specialist
Alexandria
Egypt

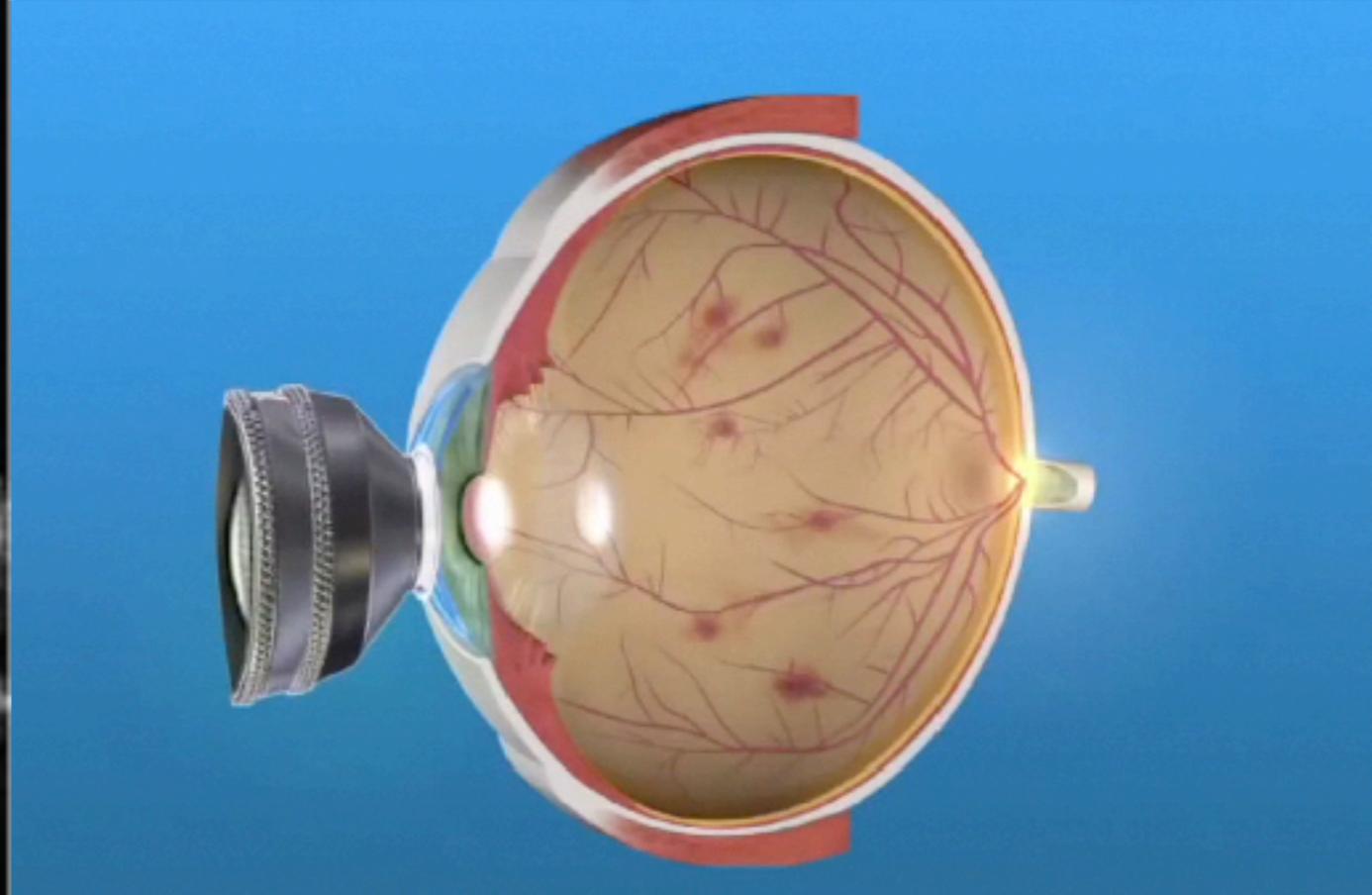
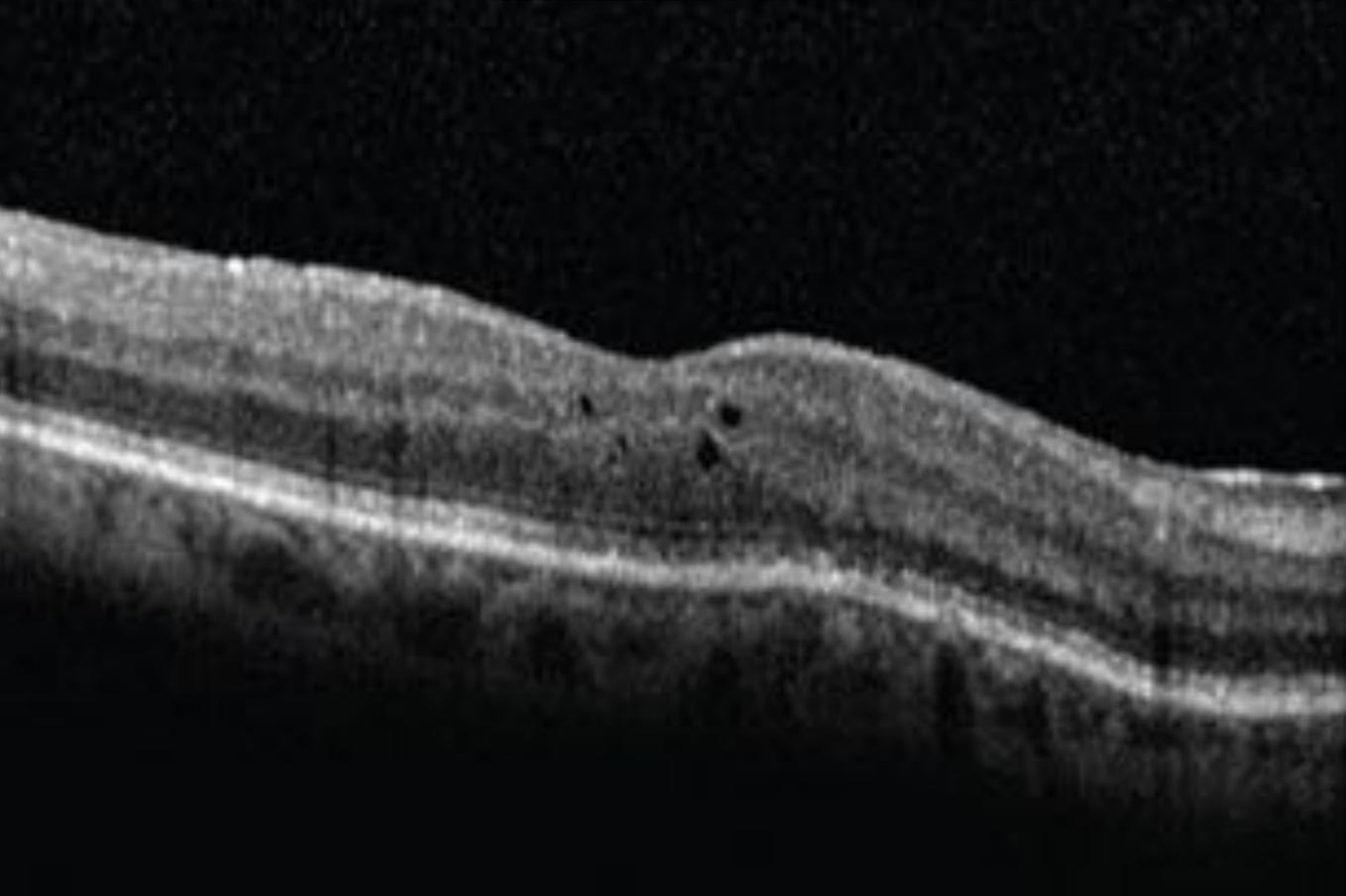
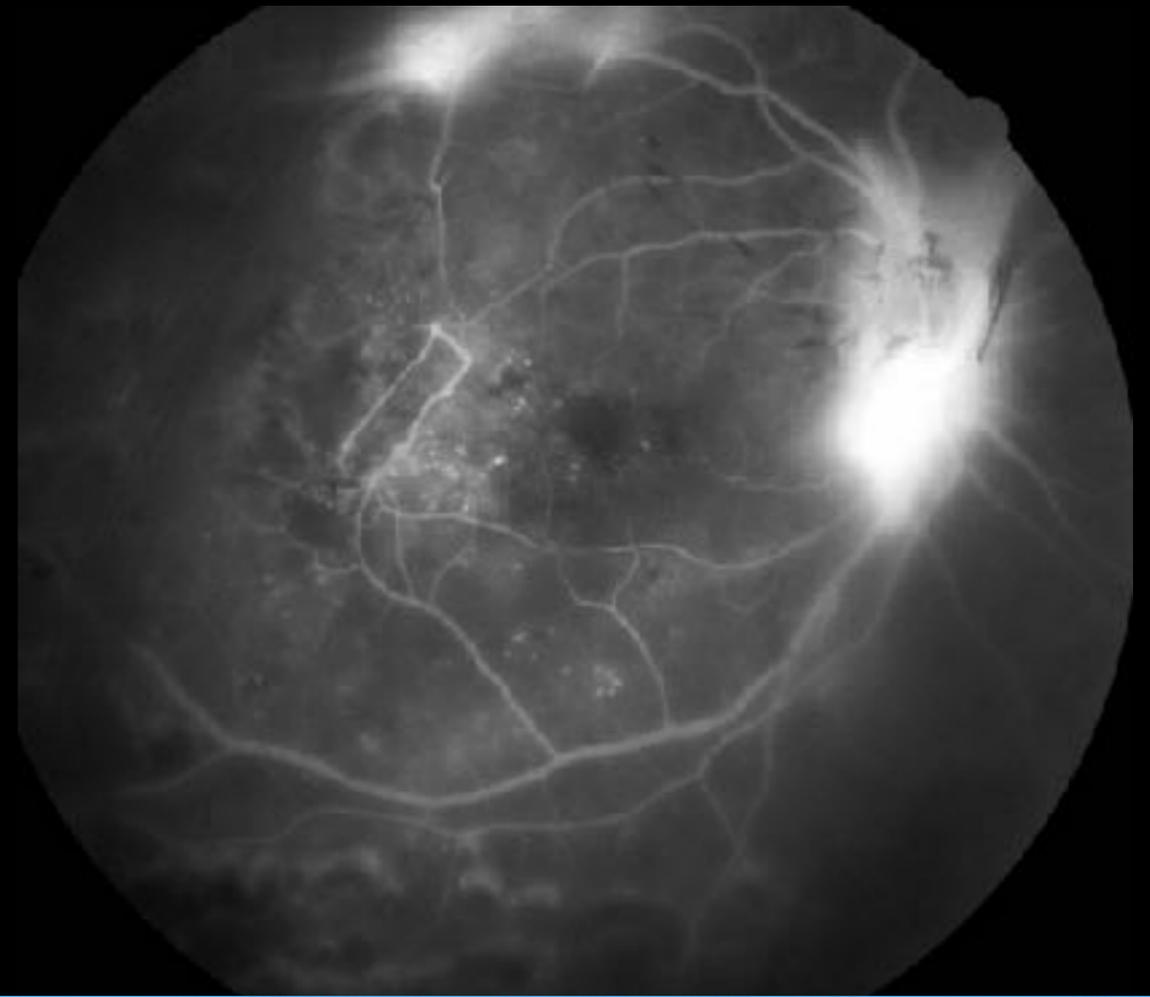
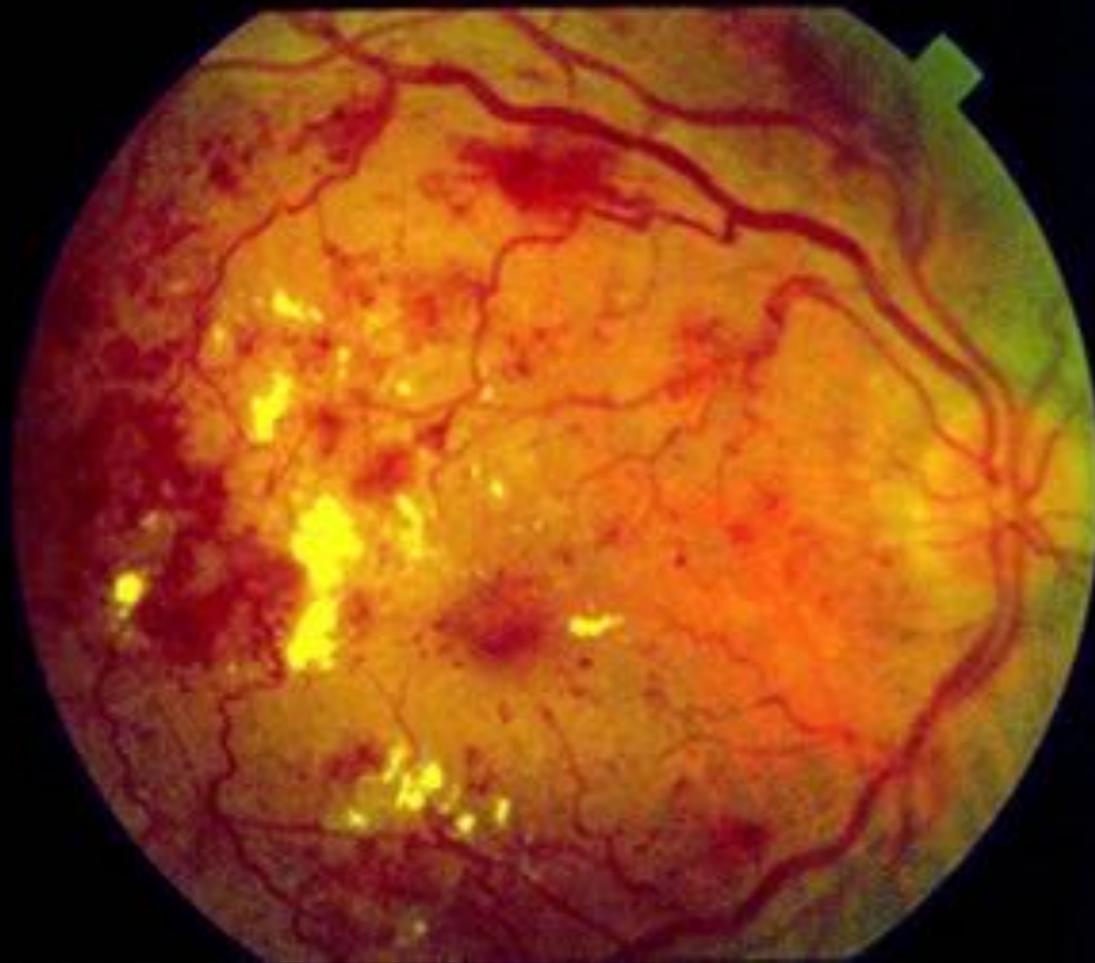
Cataract surgery

- Cataract surgery may lead to progression of pre-existing macular oedema and proliferative diabetic retinopathy. However, cataracts may impede funduscopy and therefore interfere with the treatment of diabetic retinopathy. If possible, diabetic retinopathy should be treated prior to cataract surgery

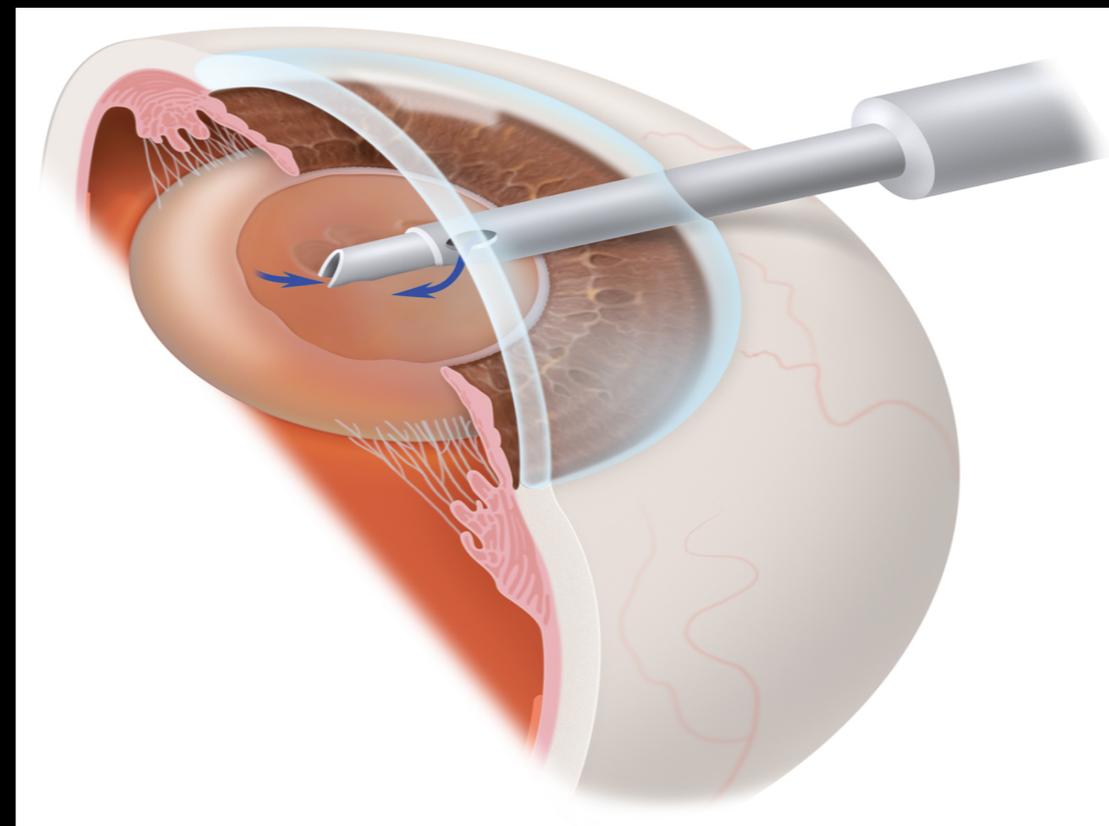
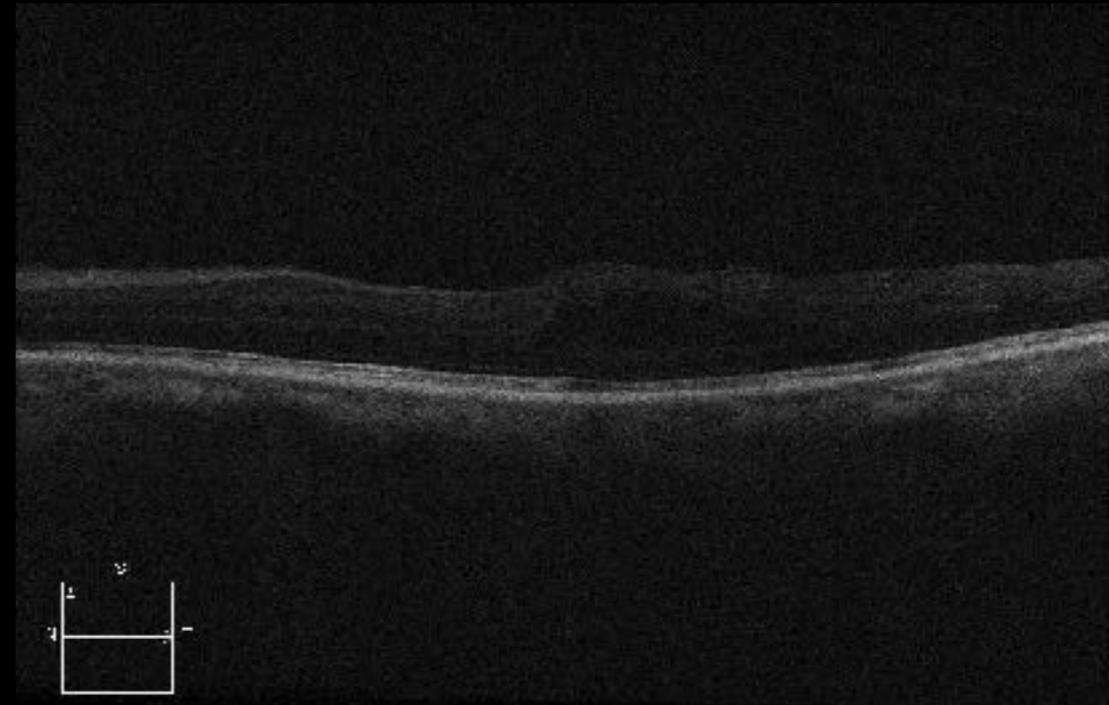
Cataract in PDR

- 1.Cataract with active Proliferative process**
- 2.Cataract with inactive Proliferative process without traction**
- 3.Cataract with inactive Proliferative process with traction**
- 4.Cataract with rubeosis iridis with or without secondary glaucoma**
- 5.Cataract with inactive Proliferative Process and non tractional diabetic macular edema**
- 6.Cataract with inactive Proliferative Process and tractional Diabetic macular edema**
- 7.Cataract in Vitrectomized eyes**
- 8.Cataract in siliconised vitrectomized eyes**

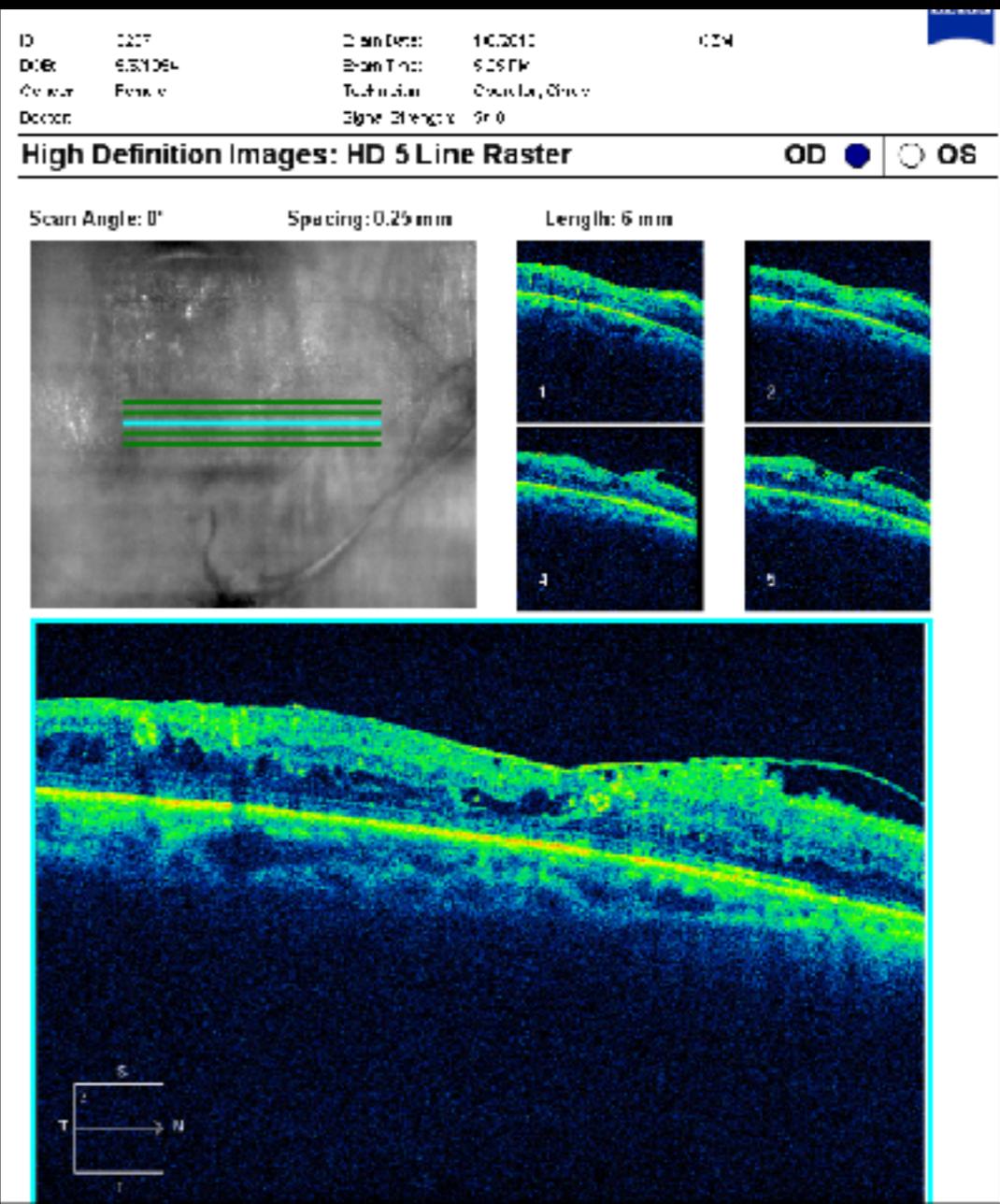
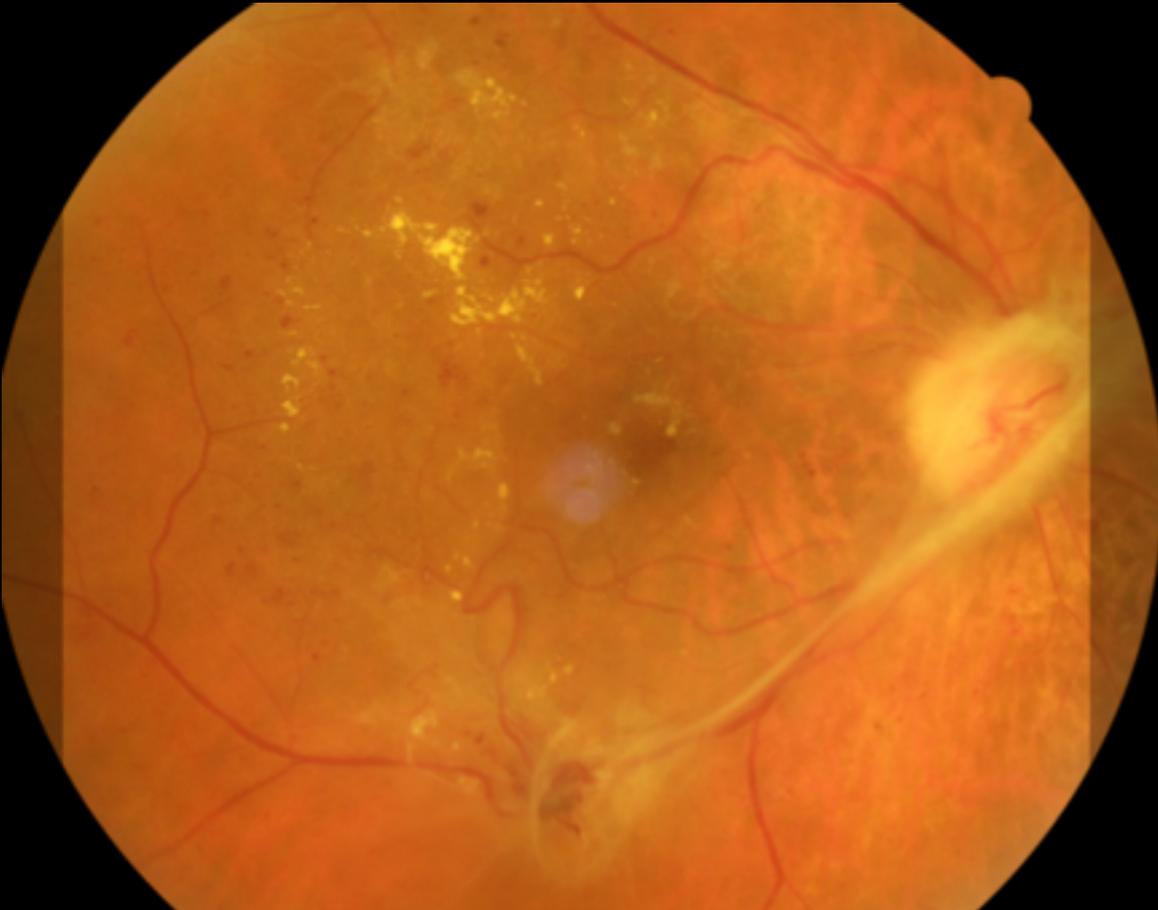
1. Cataract with active Proliferative process



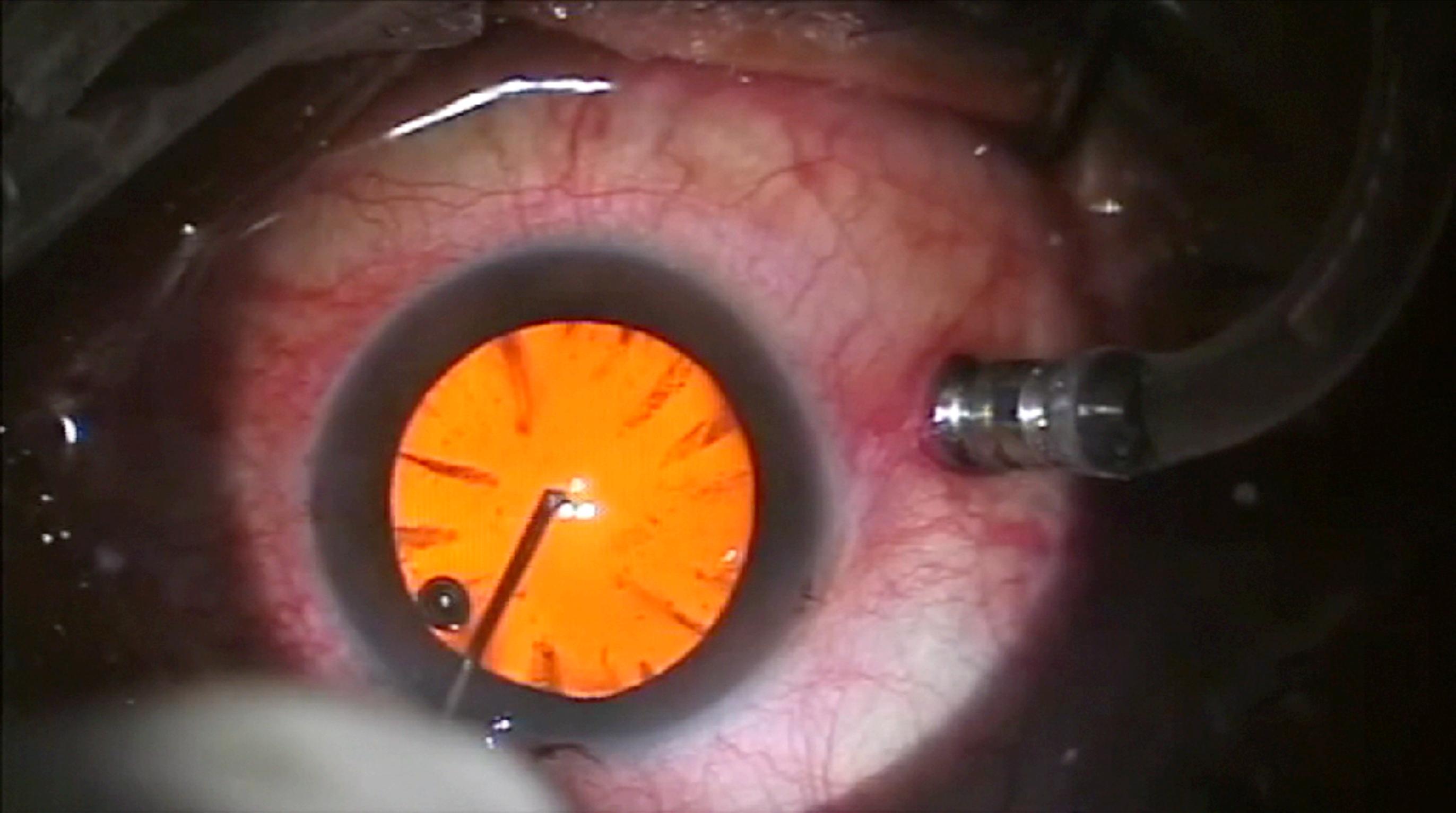
2. Cataract with inactive Proliferative process without traction



3. Cataract with inactive Proliferative process with traction



3.Cataract with inactive Proliferative process with traction





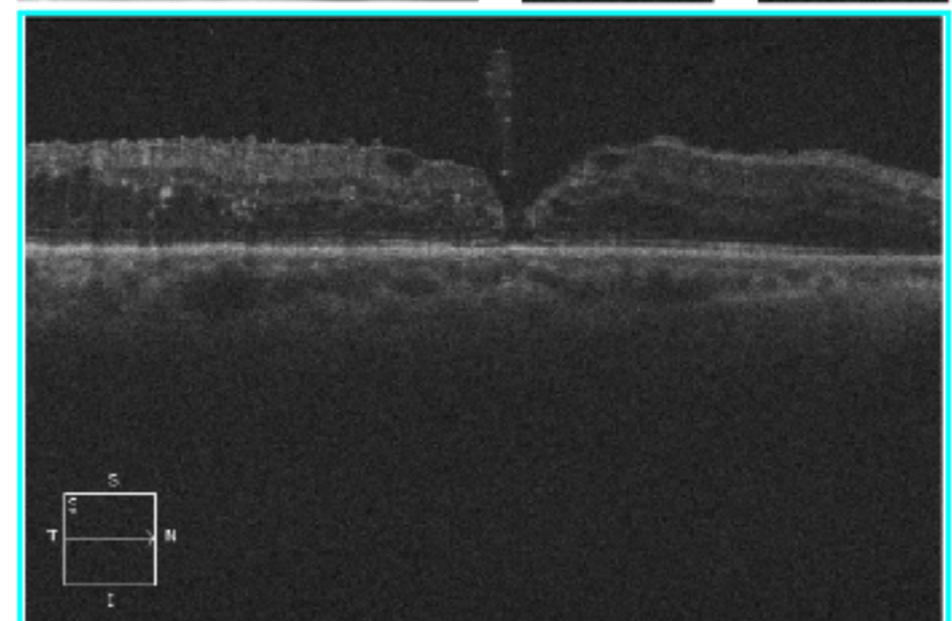
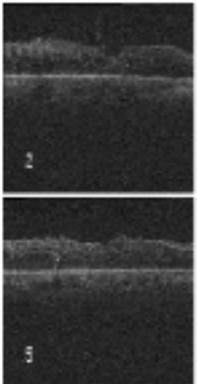
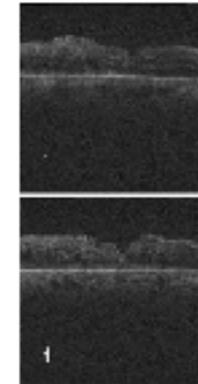
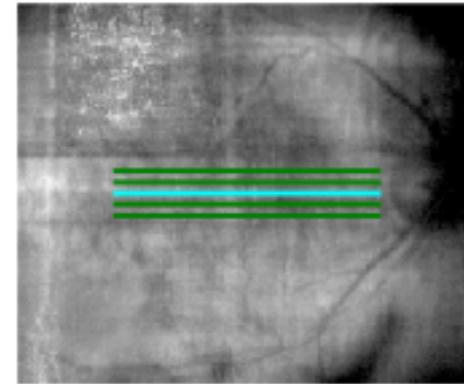
High Definition Images: HD 5 Line Raster

OD

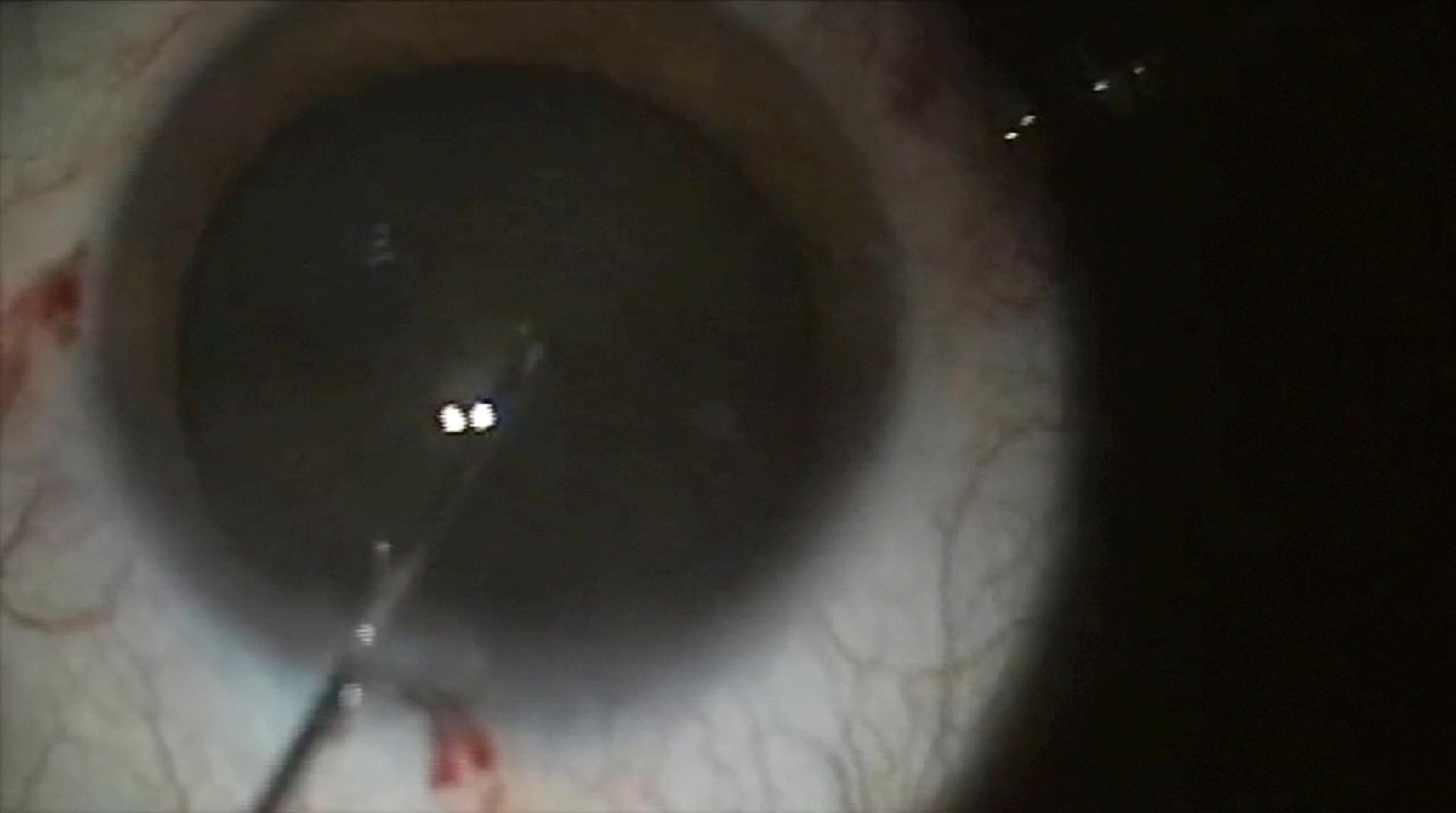
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Spacing: 0.25 mm

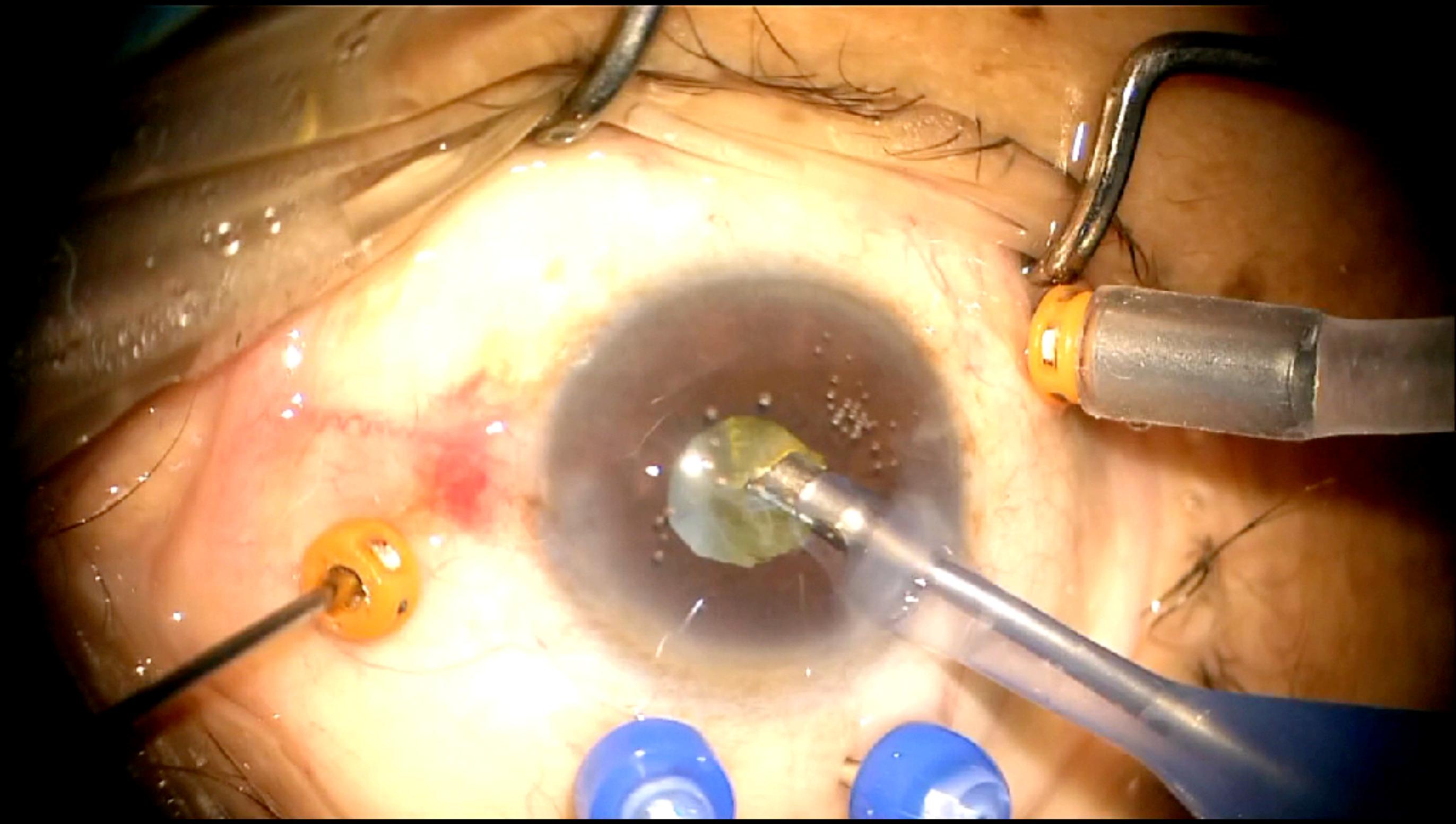
Length: 6 mm



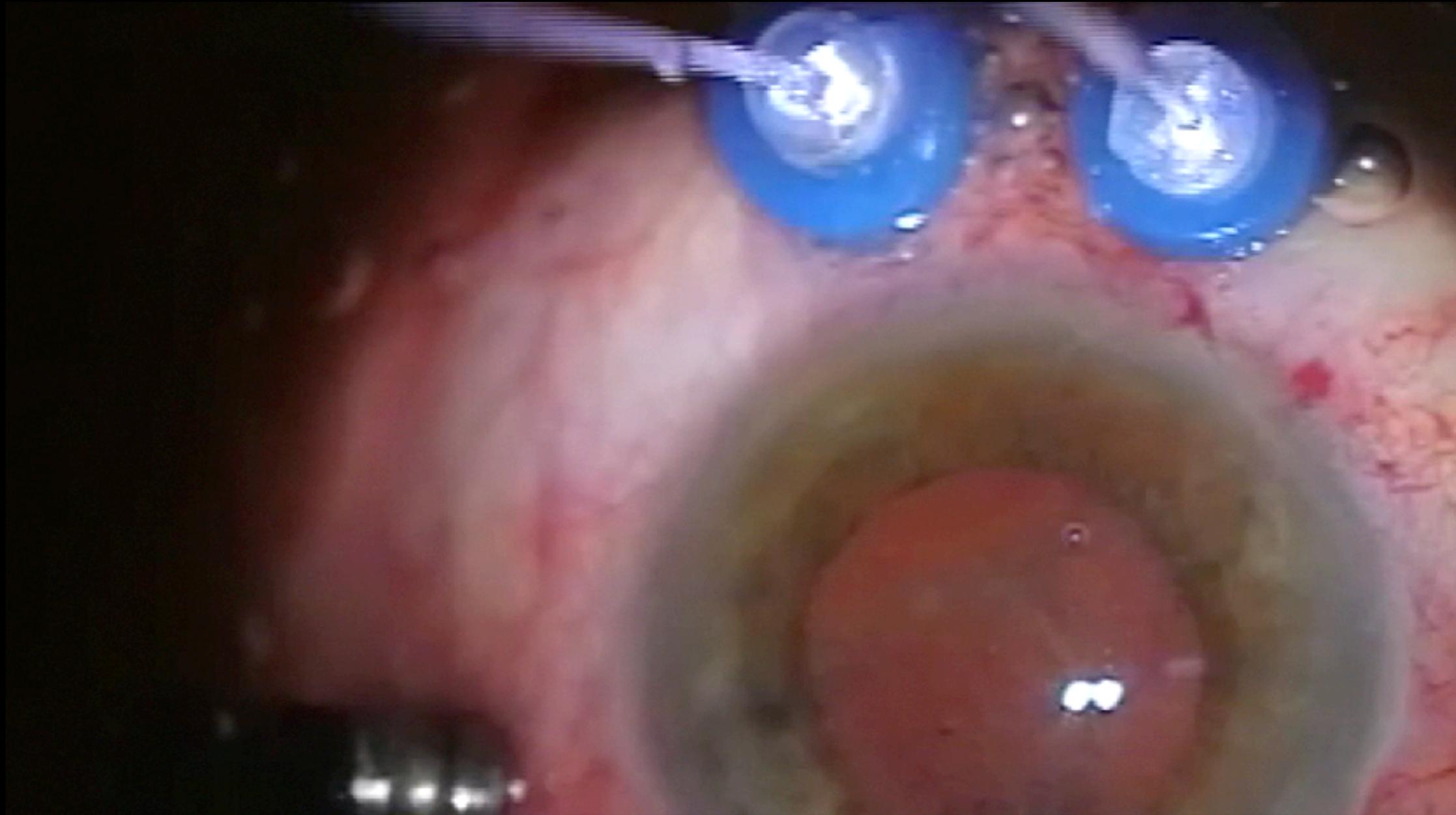
Difficulties in combined phako vitrectomy :Red reflex enhancer



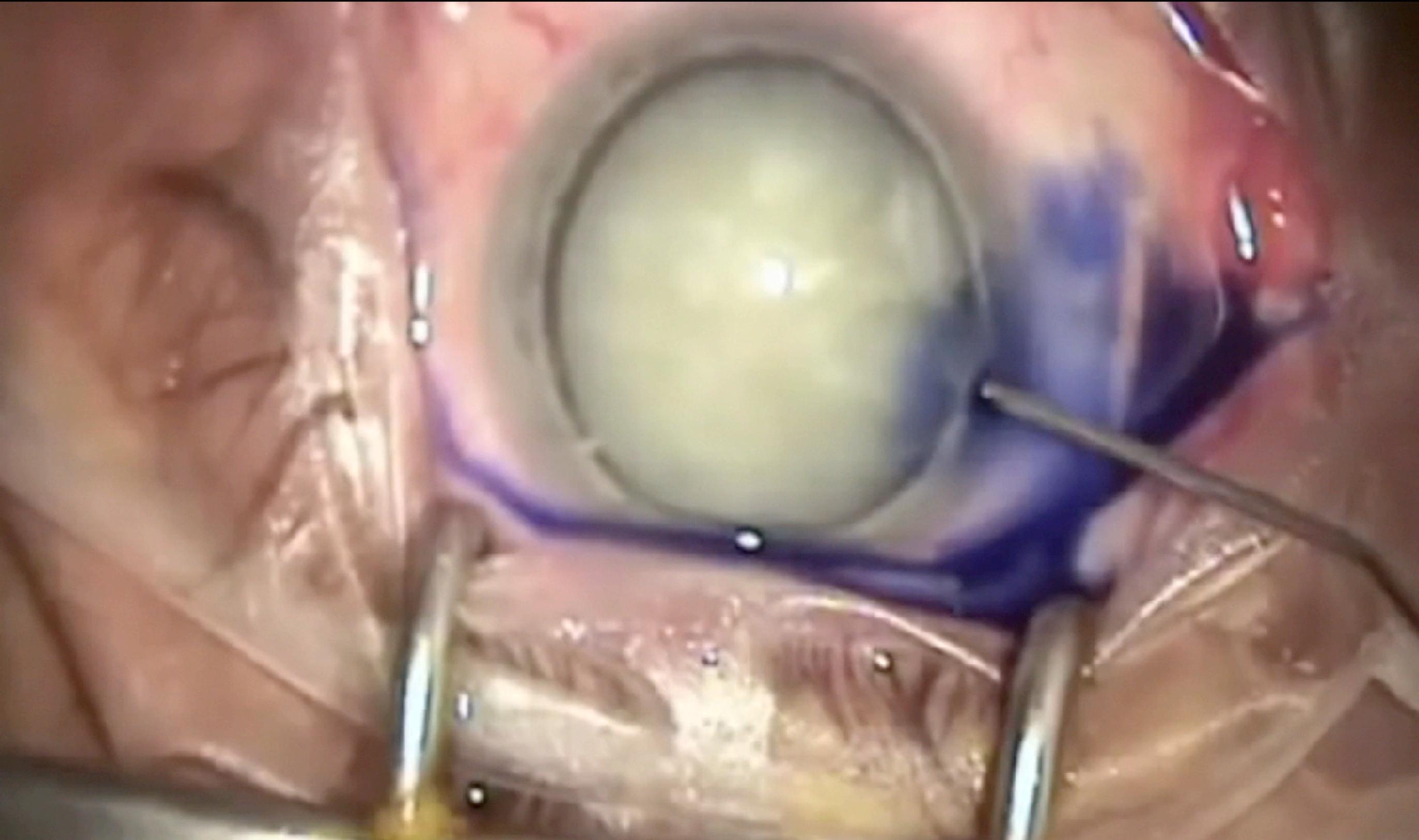
Difficulties in combined phako vitrectomy: Dropped Nucleus with difficult phako



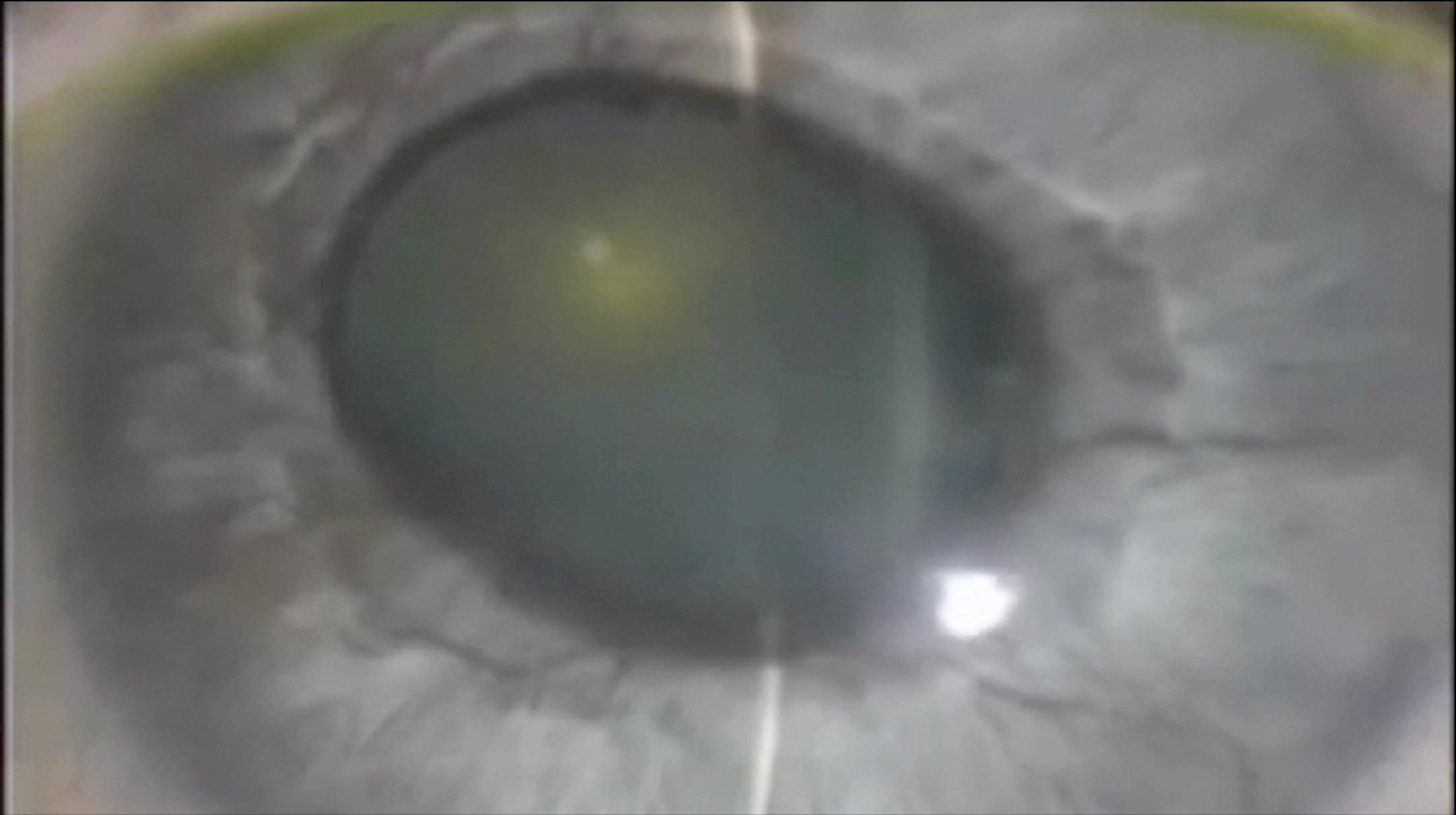
Difficulties in combined phako vitrectomy: Use of Chandlier's light to enhance the red reflex



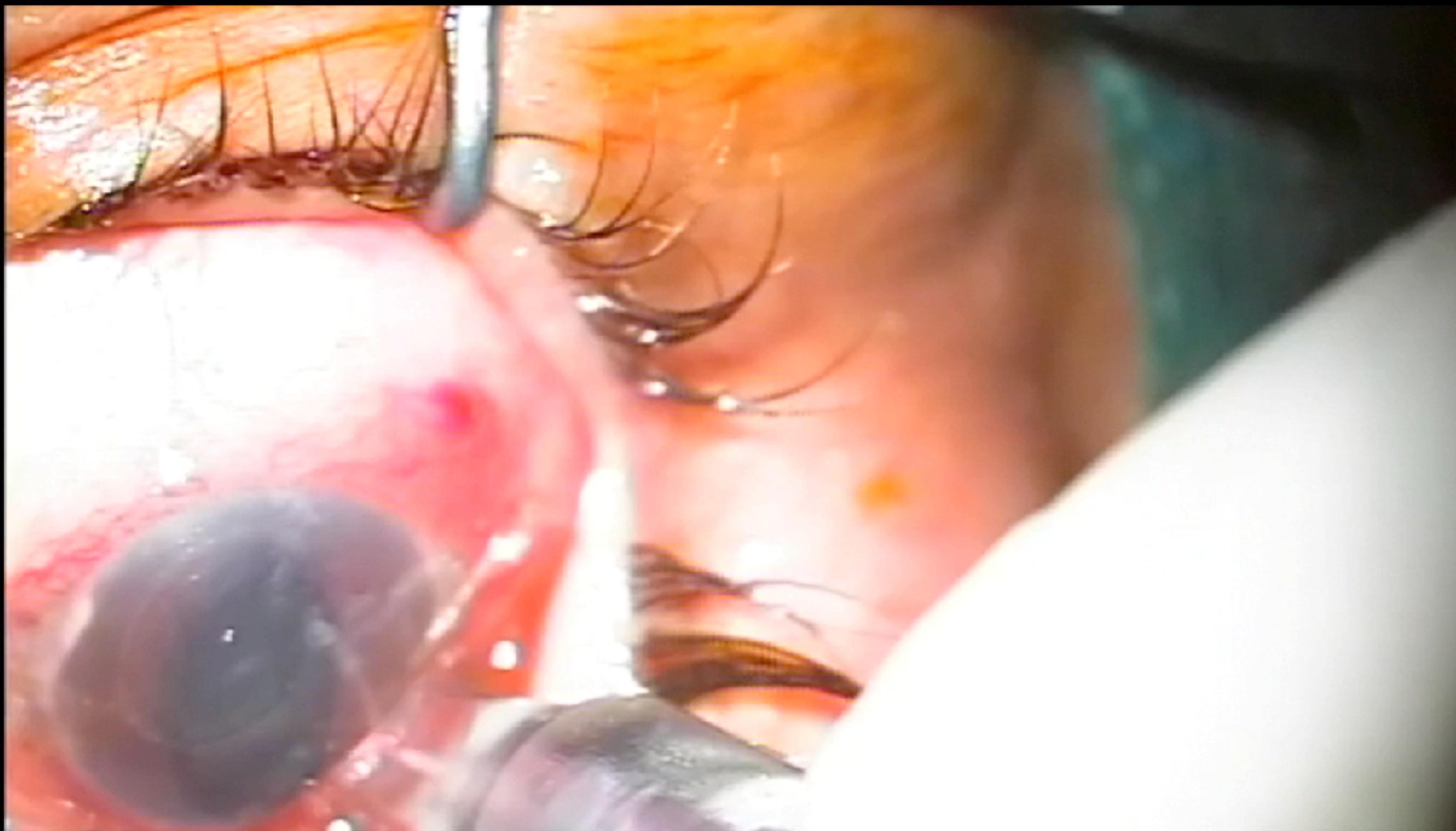
Difficulties in combined phako vitrectomy: capsular staining



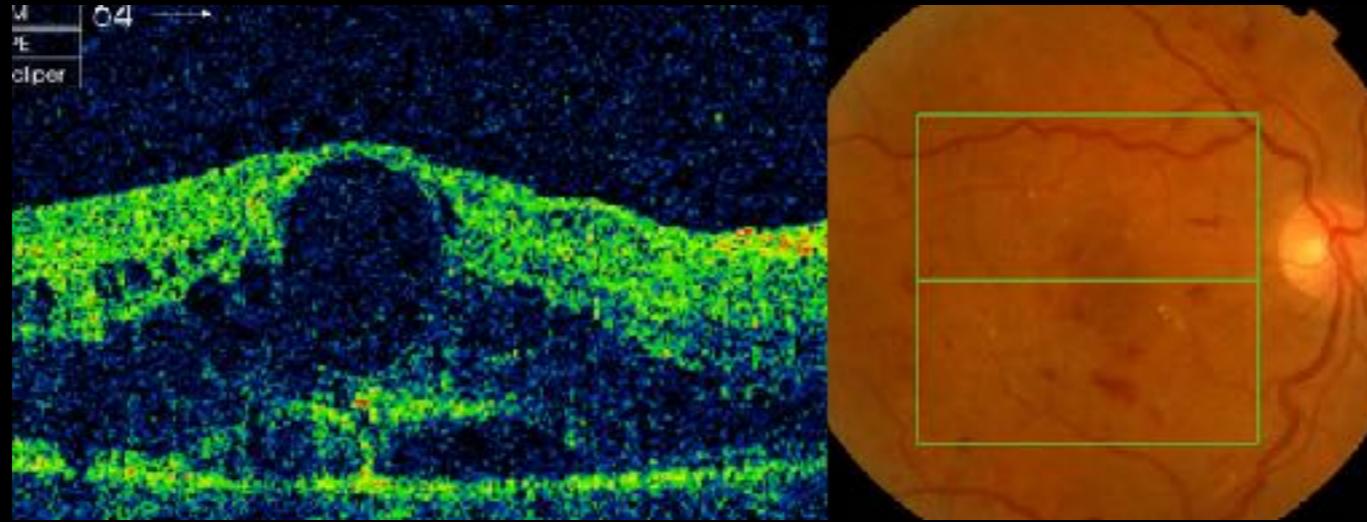
4. Cataract with rubeosis iridis with or without secondary glaucoma



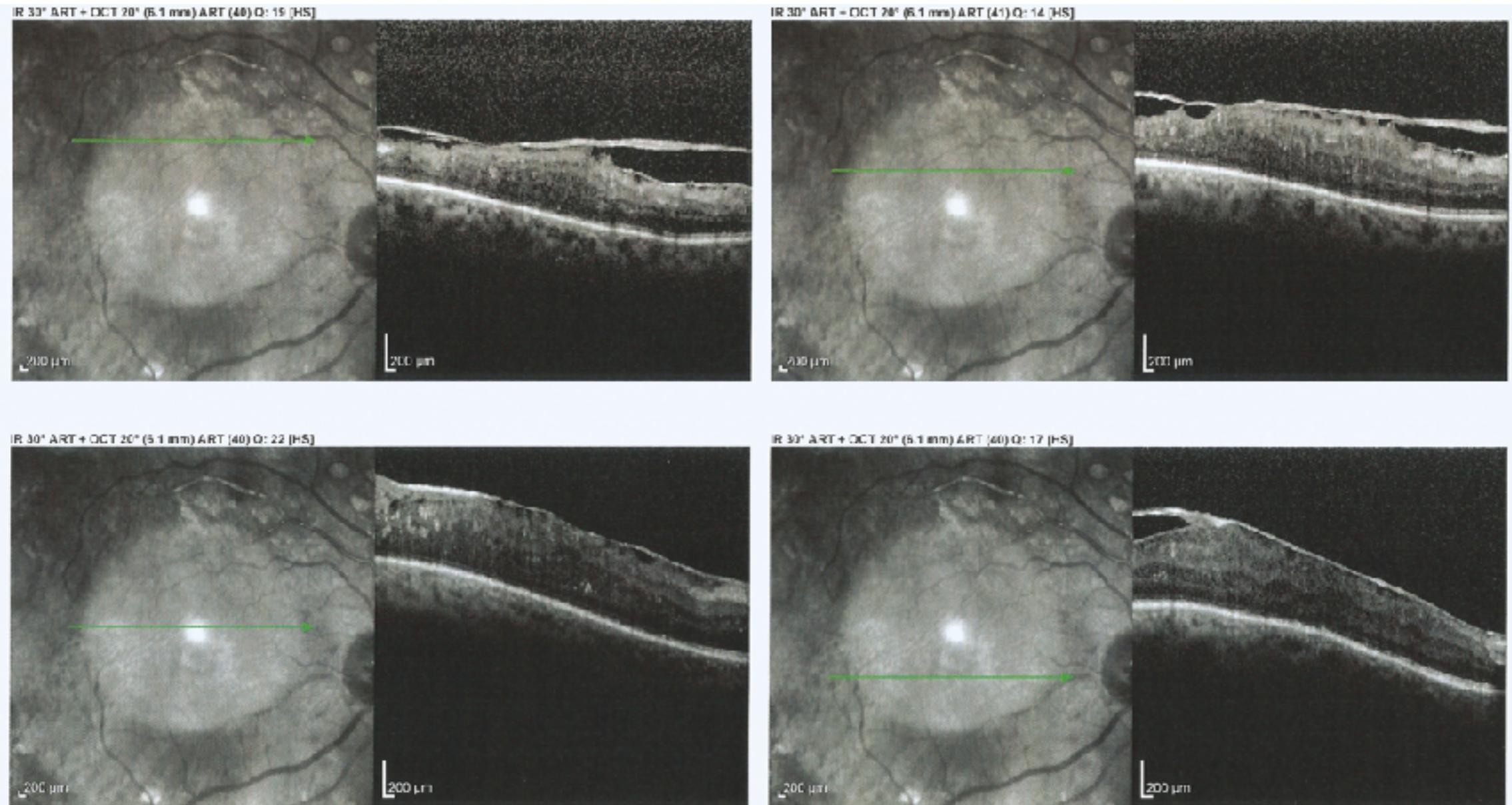
4. Cataract with rubeosis iridis with or without secondary glaucoma Trans scleral diode cyclophotocoagulation with Intravitreal Anti-Vegf

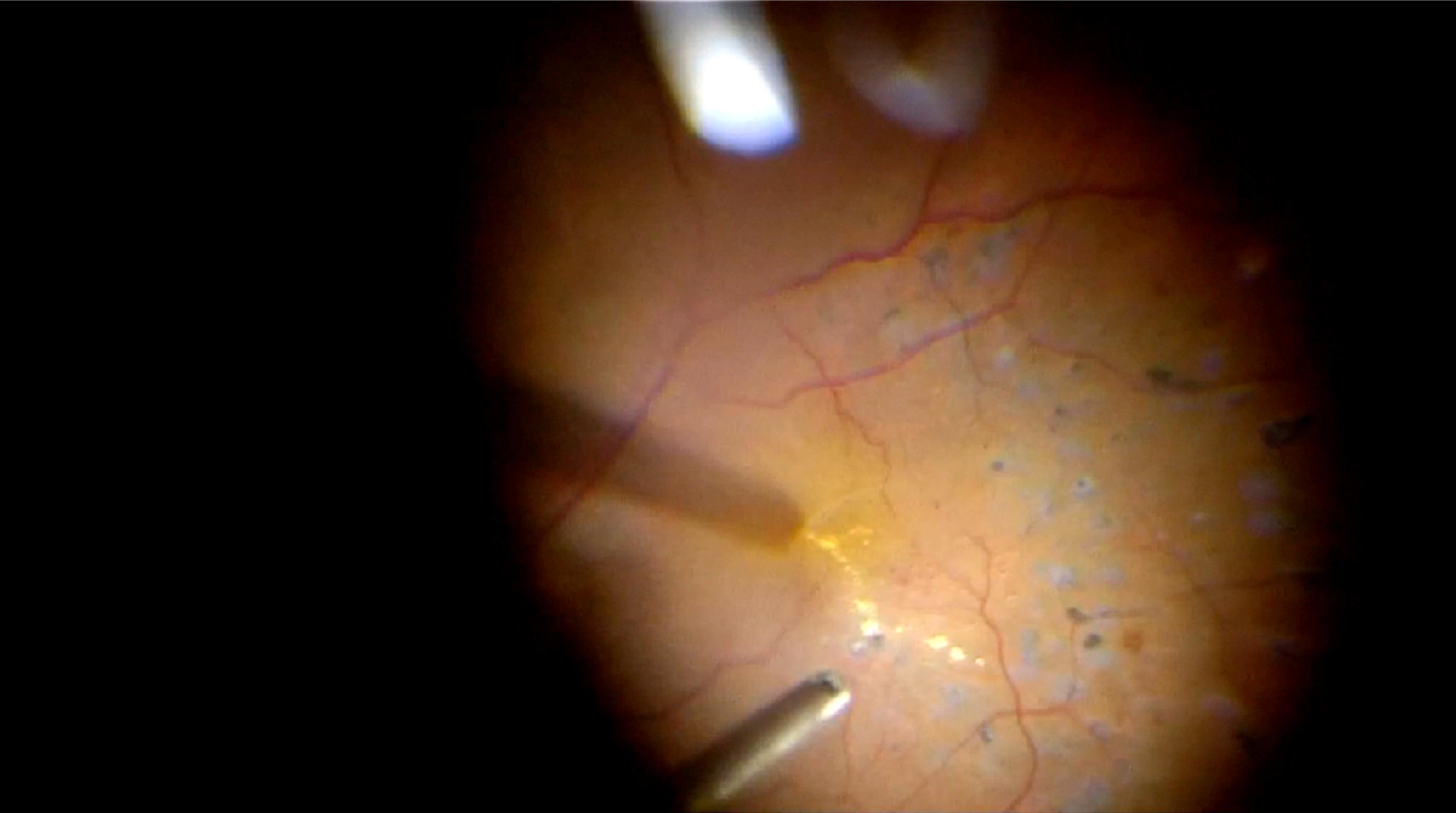


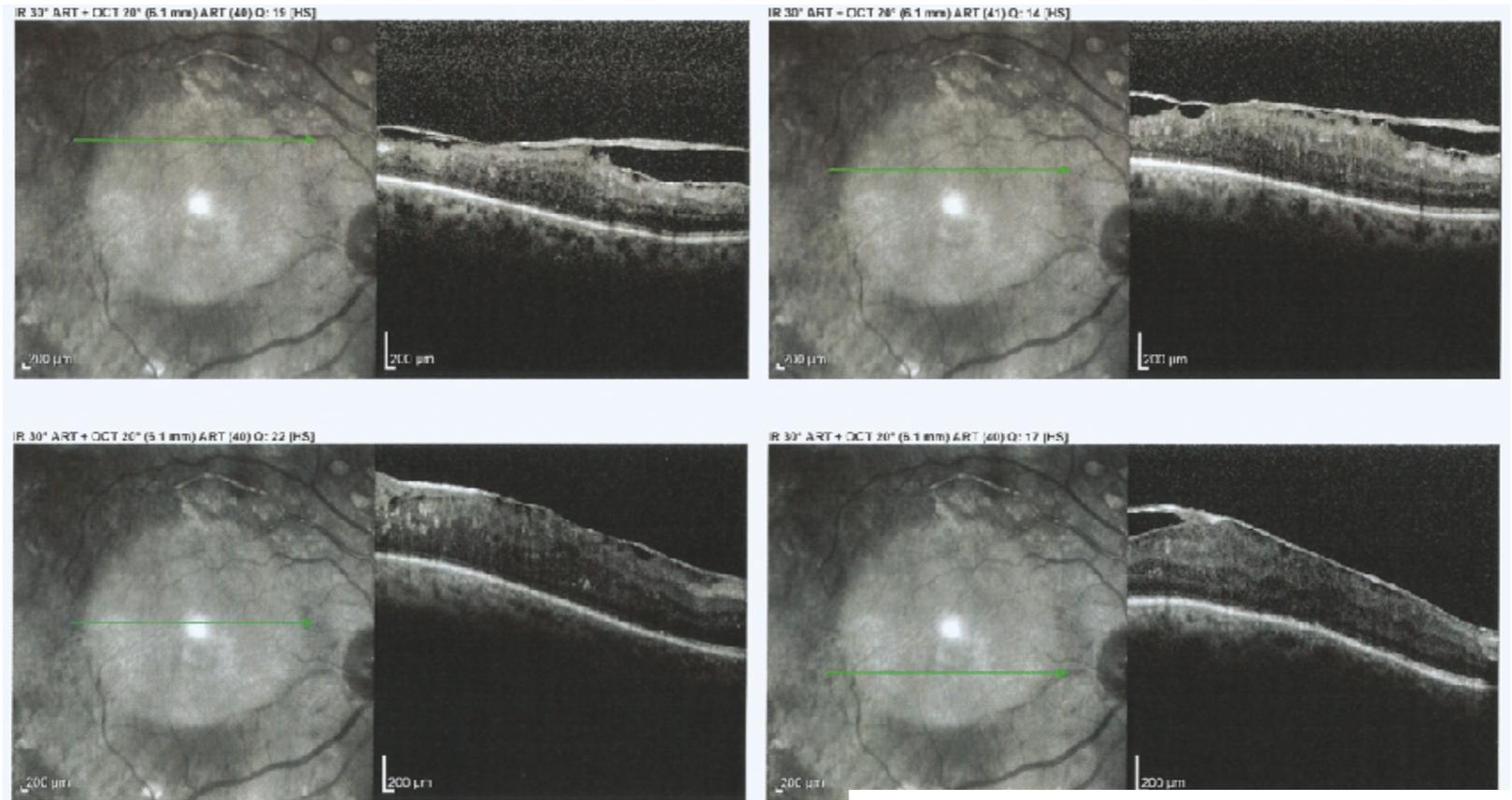
5. Cataract with inactive Proliferative Process and non tractional diabetic macular edema



6. Cataract with inactive Proliferative Process and tractional Diabetic macular edema

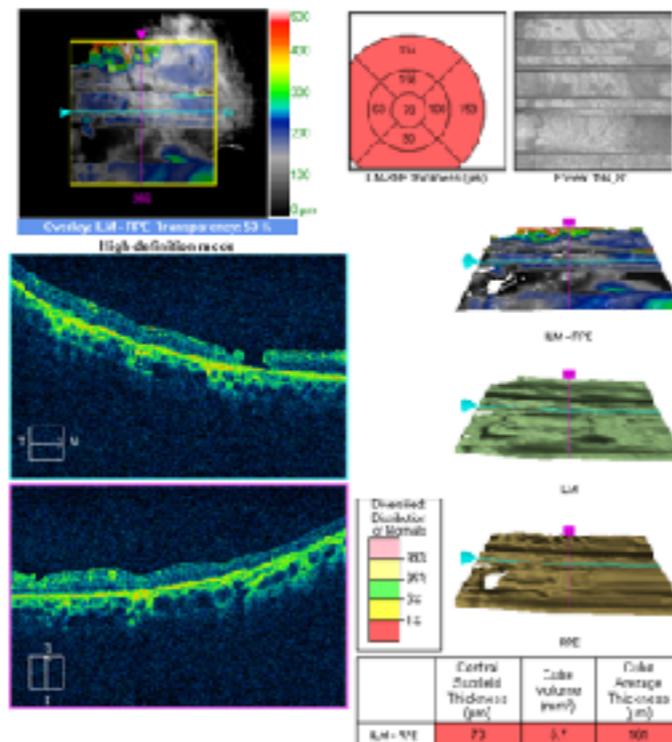






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 DOE: 591985 Exam Time: 4:43 PM
 Gender: Female Serial Number: 40004893
 Doctor: Signa Strength: 0/0

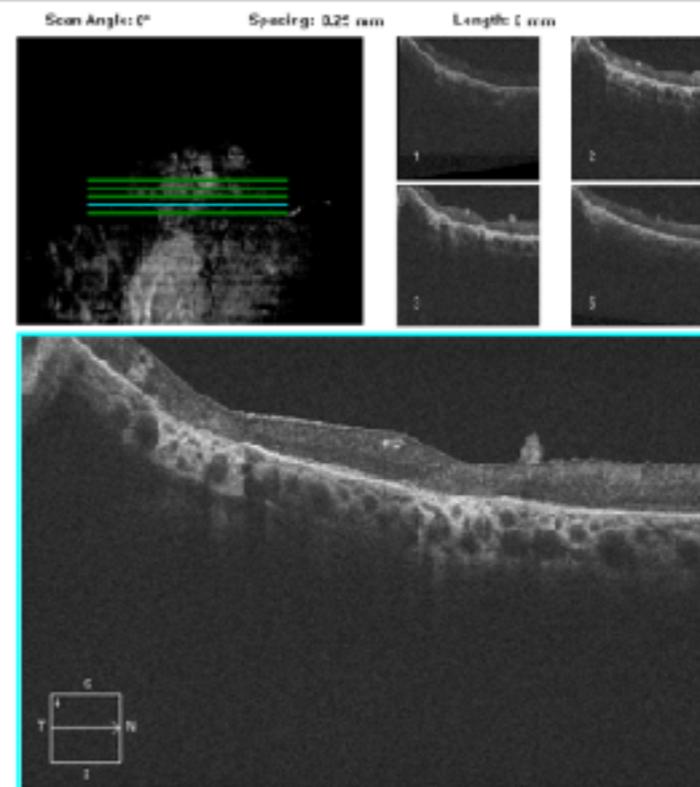
Macula Thickness : Macular Cube 512x128 OD ● ○ OS



Comments: _____
 Doctor's Signature: _____
 Cirrus Cornea DV 7/16/05.00E
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 Page 1 of 1

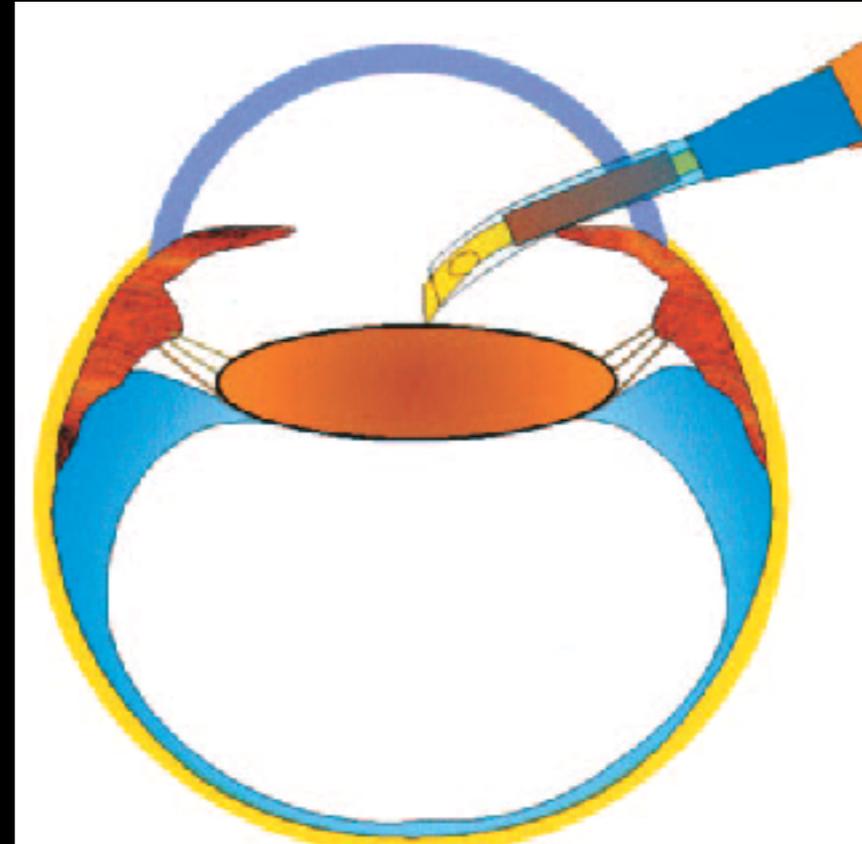
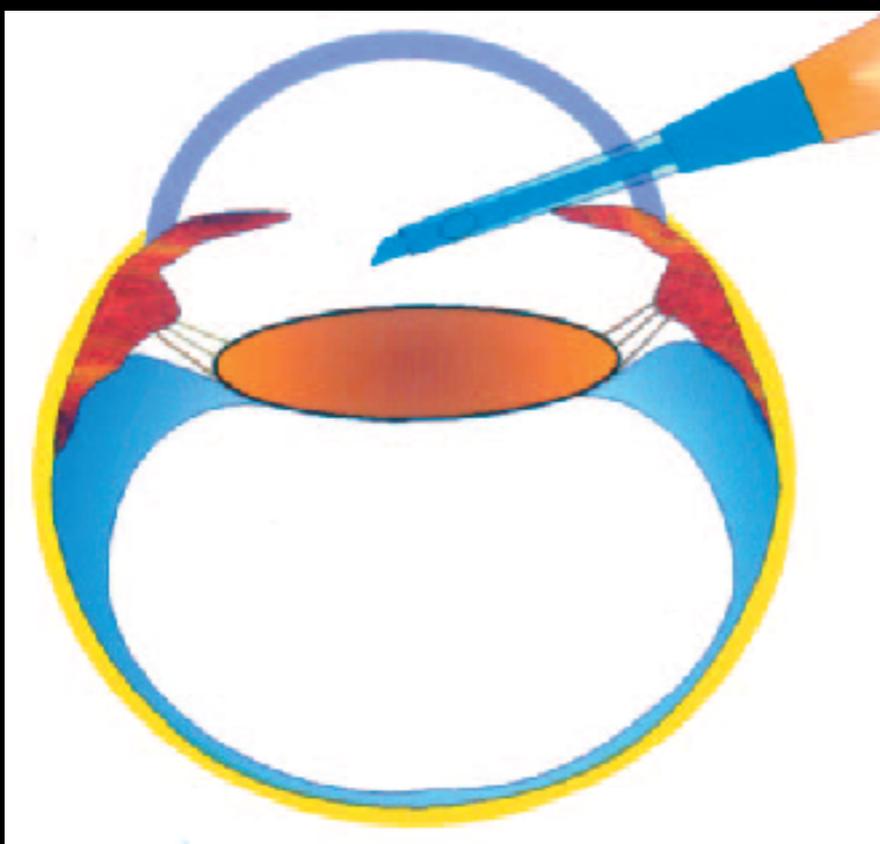
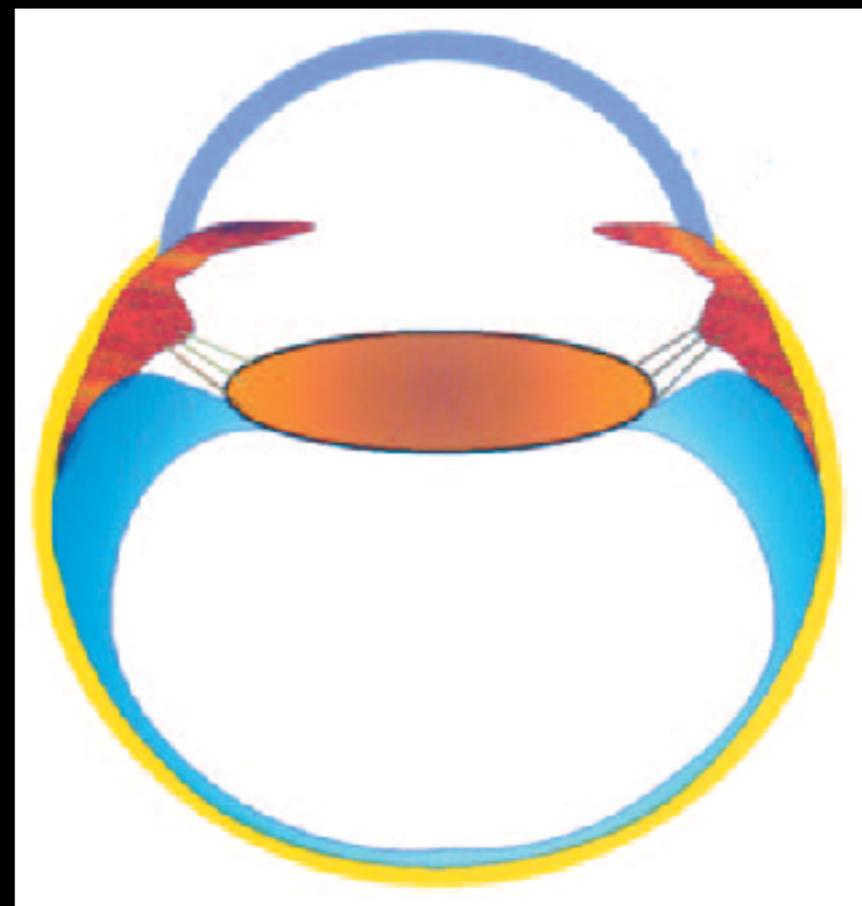
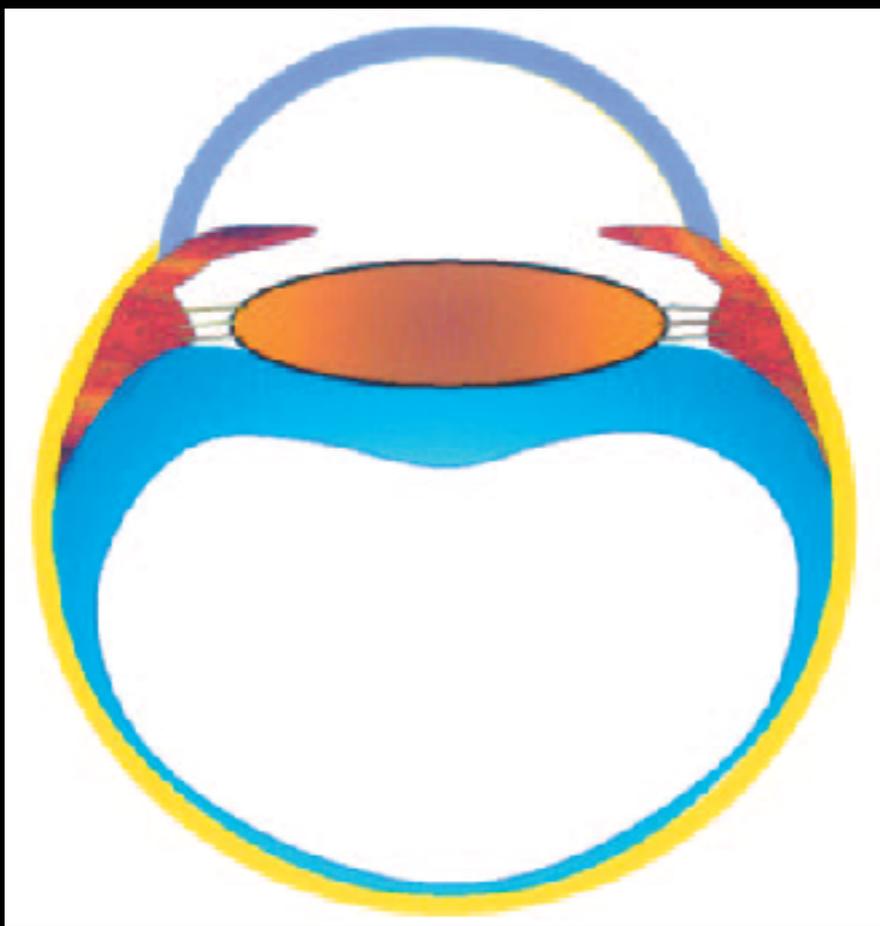
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High Definition Images: HD 5 Line Raster OD ● ○ OS



Comments: _____
 Doctor's Signature: _____
 Cirrus Cornea

7.Cataract in Vitrectomized eyes



8. Cataract in siliconised vitrectomized eyes



Thank You For Your Attention

