

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





Cataract Surgery in PDR

A detailed medical illustration of a vitrectomy procedure. It shows a cross-section of the eye with the vitreous body being removed using a vitrector. A long, thin, grey instrument is inserted into the vitreous cavity, with blue arrows indicating the direction of fluid removal. A white, curved instrument is also visible, likely used for manipulation or irrigation. The retina is shown as a textured, brownish layer at the back of the eye, and the iris is visible at the front. The overall scene is set within the anatomical structure of the eye.

***Prof Ashraf Shaarawy
Prof Ophthalmology
Alexandria University
Retina Specialist
Alexandria
Egypt***

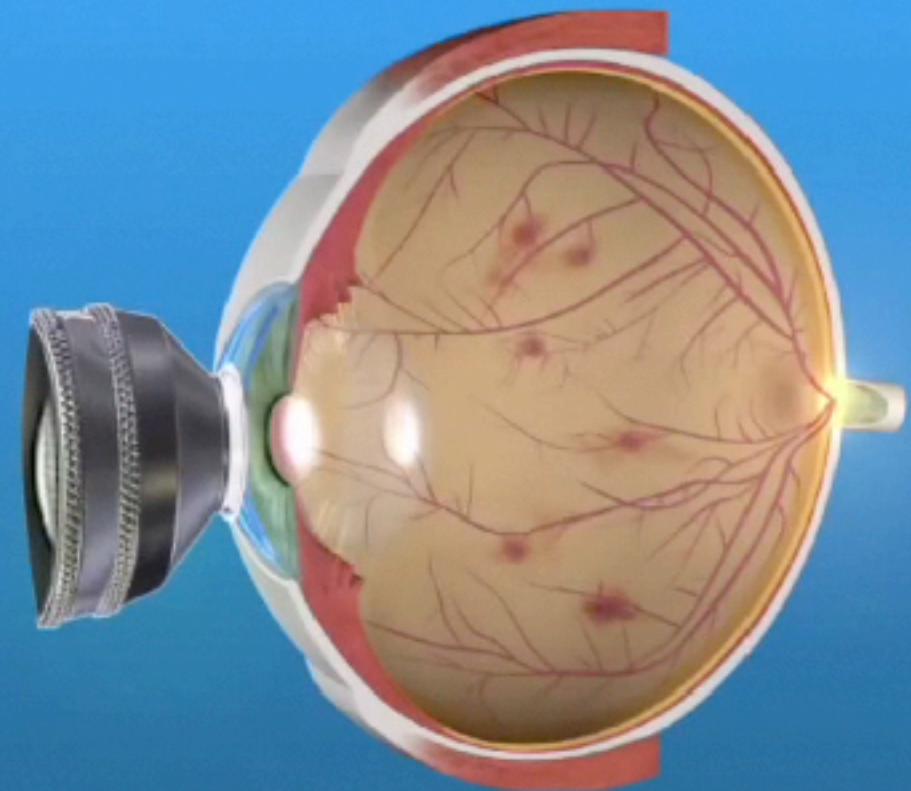
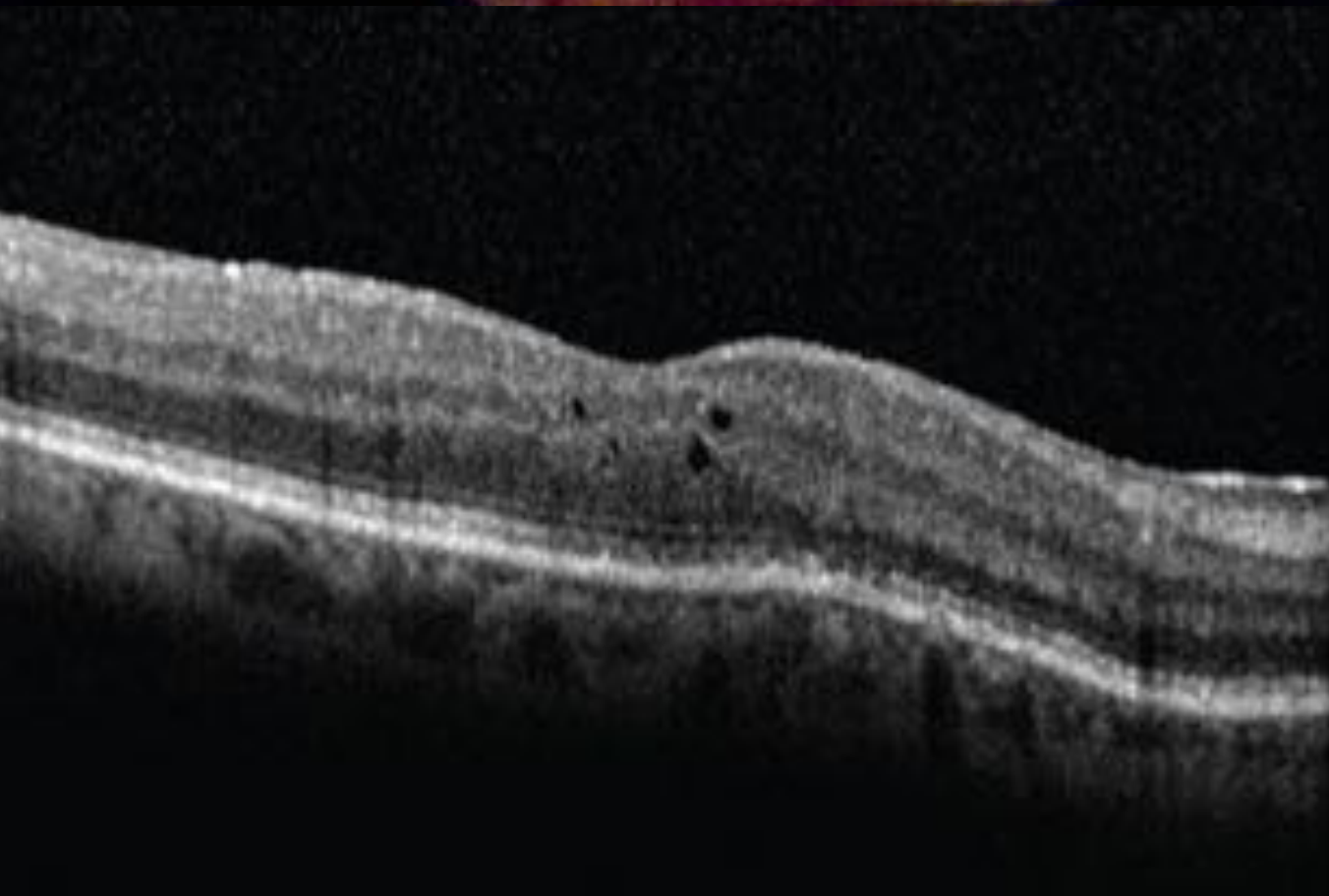
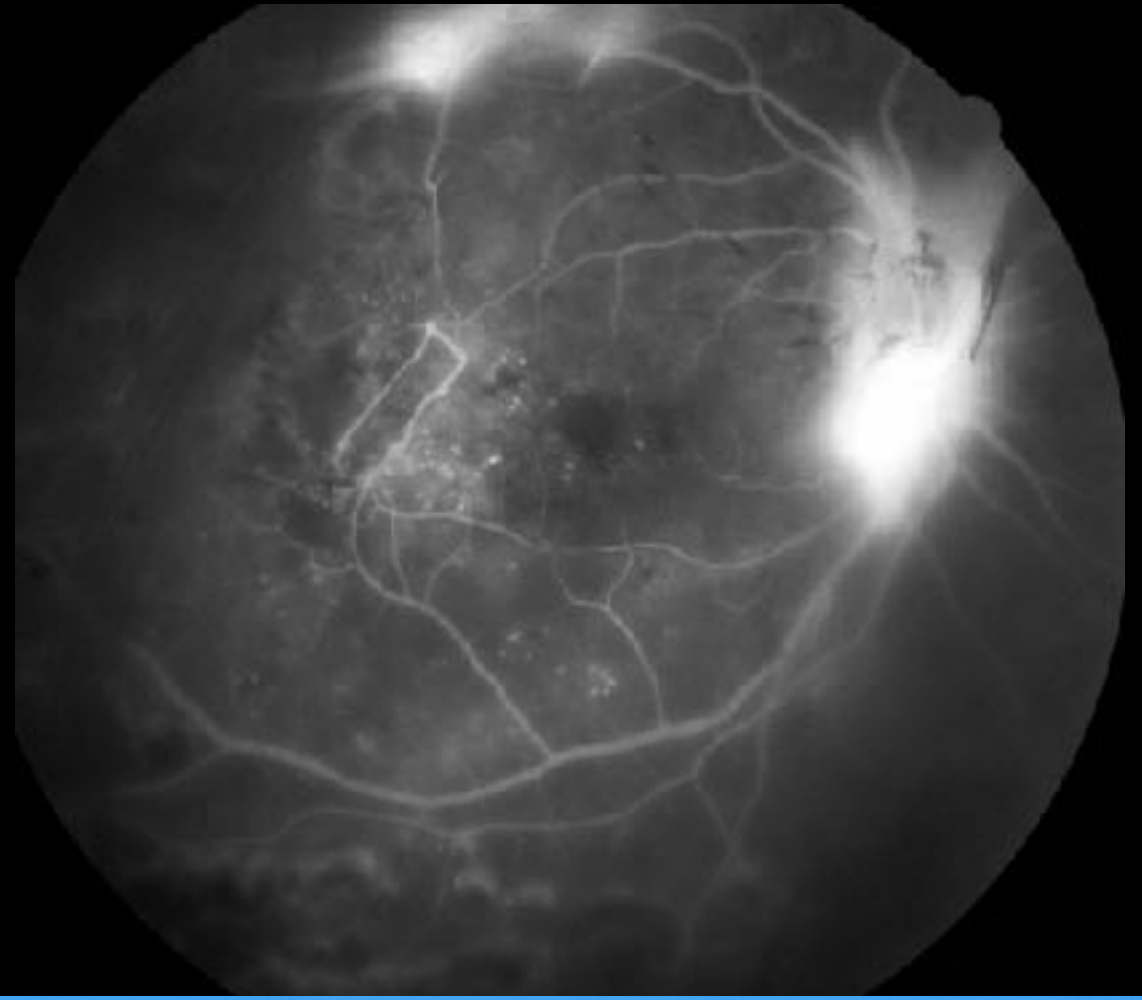
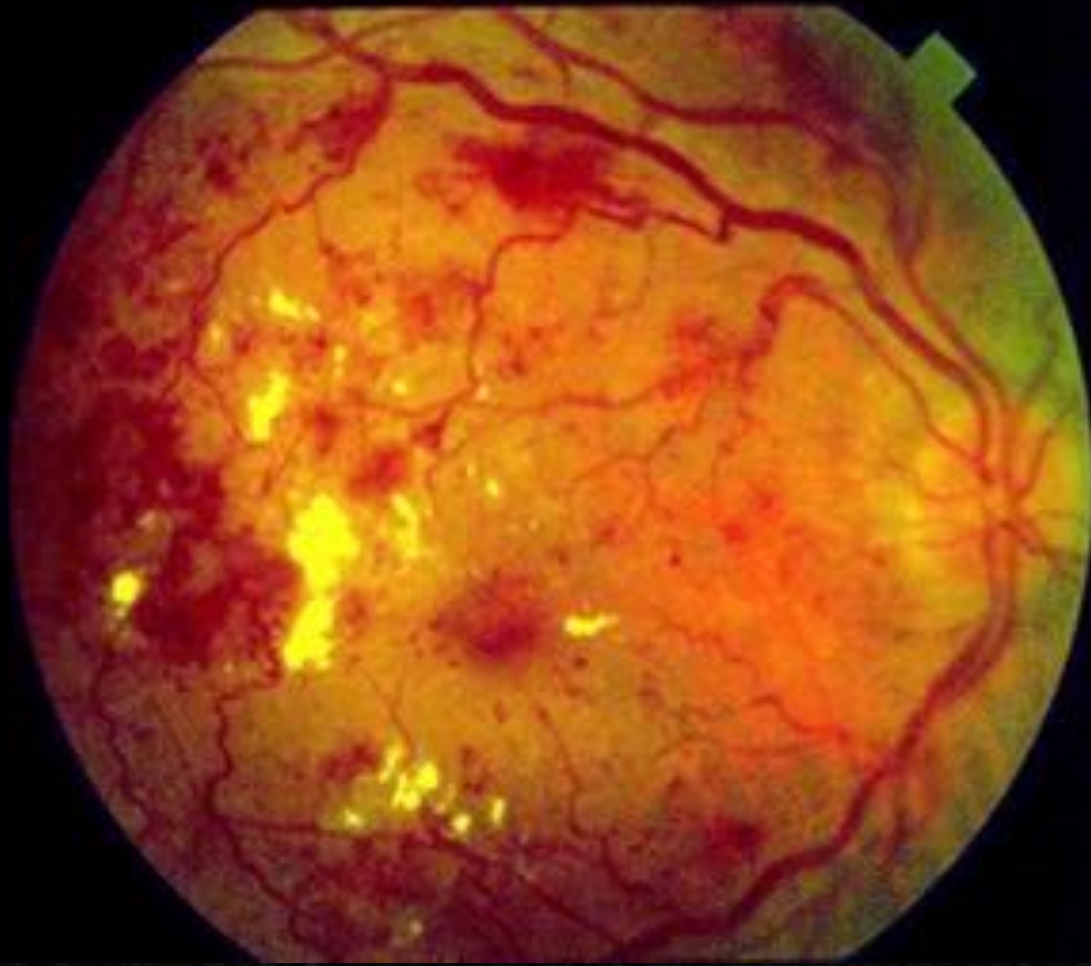
Cataract surgery

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

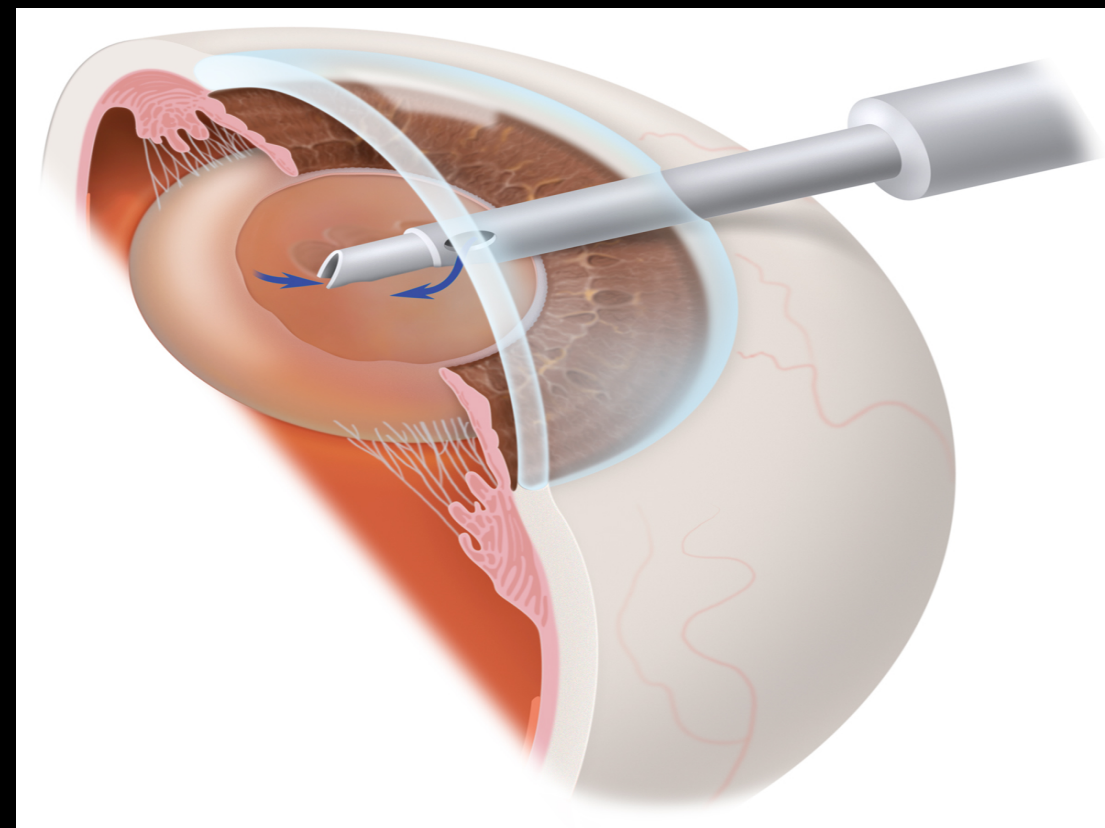
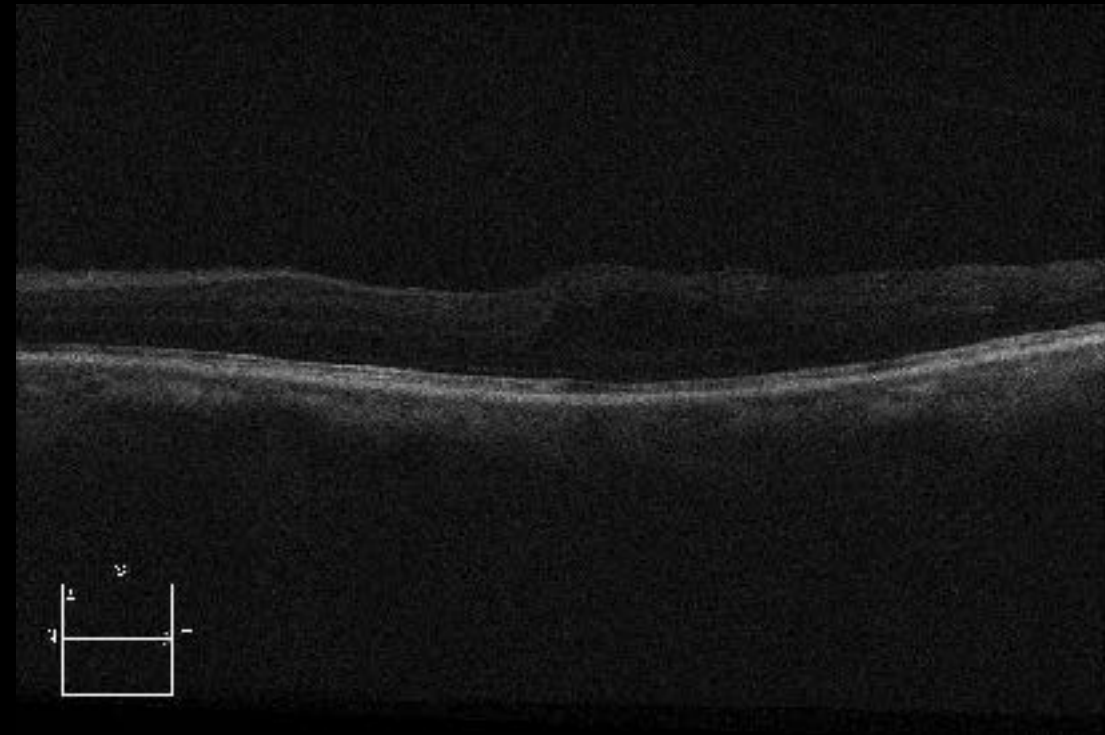
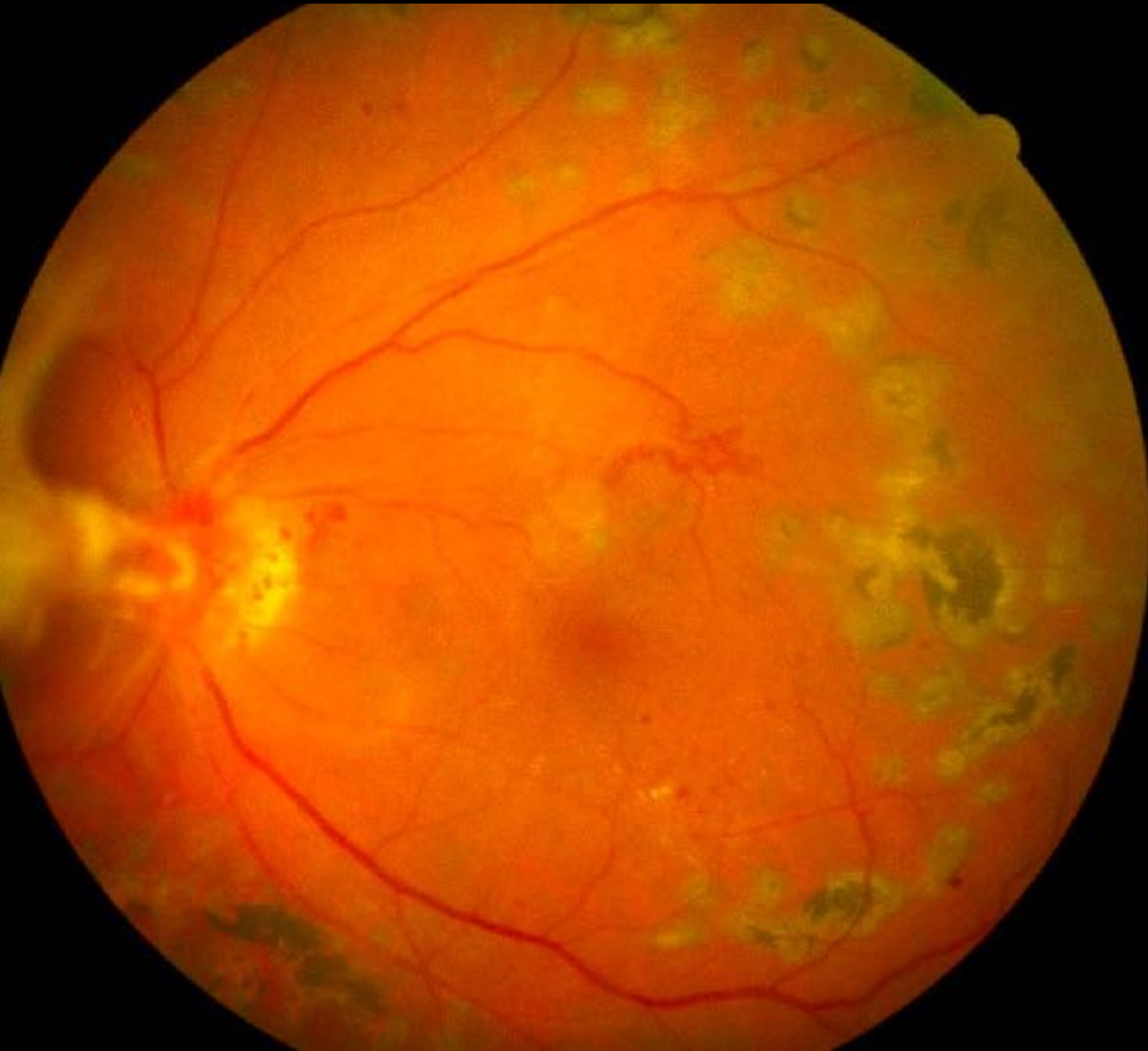
Cataract in PDR

- 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**

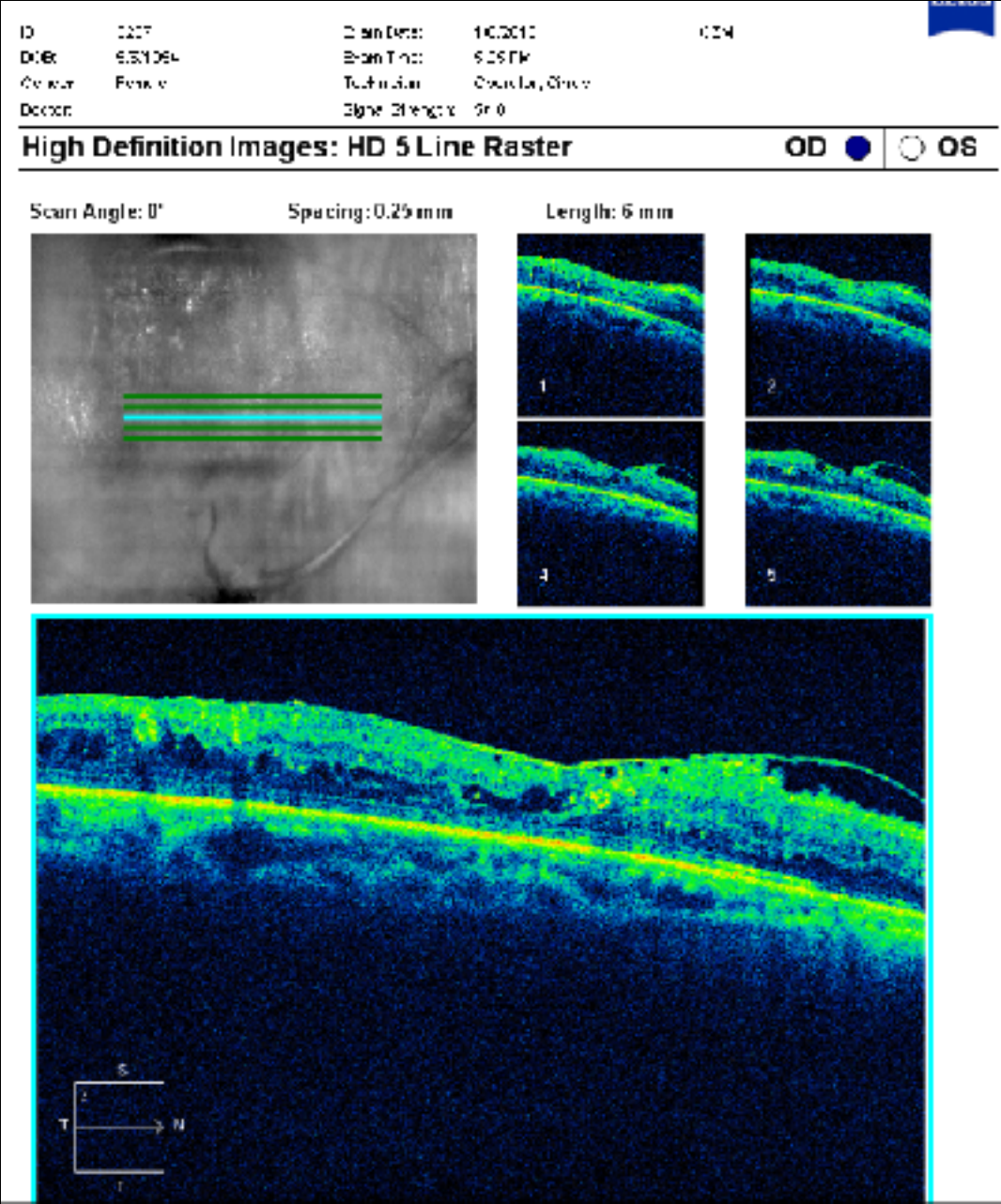
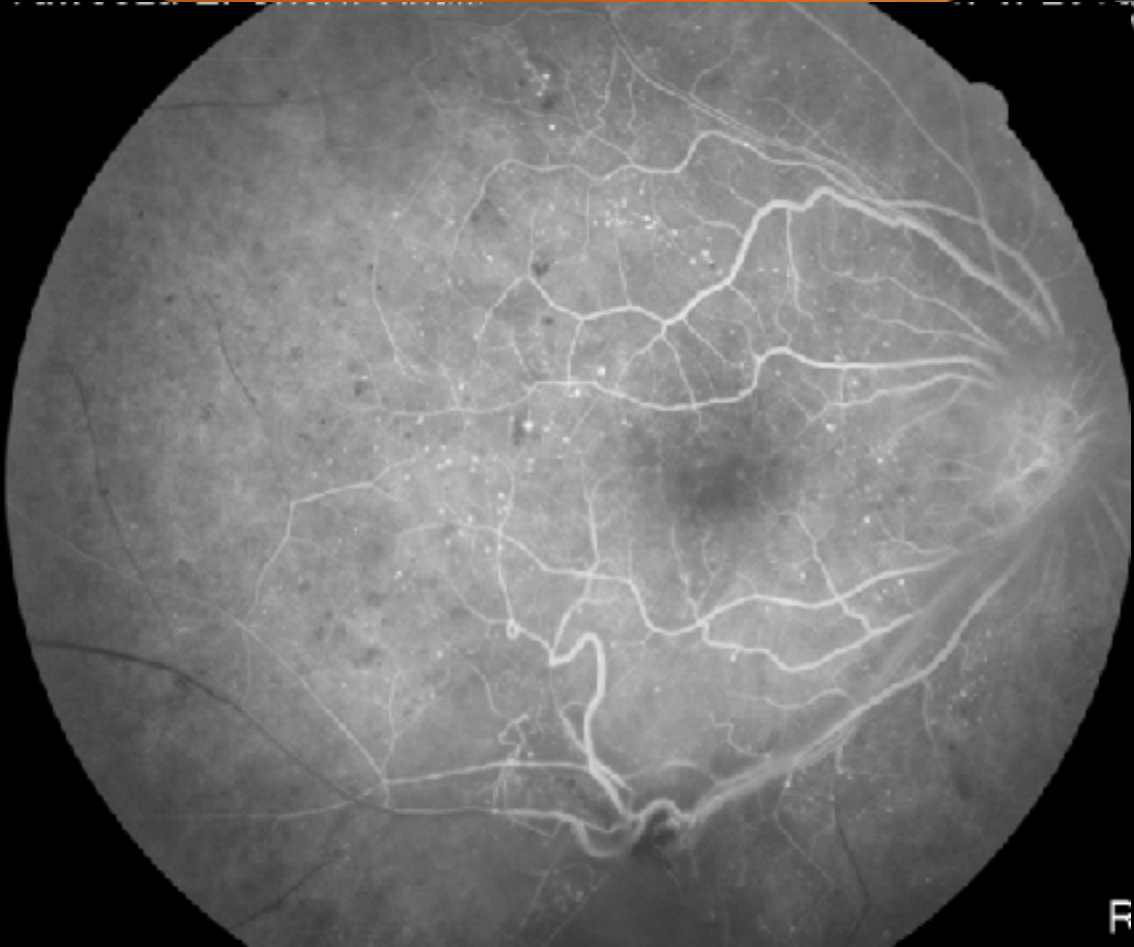
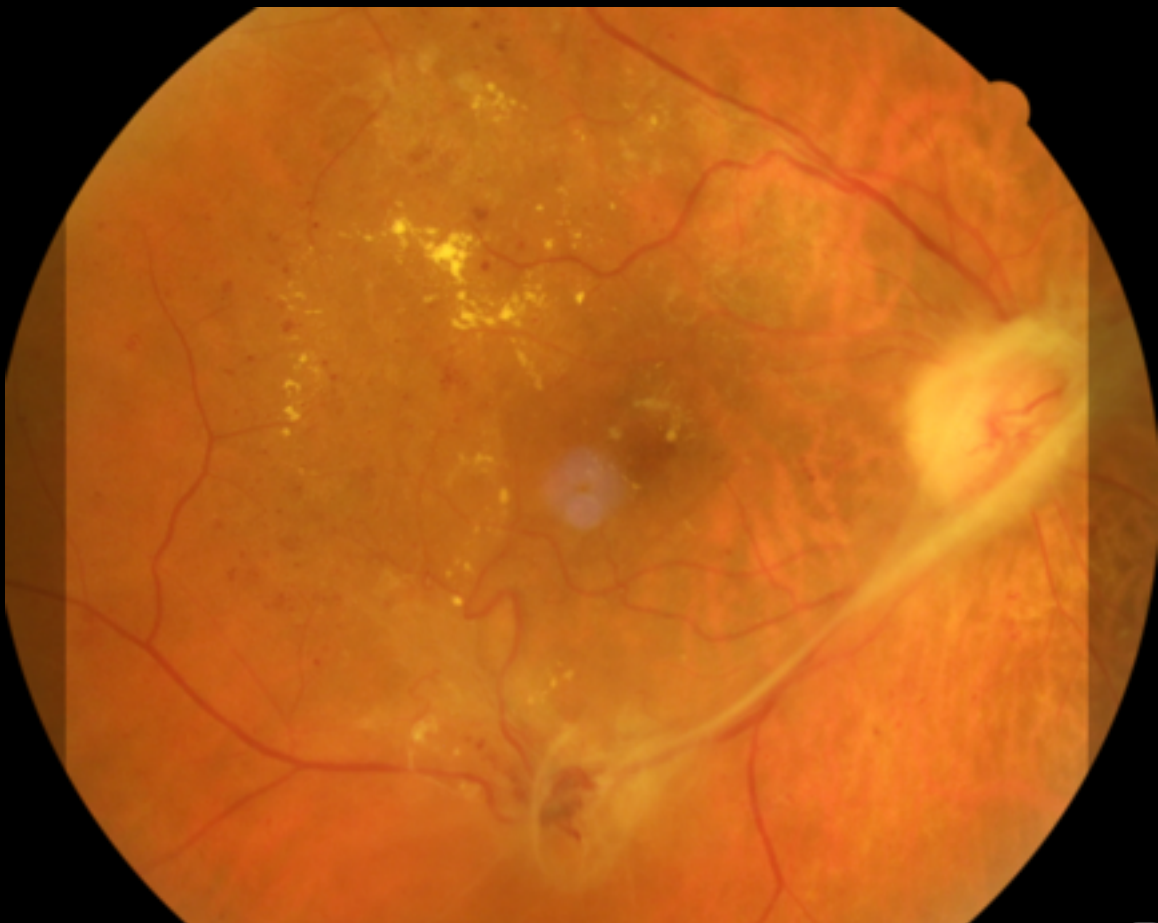
1.Cataract with active Proliferative process



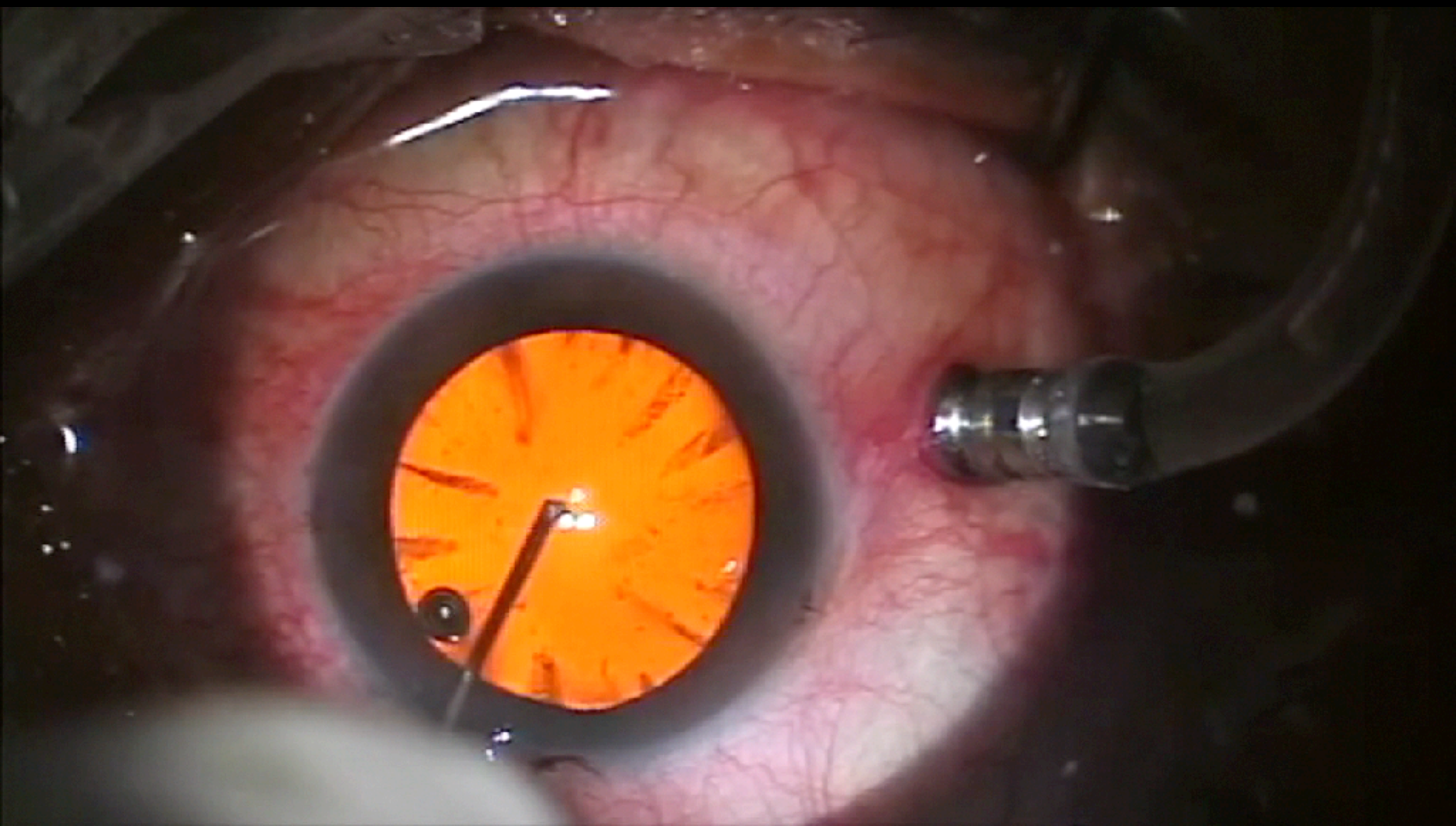
2.Cataract with inactive Proliferative process without traction



3.Cataract with inactive Proliferative process with traction



3.Cataract with inactive Proliferative process with traction





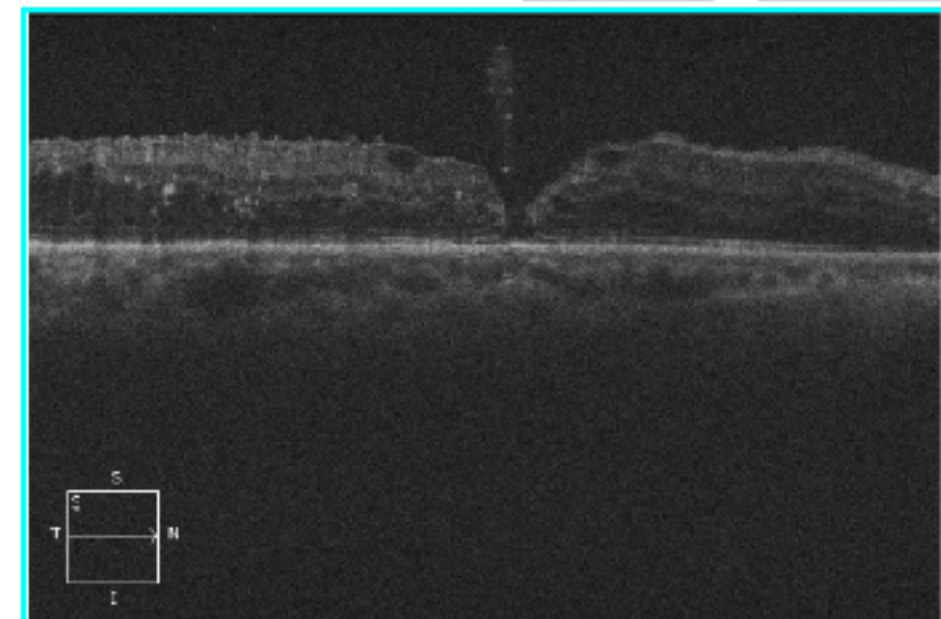
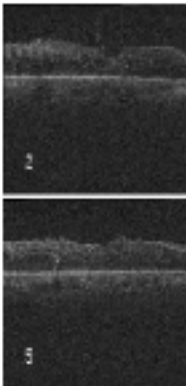
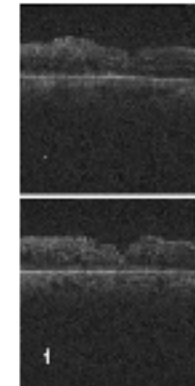
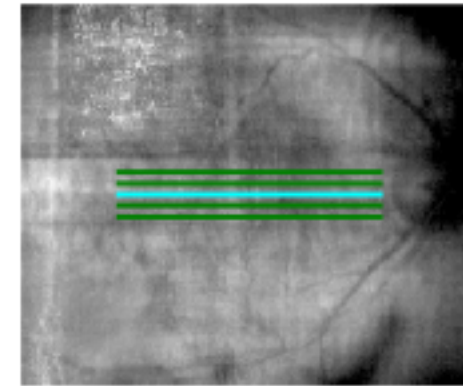
High Definition Images: HD 5 Line Raster

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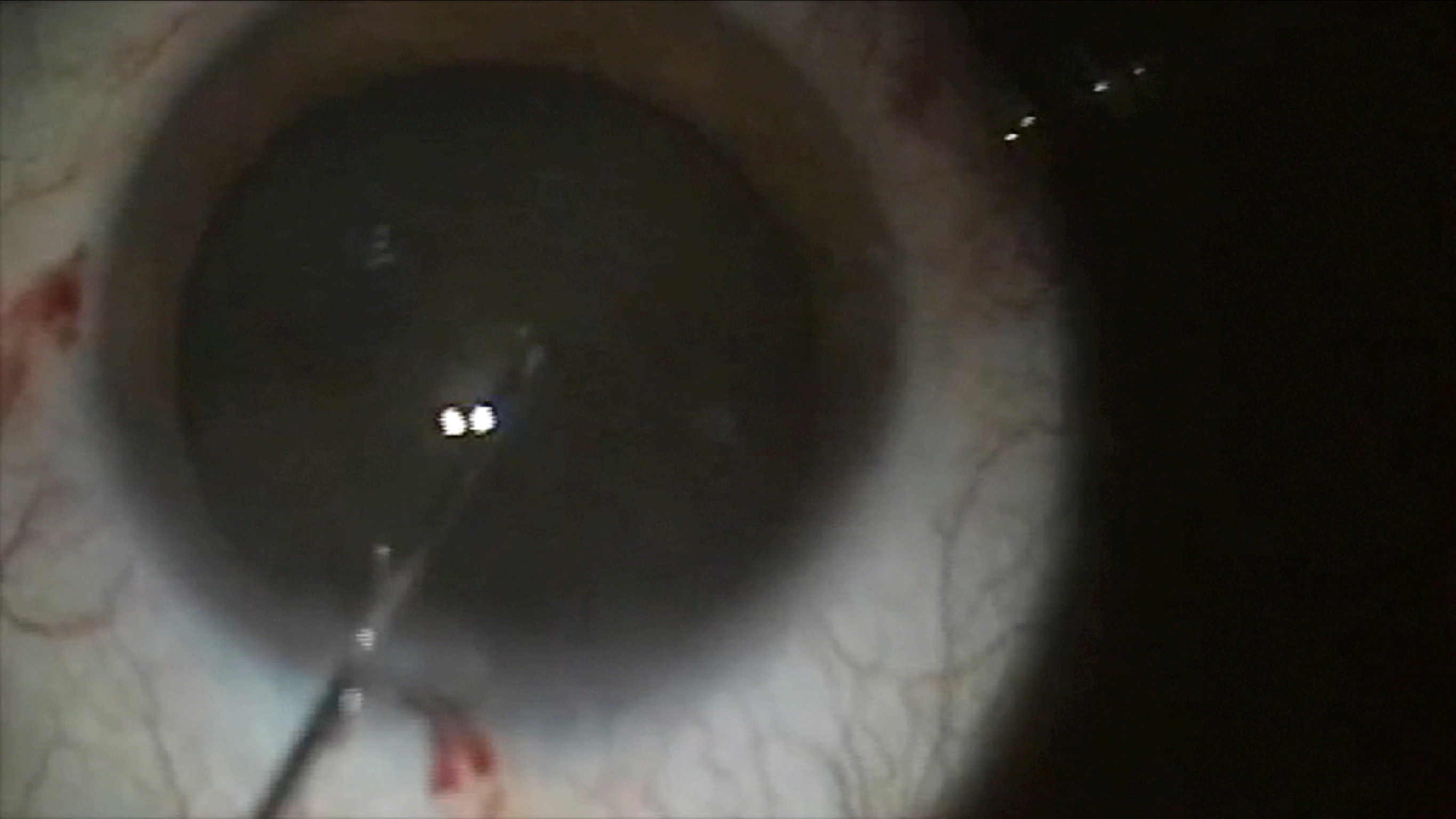
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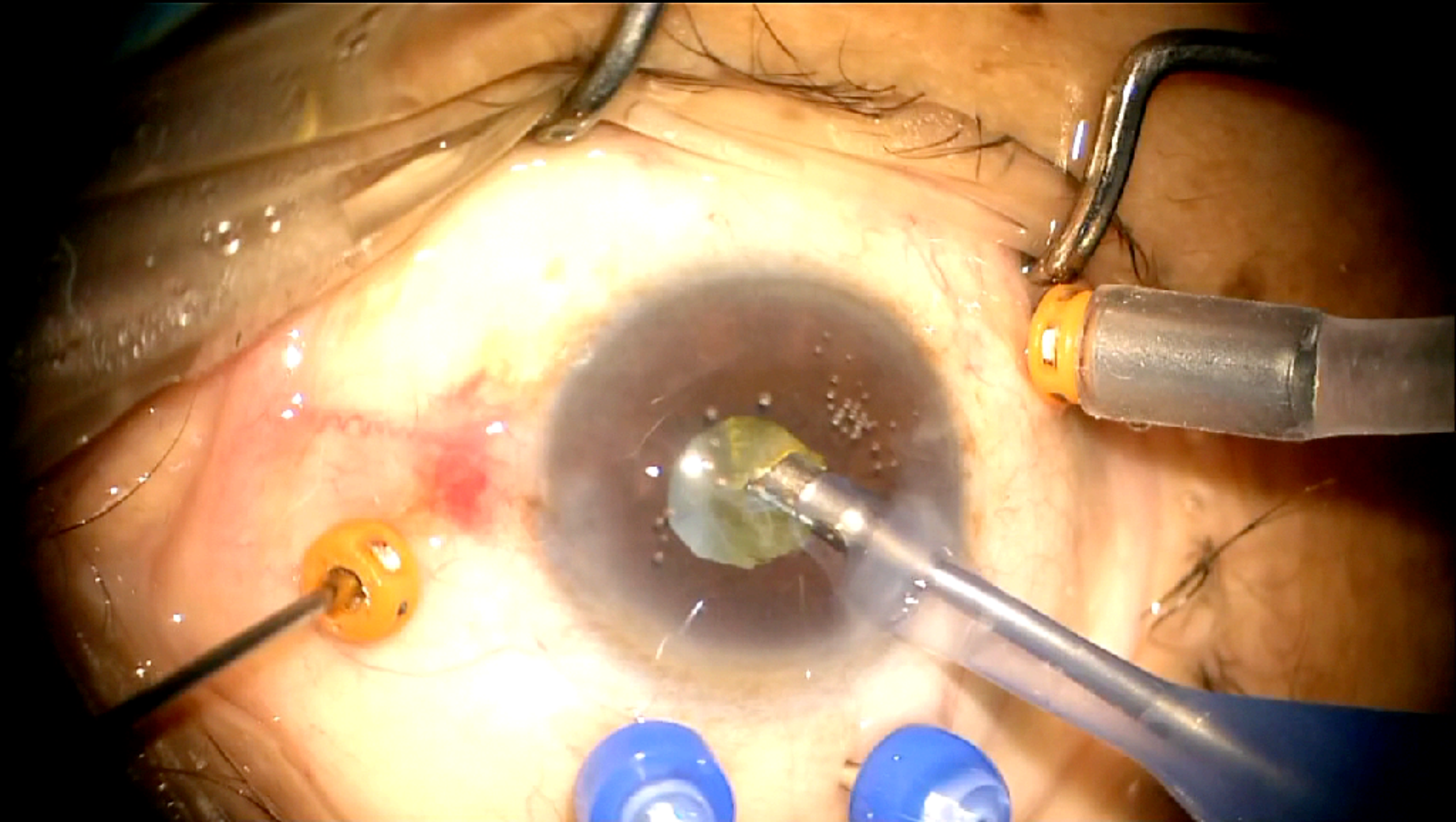
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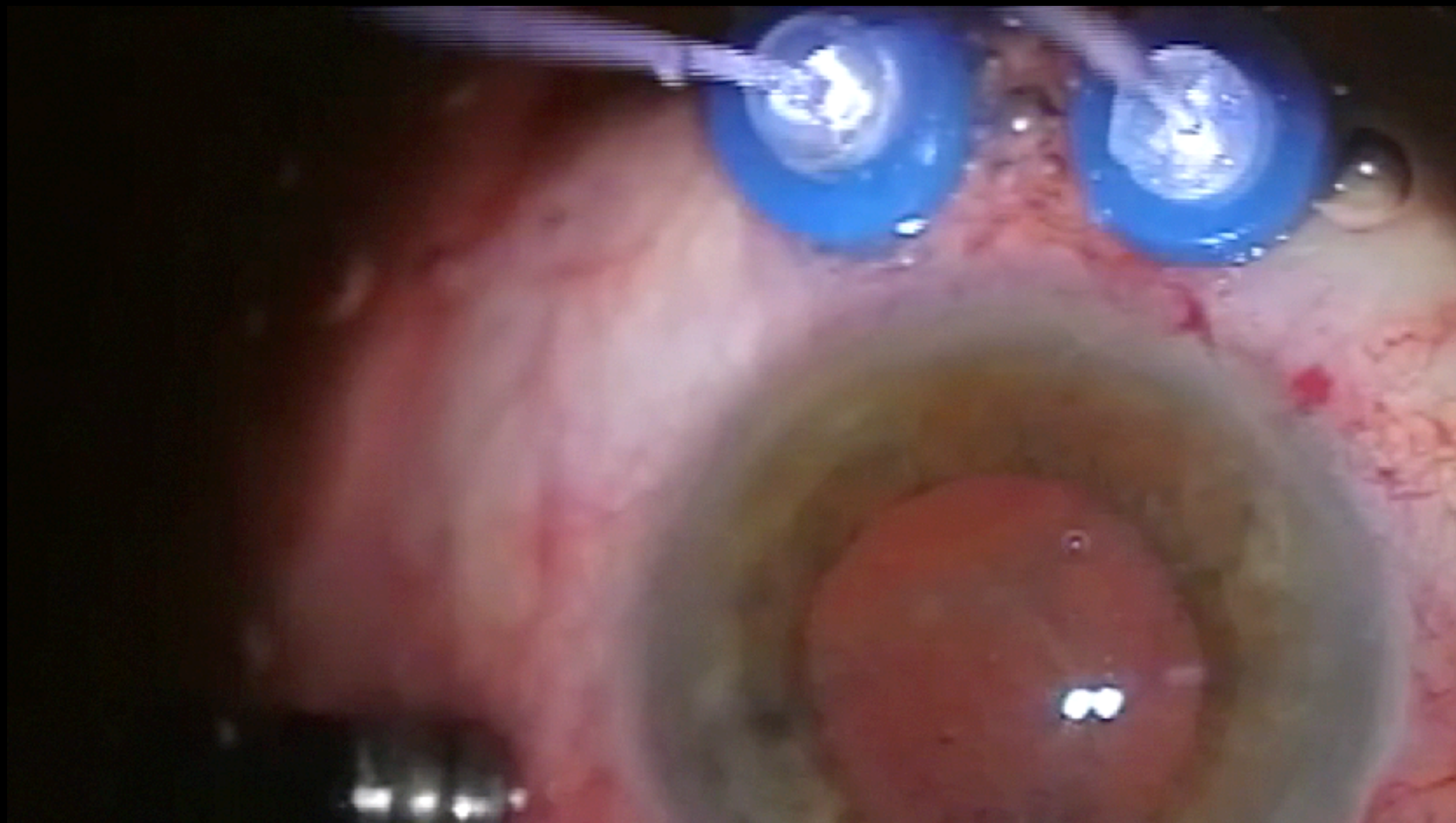
Difficulties in combined phako vitrectomy :Red reflex enhancer



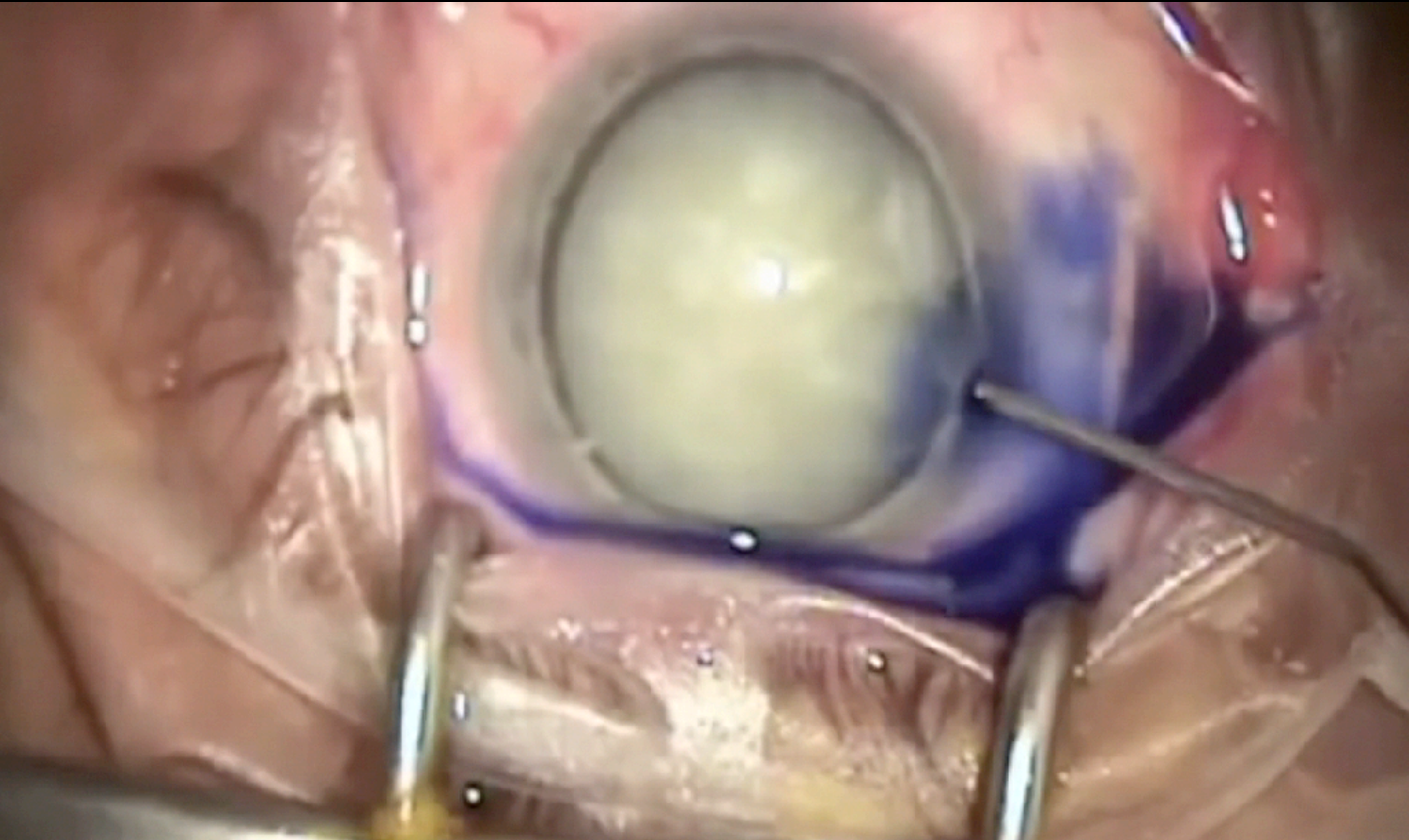
***Difficulties in combined phako vitrectomy: Dropped Nucleus with
difficult phako***



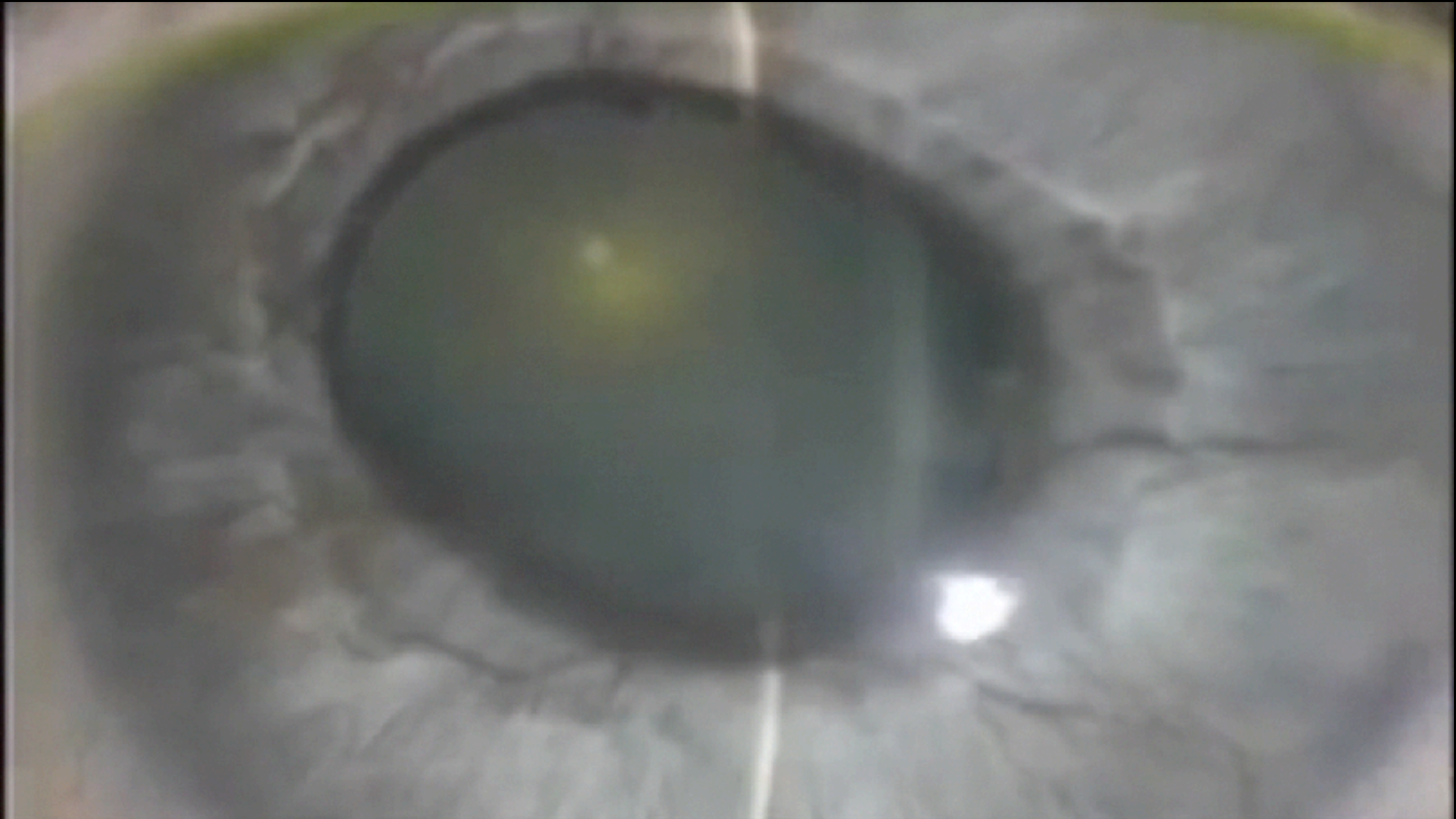
Difficulties in combined phako vitrectomy: Use of Chandlier's light to enhance the red reflex



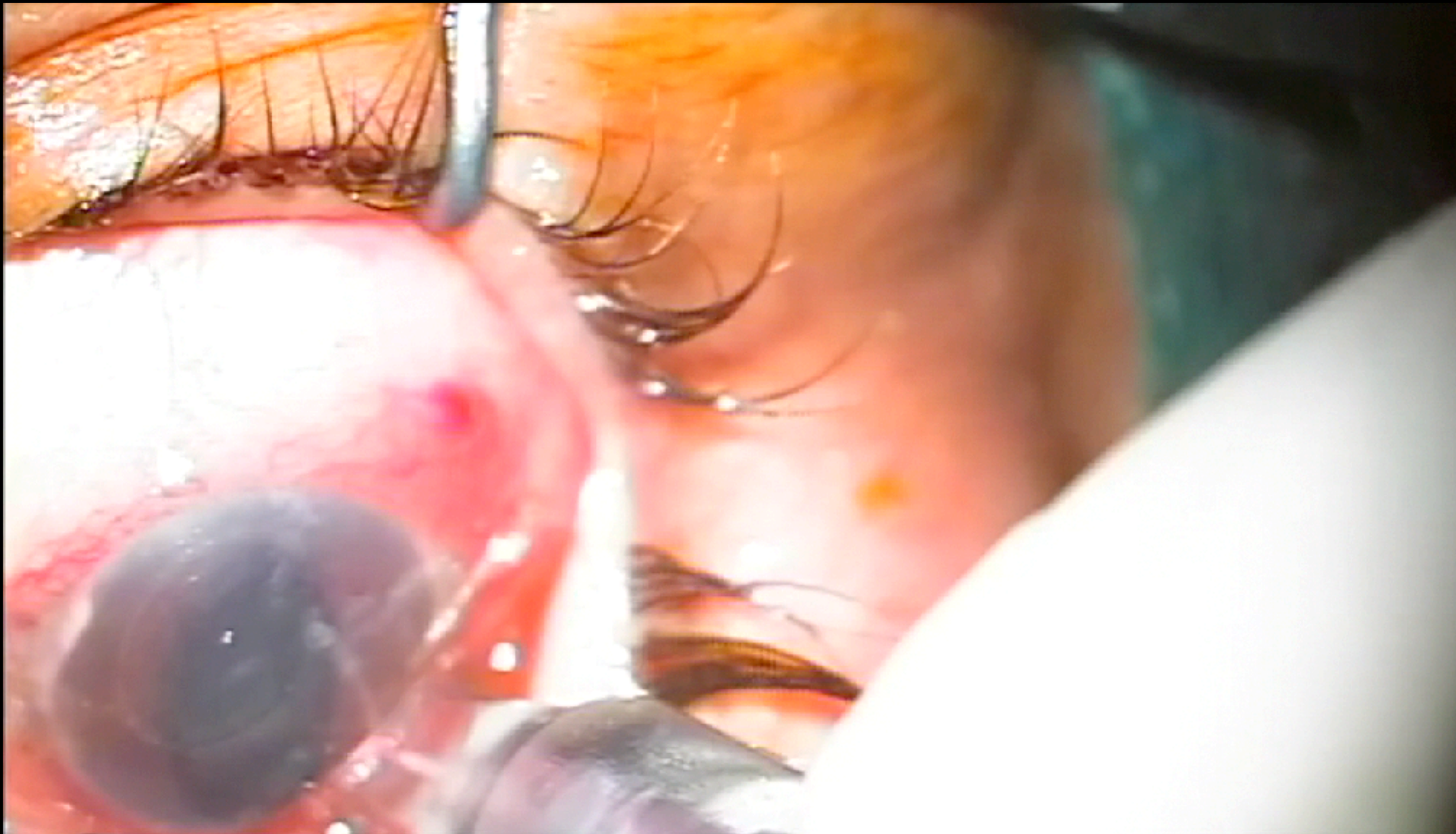
Difficulties in combined phako vitrectomy: capsular staining



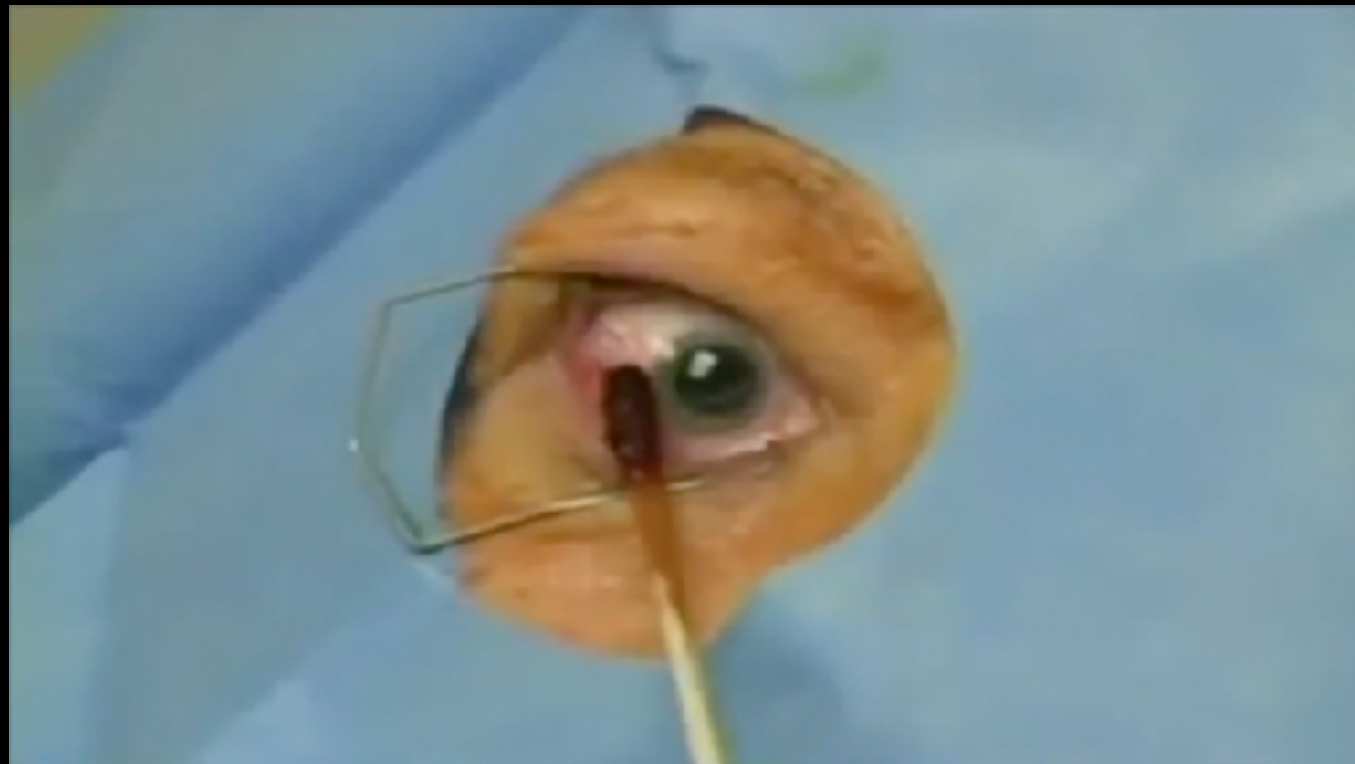
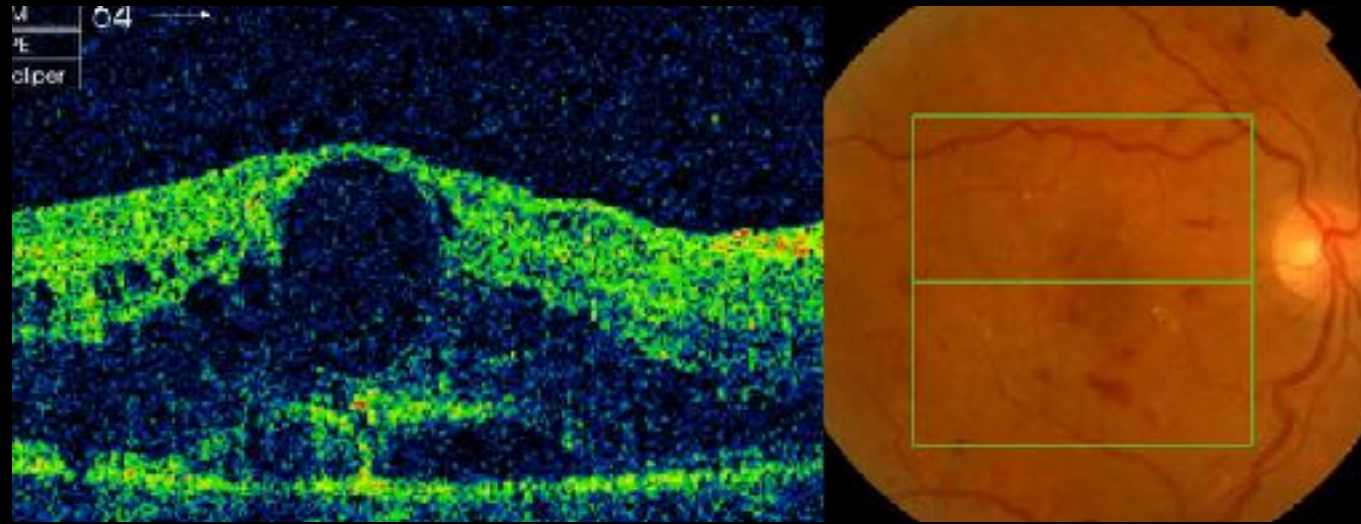
4. Cataract with rubeosis iridis with or without secondary glaucoma



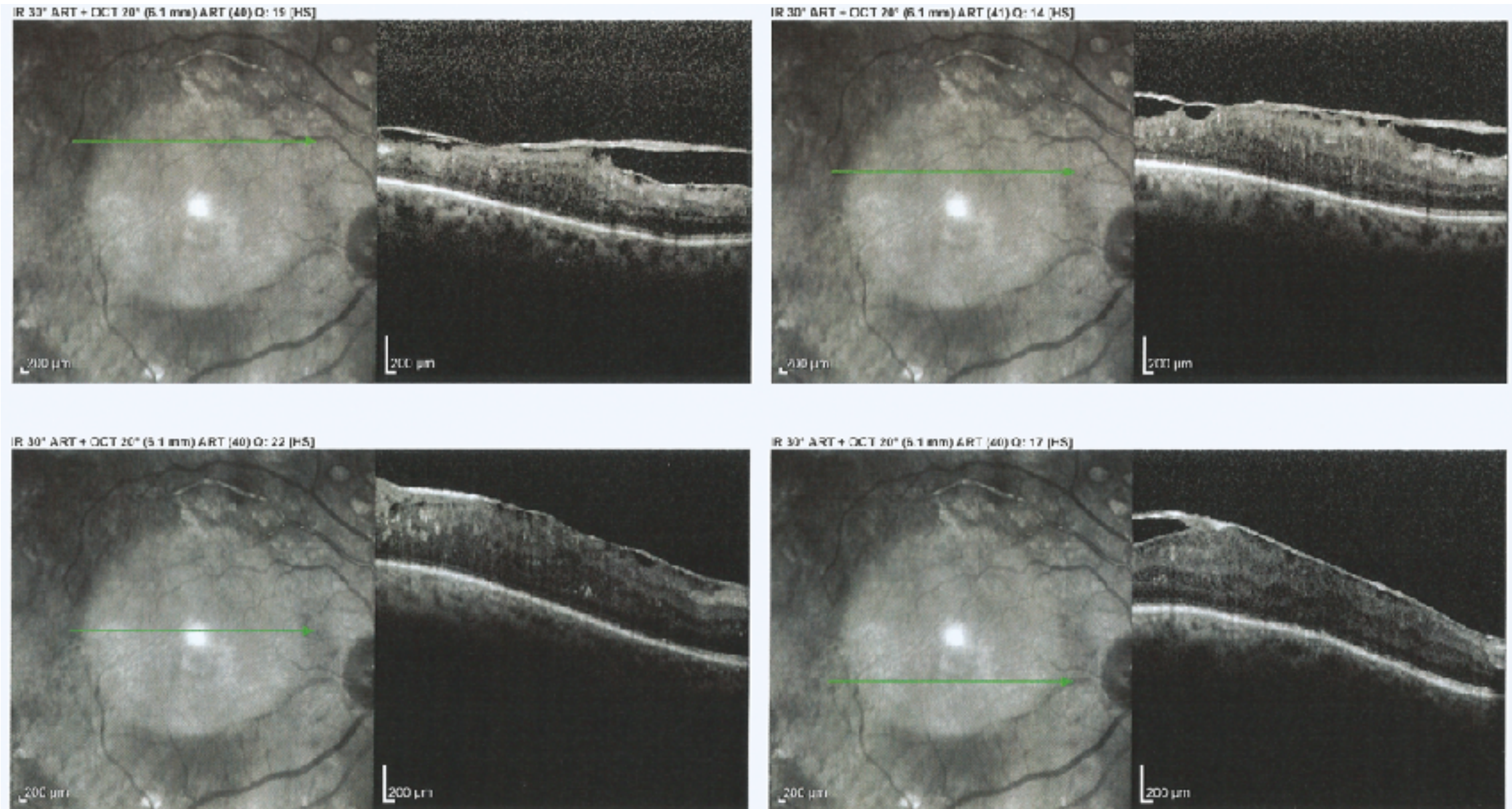
***4. Cataract with rubeosis iridis with or without
secondary glaucoma Trans scleral diode
cyclophotocoagulation with Intravitreal Anti-Vegf***

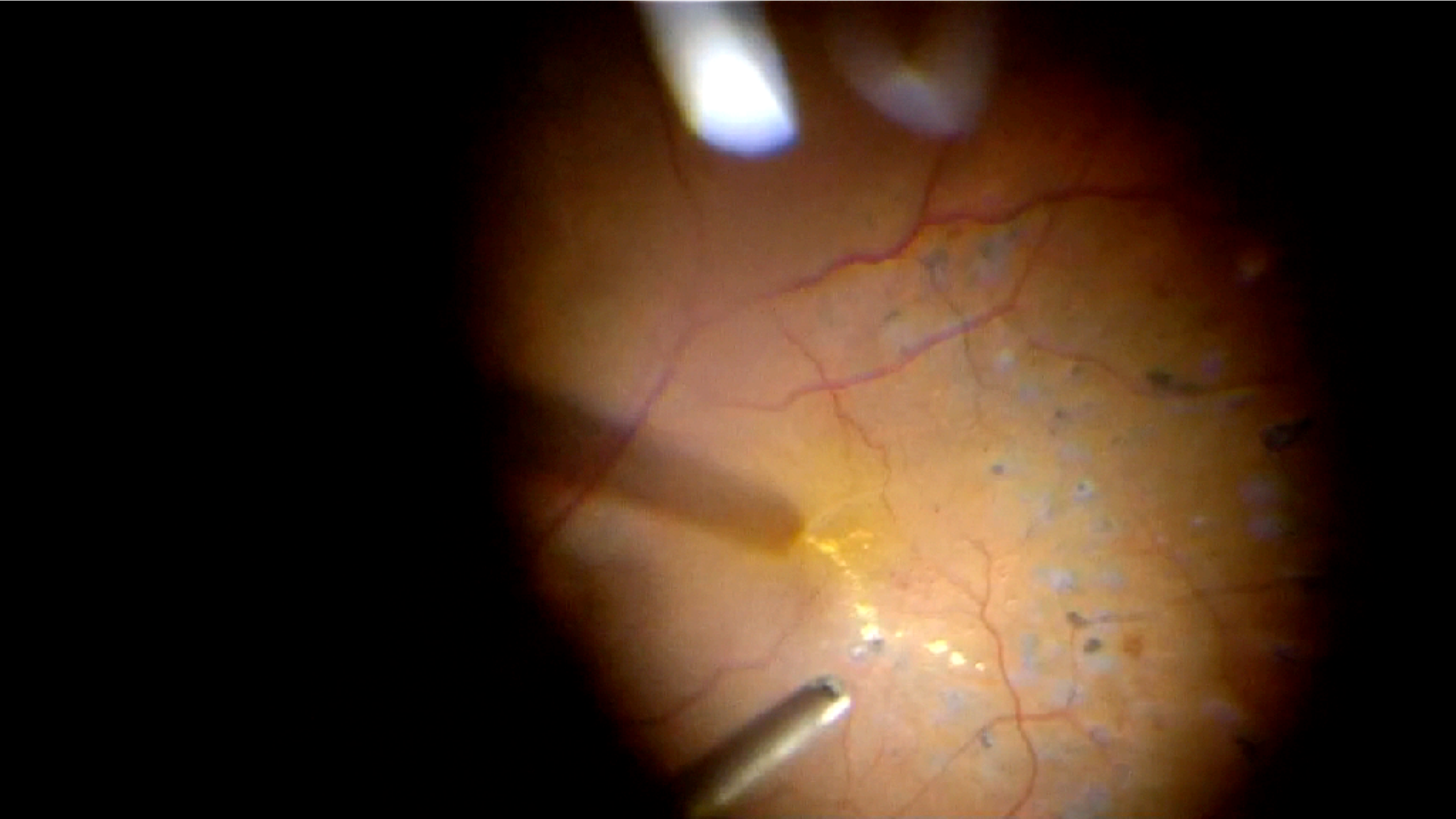


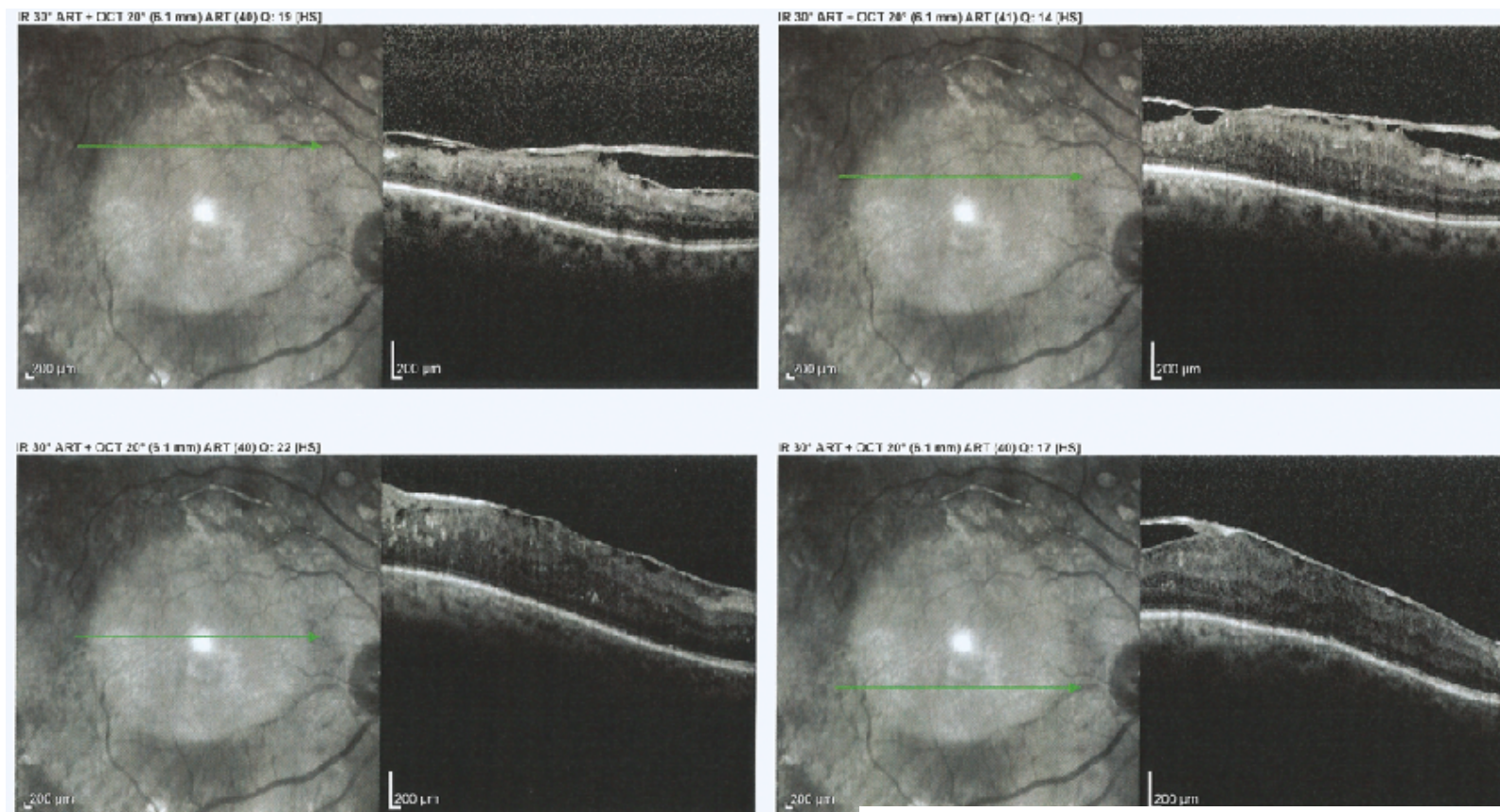
5. Cataract with inactive Proliferative Process and non tractional diabetic macular edema



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







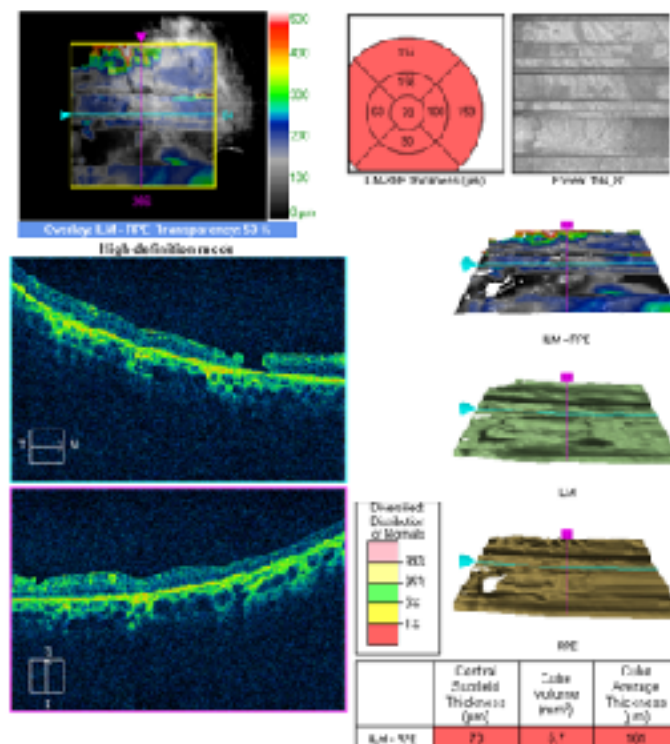
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 DOB: 5/9/1985
 Gender: Female
 Doctor:

Exam Date: 11/7/2015
 Exam Time: 4:41 PM
 Serial Number: 40004893
 Signal Strength: 678



Macula Thickness : Macular Cube 512x128

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Comments: _____
 Doctor's Signature: _____
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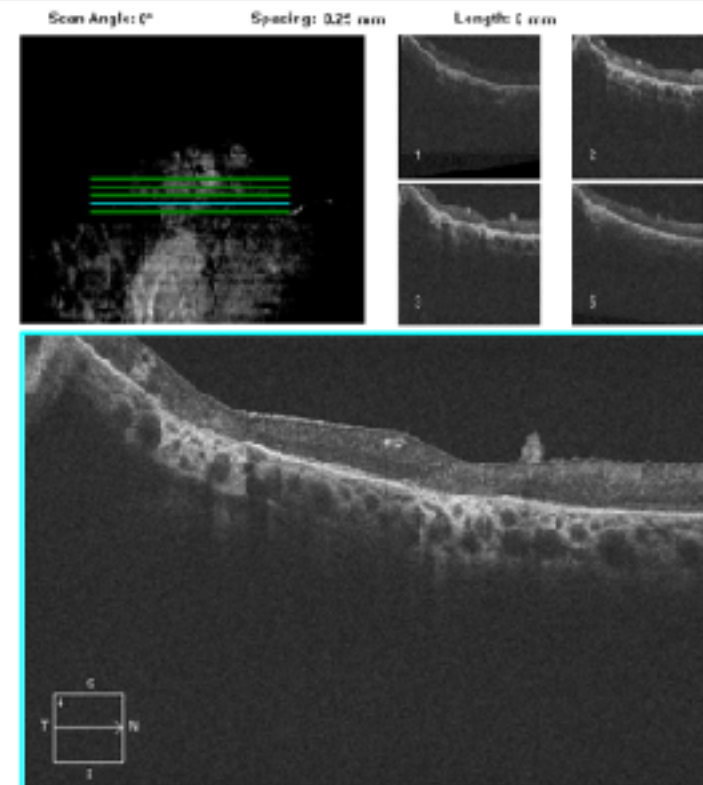
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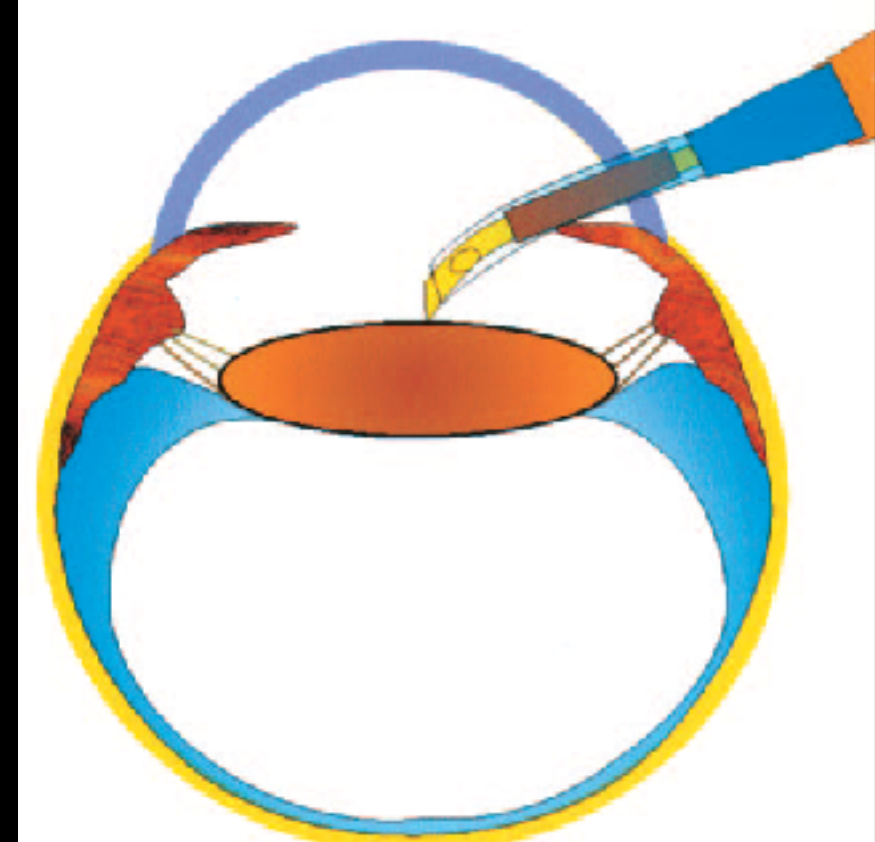
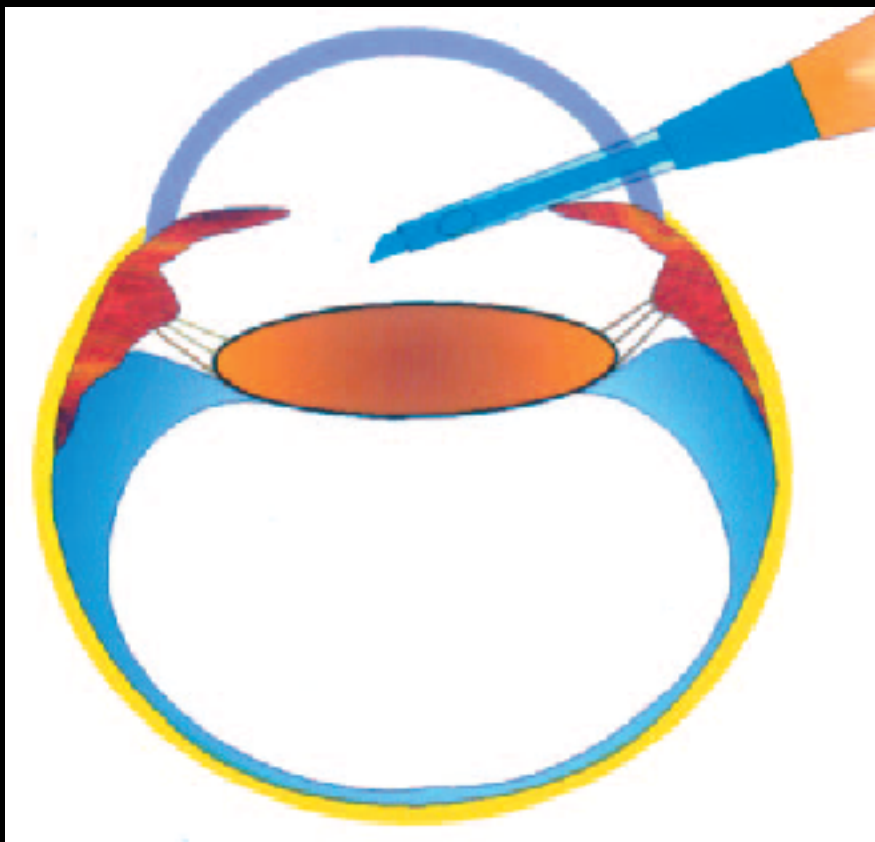
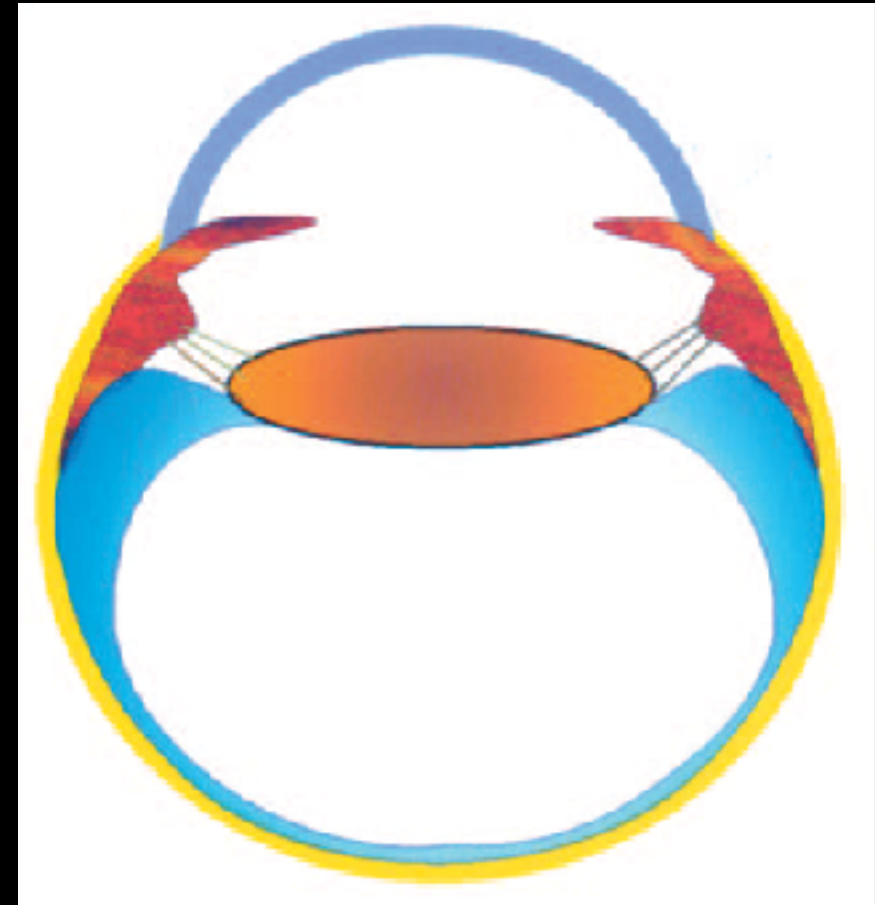
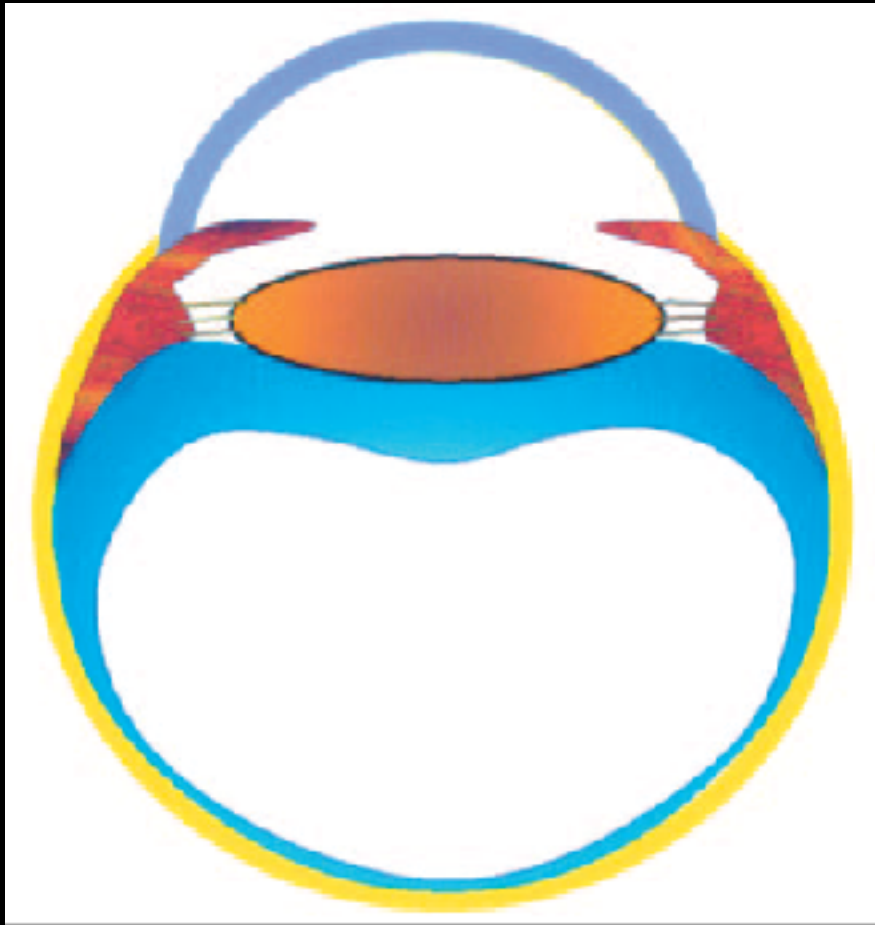
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7.Cataract in Vitrectomized eyes



8.Cataract in siliconised vitrectomized eyes



Thank You For Your Attention

