One of My Most Unexpected Challenging Cases

Vaishali Vasavada, MS

Raghudeep Eye Hospital
Ahmedabad. Jaipur. India
www.raghudeepeyehospital.com
No financial interest in this presentation
39 year old female

Diabetic

Bilateral Posterior Subcapsular Cataracts

Does not want to wear glasses for distance vision

Pre-existing corneal astigmatism
What happens when the capsule ruptures.....
Poll Question:

When Do You Think the PCR may have occurred?

a) Deep sculpting
b) Nuclear fragment removal
Now What Would Be Your Approach Forward
Poll Question:
Which is Your Preferred Method of Anterior Vitrectomy in such a situation

• a) Limbal vitrectomy

• b) Pars plana vitrectomy
Tips for Pars Plana Vitrectomy

- 23 gauge sclerotome using MVR knife or Trocar

- Entry into the sclera 3.5 to 4mm behind the limbus

- Irrigation through limbal paracentesis incision
Poll Question:
What would be your preferred mode of IOL Implantation?

- Ciliary Sulcus
- Ciliary Sulcus with capture through anterior capsulorhexis
- In the bag IOL implantation
• Manual Posterior Capsulorhexis created to convert PCR into strong, continuous margin
Postoperative 3 months followup

UCVA 6/9, patient happy
- Essentials in PCR management:

- “PCR ready Kit” in operating room (dispersive viscoelastic, triamcinolone acetonide, vitrector, suture)

- Do not withdraw instruments without injecting dispersive OVD

- Thorough bimanual anterior vitrectomy whenever vitreous is detected

- Never Inject Single Piece Hydrophobic Acrylic IOL in Ciliary Sulcus