

# Accuracy Prevents Complications

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Every day, cataract surgeons face the rising expectations of a growing number of cataract patients who have undergone phacoemulsification. Faster visual recovery, great visual acuity without glasses, and even better visual quality are frequently requested by cataract patients approaching a refractive procedure. This installment of "Inside Eyetube.net" highlights several videos dedicated to accurate toric IOL placement, meticulous posterior capsule cleaning, and progressive postoperative visual impairment.

## NEW INSTRUMENT

Jeffrey Whitman, MD, introduces the Whitman Toric Axis Marker, developed with Bausch + Lomb Storz Ophthalmic Instruments (Aliso Viejo, CA). This instrument features an astigmatic dial marked in degrees on its anterior surface for setting the desired location of the lens implant. The instrument's posterior surface has two large radial blades, which correspond to the axis on the dial (Figure 1) (<http://eyetube.net/?v=doohe>).



Figure 1. The surgeon uses the Whitman Toric Axis Marker to mark the axis and ensure the IOL's accurate placement during surgery.

## NEW APPROACHES

Israel Rozenberg, MD, discusses a new approach to polishing the posterior capsule with microbrushes (<http://eyetube.net/?v=serez>).

A new strategy for removing lens epithelial cells to prevent a secondary cataract is introduced by Pavel Stodulka, MD; Robert Lehmann, MD; and Wolfram Wehner, MD. Laser pulses hit the titanium target at the tip of the laser probe,



Figure 3. The surgeon performs cortical cleanup and polishes the capsule with a disposable Intrepid polymer I/A tip.

and the shock waves generated dislodge cells from the capsule, which are then aspirated (Figure 2) (<http://eyetube.net/?v=ranop>).

## CHALLENGING CASES

Rosa Braga-Mele, MD, presents a case of a 58-year-old woman with a posterior subcapsular cataract. The surgeon performs cortical cleanup and polishes the capsule with a disposable Intrepid polymer I/A tip (Alcon Laboratories, Inc., Fort Worth, TX). She then injects an AcrySof IQ Restor IOL +3.0 D (Alcon Laboratories, Inc.) and centers it on the patient's visual axis (Figure 3) (<http://eyetube.net/series/alconlivesurgery/2011sandiego/>



Figure 2. Laser pulses hit the titanium target at the tip of the laser probe, generating shock waves to dislodge cells from the capsule that are then aspirated.



Figure 4. The surgeon cleans the posterior capsule of epithelial cells to avoid posterior capsular opacification.

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soft-chop-technique-with-iq-restor-3-0-iol/medium/).

Similarly, Richard Mackool, MD, presents a case of a 49-year-old woman with a posterior subcapsular cataract. Through a small incision, he uses the soft shell technique with a ProVisc Ophthalmic Viscosurgical Device (Alcon Laboratories, Inc.), which displaces a small amount of Viscoat (Alcon Laboratories, Inc.) against the endothelium. He uses a Mackool Big Ball Chopper (FCI Ophthalmics, Inc., Marshfield Hills, MA) to manipulate the lens during high-vacuum phaco-aspiration. Dr. Mackool then inserts an AcrySof IQ Toric IOL (Alcon Laboratories, Inc.) through the microincision and dials the lens into position (Figure 4) (<http://eyetube.net/series/alconlivesurgery/2011sandiego/psc-cataract-with-acrysof-iq-toric-iol/medium/>). He pays particular attention to cleaning the posterior capsule of epithelial cells to avoid posterior capsular opacification.

#### CONCLUSION

The aging process and its effect on vision, vision correction options, and lifestyle can have a significant impact on patients' overall quality of life. These videos address the need for cataract surgeons to customize each cataract procedure to patients' needs and expectations just as well as refractive surgeons do for their patients. ■



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