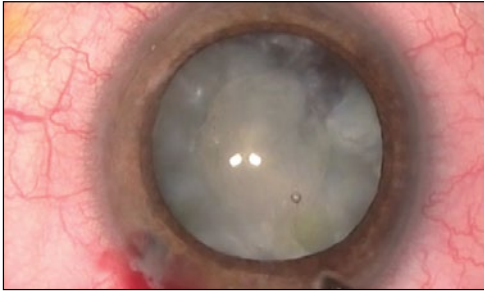


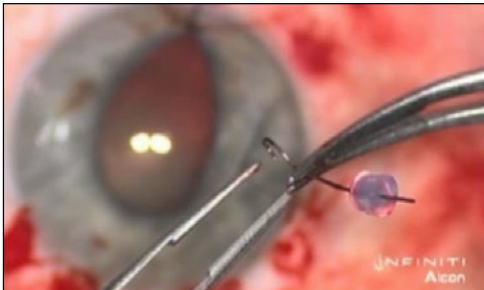
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AN INTUMESCENT WHITE CATARACT AND FOREIGN BODY

By Michael Snyder, MD

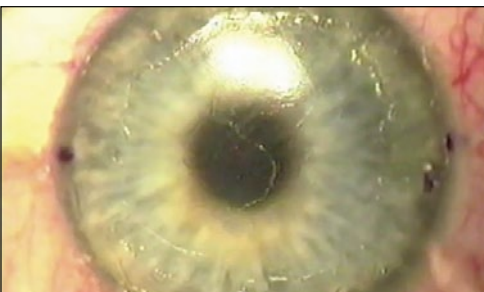
A healthy 33-year-old man with no prior ocular history was referred with a 6-week history of markedly reduced vision in his left eye. Slit-lamp examination showed a white and quiet globe with a clear cornea and a 1-mm, healed, shelved corneal laceration below the corneal dome with scarring of indeterminate age. An intralenticular foreign body near the posterior aspect of the 6.25-mm-thick lens was found on ultrasound biomicroscopy. Had the foreign body not been discovered, intraocular surgical maneuvers could have resulted in a poor outcome.



IRIS EXPANSION MANEUVER

By Robert J. Cionni, MD

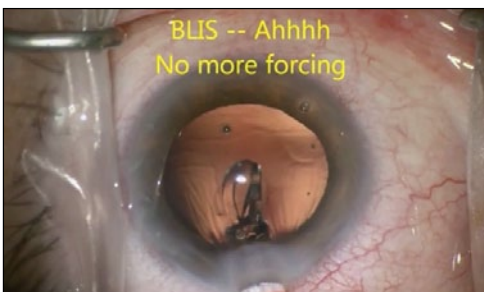
To expand the iris, Dr. Cionni bends the iris hook backward on itself and holds it in that position for about 15 seconds. This maneuver allows the device to shape itself more appropriately so that the iris is not tented to the cornea once expanded. He delicately applies pressure to the iris to expand the pupil.



CORNEAPLASTIQUE FOR A BUTTONHOLE AND POOR VISUAL ACUITY

By Arun C. Gulani, MD

Dr. Gulani uses an excimer laser in PRK mode for a LASIK patient with a buttonhole and a BCVA of 20/100. Following the principles of "laser corneoplastique," he corrects the patient's visual acuity to 20/20.



DEMONSTRATION OF AN IOL INJECTION SYSTEM

By Jeffrey Whitman, MD

Dr. Whitman demonstrates how to use BLIS (Bausch + Lomb Injector System) for the company's enVista IOL. The screw-type injector allows for easy implantation of the lens through a 2.2-mm incision without wound assist. ■

