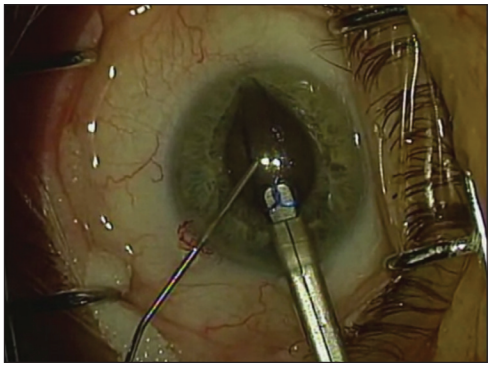
This Month's Videos on Eyetube.net

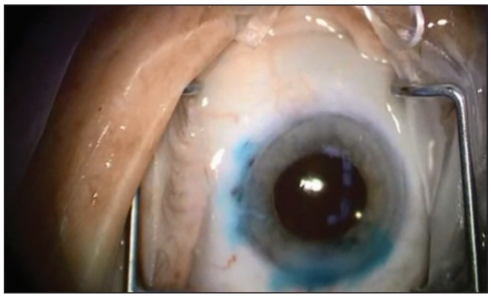


MALYUGIN RING INSERTION AND REMOVAL (TWO CASES)

By Lorenzo J. Cervantes, MD

eyetube.net/?v=usiru

Lorenzo J. Cervantes, MD, shares his technique for using a Malyugin Ring (MicroSurgical Technology). This is a modification of a technique described by Deepinder Dhaliwal, MD. Although the ring's insertion is straightforward, the viscoelastic cannula can be used as a second hand when the surgeon often wants one: at the disengagement of the ring from the injector. Releasing only the distal and proximal loops of the ring can make for the device's efficient removal. Engaging a stable ring can be accomplished by "capturing" the proximal loop in the incision.

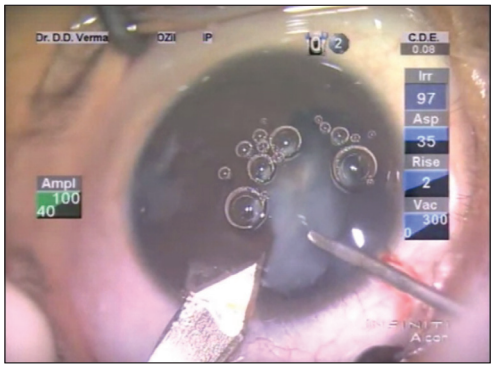


RESURE SEALANT IN COMPLEX CATARACT CASE WITH INFERIOR ZONULAR DEHISCENCE

By Terry Kim, MD

eyetube.net/?v=ahije

Terry Kim, MD, a professor of ophthalmology at Duke University Eye Center, shares a case of complex cataract with presumed trauma. After observing 3 to 4 clock hours of zonular weakness, Dr. Kim places MicroSurgical Technology retractors and a capsular tension ring to support the capsular bag. Because of excess manipulation of the incision, he uses the ReSure Sealant (Ocular Therapeutix) to close the wound and paracentesis ports.



MANAGEMENT OF INFANTILE TRAUMATIC CATARACT

By D. D. Verma, MD

eyetube.net/?v=avogu

This video demonstrates Dr. Verma's technique of managing infantile traumatic cataract. The 9-month-old patient suffered blunt trauma to her eye from a firecracker injury. After supportive treatment and waiting 15 days for the inflammation to quiet, the patient was posted for surgery under general anesthesia. The capsulorhexis was very difficult to perform due to fibrosis of the anterior capsule and posterior synechiae. Lenticular matter was removed by simple irrigation and aspiration. The surgeon performed a posterior continuous curvilinear capsulorhexis with anterior vitrectomy while keeping in mind the long-term visual outcome. A three-piece IOL was injected into the sulcus. Incisions were sutured with 10–0 nylon. There was no postoperative inflammation, and the patient is doing extremely well. ■