

PROCEDURE: , Phacoemulsification with posterior chamber intraocular lens insertion.,INTRAOCULAR LENS: , Allergan Medical Optics model S140MB XXX diopter chamber lens.,PHACO TIME:, Not known.,ANESTHESIA: , Retrobulbar block with local minimal anesthesia care.,COMPLICATIONS: ,None.,ESTIMATED BLOOD LOSS:, None.,DESCRIPTION OF PROCEDURE: , While the patient was in the holding area, the operative eye was dilated with four sets of drops. The drops consisted of Cyclogyl 1%, Acular, and Neo-Syneprine 2.5 %. Additionally, a peripheral IV was established by the anesthesia team. Once the eye was dilated, the patient was wheeled to the operating suite.,Inside the operating suite, central monitoring lines were established. Through the peripheral IV, the patient received intravenous sedation consisting of Propofol and once somnolent from this, retrobulbar block was administered consisting of 2 cc's of 2% Xylocaine plain with 150 units of Wydase. The block was administered in a retrobulbar fashion using an Atkinson needle and a good block was obtained. Digital pressure was applied for approximately five minutes.,The patient was then prepped and draped in the usual sterile fashion for ophthalmological surgery. A Betadine prep was carried out of the face, lids, and eye. During the draping process, care was taken to isolate the lashes. A wire lid speculum was inserted to maintain patency of the lids. With benefit of the operating microscope, a diamond blade was used to place a groove temporally. A paracentesis wound was also placed temporally using the same blade. Viscoelastic was then instilled into the

anterior chamber through the paracentesis site and a 2.8 mm. diamond keratome was used to enter the anterior chamber through the previously placed groove. The cystotome was then inserted into the eye and circular capsulorhexis was performed without difficulty. The capsular remnant was withdrawn from the eye using long angled McPherson forceps. Balanced salt solution with a blunt cannula was then inserted into the eye and hydrodissection was performed. The lens was noted to rotate freely within the capsular bag. The phaco instrument was then inserted into the eye using the Kelman tip. The lens nucleus was grooved and broken into two halves. One of the halves was in turn broken into quarters. Each of the quarters was removed from the eye using the memory 2 settings and phacoemulsification. Attention was then turned toward the remaining half of the nucleus and this, in turn, was removed as well, with the splitting maneuver. Once the nucleus had been removed from the eye, the irrigating and aspirating tip was inserted and the cortical material was stripped out in sections. Once the cortical material had been completely removed, a diamond dusted cannula was inserted into the eye and the posterior capsule was polished. Viscoelastic was again instilled into the capsular bag as well as the anterior chamber. The wound was enlarged slightly using the diamond keratome. The above described intraocular lens was folded outside the eye using a mustache fold and inserted using folding forceps. Once inside the eye, the lens was unfolded into the capsular bag in a single maneuver. It was noted to be centered nicely. The

viscoelastic was then withdrawn from the eye using the irrigating and aspirating tip of the phaco machine.,Next, Miostat was instilled into the operative eye and the wound was checked for water tightness. It was found to be such. After removing the drapes and speculum, TobraDex drops were instilled into the operative eye and a gauze patch and Fox protective shield were placed over the eye.,The patient tolerated the procedure extremely well and was taken to the recovery area in good condition. The patient is scheduled to be seen in follow-up in the office tomorrow, but should any complications arise this evening, the patient is to contact me immediately.