

PROCEDURE PERFORMED: , Phacoemulsification with intraocular lens placement., ANESTHESIA TYPE: , Topical., COMPLICATIONS: , None., DESCRIPTION OF PROCEDURE: , The patient was brought to the operating room after the eye was dilated with topical Mydriacyl and Neo-Synephrine eye drops. Topical anesthetic drops were applied to the eye just prior to entering the operating room. The eye was then prepped with a 5% Betadine solution injected in the usual sterile fashion. A wire speculum was placed in the eye and then a clear corneal paracentesis site was made inferiorly with a 15-degree blade. Lidocaine 1% preservative-free, 0.1 cc, was instilled into the anterior chamber through the clear corneal paracentesis site and this was followed with viscoelastic to fill the chamber. A 2.8-mm keratome was used to create a self-sealing corneal incision temporally and then a bent capsulotomy needle was used to create an anterior capsular flap. The Utrata forceps were used to complete a continuous tear capsulorrhexis, and hydrodissection and hydrodelineation of the nucleus was performed with BSS on a cannula. Phacoemulsification in a quartering and cracking technique was used to remove the nucleus, and then the residual cortex was removed with the irrigation and aspiration unit. Gentle vacuuming of the central posterior capsule was performed with the irrigation and aspiration unit. The capsular bag was re-expanded with viscoelastic, and then the wound was opened to a 3.4-mm size to accommodate the intraocular lens insertion using an additional keratome blade., The lens was folded, inserted into

the capsular bag and then unfolded. The trailing haptic was tucked underneath the anterior capsular rim. The lens was shown to center very well. The viscoelastic was removed with the irrigation and aspiration unit and one 10-0 nylon suture was placed across the incision after Miochol was injected into the anterior chamber to cause pupillary constriction. The wound was shown to be watertight. Therefore, TobraDex ointment was applied to the eye, an eye pad loosely applied, and a Fox shield taped firmly in place over the eye.,The patient tolerated the procedure well and left the operating room in good condition.