

## NORMAL CATARACT SURGERY,PROCEDURE DETAILS: ,

The patient was taken to the operating room where the Rand-Stein anesthesia protocol was followed using alfentanil and Brevital. Topical tetracaine drops were applied. The operative eye was prepped and draped in the usual sterile fashion. A lid speculum was inserted.,Under the Zeiss operating microscope, a lateral clear corneal approach was utilized. A stab incision was made with a diamond blade to the right of the lateral limbus and the anterior chamber filled with intracameral lidocaine and viscoelastic. A 3-mm single pass clear corneal incision was made just anterior to the vascular arcade of the temporal limbus using a diamond keratome. A 5- to 5.5-mm anterior capsulorrhexis was created. The nucleus was hydrodissected and hydrodelineated, and was freely movable in the capsular bag. The nucleus was then phacoemulsified using a quadrantic divide-and-conquer technique. Following the deep groove formation, the lens was split bimanually and the resultant quadrants and epicortex removed under high-vacuum burst-mode phacoemulsification. Peripheral cortex was removed with the irrigation and aspiration handpiece. The posterior capsule was polished. The capsular bag was expanded with viscoelastic. The implant was inspected under the microscope and found to be free of defects. The implant was inserted into the cartridge system under viscoelastic and placed in the capsular bag. The trailing haptic was positioned with the cartridge system. Residual viscoelastic was removed from the anterior chamber and from behind the implant. The corneal wound was

hydrated with balanced salt solution. The anterior chamber was fully re-formed through the side-port incision. The wound was inspected and found to be watertight. The intraocular pressure was adjusted as necessary. The lid speculum was removed. Topical Timoptic drops, Eserine and Dexacidin ointment were applied. The eye was shielded. The patient appeared to tolerate the procedure well and left the operating room in stable condition. Followup appointment is with Dr. X on the first postoperative day.