

PROCEDURE PERFORMED:, Cataract extraction with lens implantation, right eye.,DESCRIPTION OF PROCEDURE: , The patient was brought to the operating room. The patient was identified and the correct operative site was also identified. A retrobulbar block using 5 ml of 2% lidocaine without epinephrine was done after adequate anesthetic was assured, and the eye was massaged to reduce risk of bleeding. The patient was prepped and draped in the usual fashion. A lid speculum was applied.,A groove incision at the 12 o'clock position was made with a 5700 blade. This was beveled anteriorly in a lamellar fashion using the crescent knife. Then the anterior chamber was entered with a slit knife. The chamber was deepened with Viscoat. Then a paracentesis at the 3 o'clock position was created using a super sharp blade. A cystitome was used to nick the anterior capsule and then the capsulotomy was completed with capsulorrhexis forceps. Hydrodissection was employed using BSS on a blunt 27-gauge needle.,The phaco tip was then introduced into the eye, and the eye was divided into 4 grooves. Then a second instrument was used, a Sinskey hook, to crack these grooves, and the individual quadrants were brought into the central zone and phacoemulsified. I/A proceeded without difficulty using the irrigation/aspiration cannula. The capsule was felt to be clear and intact. The capsular bag was then expanded with ProVisc.,The internal corneal wound was increased using the slit knife. The lens was inspected and found to be free of defects, folded, and easily inserted into the capsular bag, and unfolded. A corneal

light shield was then used as the wound was sutured with a figure-of-eight 10-0 nylon suture. Then the Viscoat was removed using I/A, and the suture drawn up and tied.,The 0.2 ml of gentamicin was injected subconjunctivally. Maxitrol ointment was instilled into the conjunctival sac. The eye was covered with a double patch and shield, and the patient was discharged.