

OPERATION PERFORMED:, Phacoemulsification of cataract and posterior chamber lens implant, right eye.,

,ANESTHESIA:, Retrobulbar nerve block, right eye,

,DESCRIPTION OF OPERATION: ,The patient was brought to the operating room where local anesthetic was administered to the right eye followed by a dilute drop of Betadine and a Honan balloon. Once anesthesia was achieved, the right eye was prepped with Betadine, rinsed with saline, and draped in a sterile fashion. A lid speculum was placed and 4-0 silk sutures passed under the superior and inferior rectus muscles stabilizing the globe. A fornix-based conjunctival flap was prepared superiorly from 10 to 12 o'clock and episcleral vessels were cauterized using a wet-field. A surgical groove was applied with a 69 Beaver blade 1 mm posterior to the limbus in a frown configuration in the 10 to 12 o'clock position. A lamellar dissection was carried anteriorly to clear cornea using a crescent knife. A stab incision was applied with a Superblade at the 2 o'clock position at the limbus. The chamber was also entered through the lamellar groove using a 3-mm keratome in a beveled fashion. Viscoat was injected into the chamber and an anterior capsulorrhexis performed. Hydrodissection was used to delineate the nucleus and the phacoemulsification tip was inserted into the chamber. A deep linear groove was dissected through the nucleus vertically and the nucleus was rotated 90 degrees with the assistance of a spatula through the side-port incision. A second groove was dissected perpendicular to the first and the nucleus was fractured into

quadrants. Each quadrant was emulsified under burst power within the capsular bag. The epinuclear bowl was manipulated with vacuum, flipped into the iris plane, and emulsified under pulse power. I&A; was used to aspirate cortex from the capsular bag. A scratcher was used to polish the capsule, and Viscoat was injected inflating the capsular bag and chamber. The wound was enlarged with a shortcut blade to 5.5 mm. The intraocular lens was examined, found to be adequate, irrigated with balanced salt, and inserted into the capsular bag. The lens centralized nicely and Viscoat was removed using the I&A.; Balanced salt was injected through the side-port incision. The wound was tested, found to be secure, and a single 10-0 nylon suture was applied to the wound with the knot buried within the sclera. The conjunctiva was pulled over the suture, and Ancef 50 mg and Decadron 4 mg were injected sub-Tenon in the inferonasal and inferotemporal quadrants. Maxitrol ointment was applied topically followed by an eye pad and shield. The patient tolerated the procedure and was taken from the operating room in good condition.