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Small Incision Cataract Surgery Modified Techniques for New Era

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1. Aim of paper

To remove taboos about SICS and making note of high quality

Results on par with the phacoemulsification. Its broad scope of various varieties of Cases. Versatility is main nature of SICS.

2. Objectives

Main objective is to throw more focus on sics.and it's low cost of surgery

Easily conducting of operation. Immediate recovery of patients. Low morbidity and only

Problem with SICS is high rate of Astigmatism. We have to reduce post operative astigmatism

Our objective is results good on par with phaco.

3. Methods and Materials

All postoperative cases taken for study. In our institution daily 10

Cases will go for surgery.112 cases are taken for stastics.57 cases are above 60 years 40Cases

Are above 70 years.15 cases between 60 to 70 years. All are underwent SICS. The same data

Taken for phaco emulsification. They compare for visual acuity, astigmatism, post operative complications.

And also various modalities of types of surgery. Incision size, shape, distance from limbus. Maintenance and integrity of tunnel formation of CORNEAL Valve usage of trypan blue Injection of air bubble inside anterior chamber.

Usage of less viscvisco substance doing of surgery under hydro not of visco.

Both hydrodissection and hydrodelination has to be done. Always it' is better to do

Capsulorrhexis less than normal size. Usually they did 5.5 mm in size. If it is less nuclei will stuck in bags

Capsule has elasticitic properties. Surgeon can use this.

The standard of SICS depends on suitable size of bag and covering circumference. It is very useful for preventing VITREOUS.

Capsulorrhexis margin should cover at least 1mm of rim of intra ocular lens.

4. Procedure

The common complications are taken into account. The Original system of modality of surgery observed. Now the process has changed. New modality is introduced. Taken nearly 507 cases

With complications introperative post operative and during give block to patient.

Now a days surgeons are preferred topical anasthesia and peribulbar anasthesia.

But retrobulbar block is very much useful. It gives anasthesia at the ciliary ganglion.

Surgeons not cutting the eye lashes. They increase post operative endophthalmitis.

1) Post operative conjunctival OEDEMA. To reduce that area of cutting conjunctiva to be reduced. givong a good block also reduces oedema. Intra operatively should close conjunctiva by sutures or cautery. 37 cases cautiously done by using above methods conjunctival oedema remarkably reduced.
2) Making of sclerocorneal Tunnel. This is vital of all' steps. This reduces astigmatism and another grave risks .like premature entry side pockets always necessary.
3) Trypan blue not excess used. They stain posterior capsule also.
4) Capsulorrhexis always better. Some times capsulotomy. The Beauty of SICS depends on you can use any technique in phaco you use only capsulorrhexis. In thick anterior capsule SICS only work out. In hyper mature cataract where zonular dehiscence then SICS is only choice.
5) Do hydrodissection and hydrodelination more lens fragment s easily came out. Sutures often necessary. Never neglect them.

6) Scleral tunnel should be tight. Do all manovers through side port. Always uplift upper lip of wound. Anterior chamber will be closed
7) Never disturb the Cortex in capsulorrhexis. Rhexis margin never go periphery. VITREOUS may come out. Always rotate iol it is better iol should be in bag. After surgery thoroughly Wash the anterior chamber.
8) There is no like dreaded complication like posterior capsule rupture. It can manage in small set ups also. Vitrectomy and iridotomy AC iol s meet the situation.
9) Intracamarel antibiotics are not necessary instead use sub conjunctival antibiotics.
10) Never advice immediate ambulation of patients.

Mild post operative oral antibiotics helps. Tapering of steroids mandatory.

Never use method of secondary iols.

5. Conclusion

There is lot of scope for improvement in SICS. Now a days phaco and laser usage is more in India can use simple techniques with good results.

References

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