Hydrodissection & Hydrodelineation

BY Hatem Ammar (MD)

Professor of Ophthalmology Sohag University Board Member of The Egyptian Ophthalmological Society Board member of the EOS, ESOIRS, Secretary General of the DEOSS Egypt



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Hydrodissection

Definition

Freeing the capsulo-cortical and cortico-nuclear

adhesions using fluid

Functions and objectives

- Free mobilization of the nucleus
- Avoid zonular stress on subsequent phaco steps
- Evaluate the hardness of the nucleus and the degree of difficulty expected in phaco.
- Facilitate removal of the residual lens matter after phaco

1 minute of hydrodissection saves 10 minutes of I/A



27 G cannula mounted on a 3mm syringe full of irrigating solution.

Technique

- Check the flow
- Depress the posterior lip of the wound with the cannula
- Slide the blunt cannula under the anterior capsule
- Elevate the anterior capsule with the tip and move until you reach the equator

- Inject some fluid
- Look for the fluid wave passing across helped by gentle depression on the nucleus to massage the fluid wave
- Depress and push the nucleus towards the site of injection
- Injection can be repeated in different quadrants until free rotation of the nucleus is achieved









C.D.E. 0.00

Irr

95

Asp

24

Rise

0

Vac

100

Television in the





The most common pitfall is **too gentle** injection of the fluid , so the wave of the fluid cannot find its way around

Contraindications

- Morgagian cataract
- Posterior polar cataract
- Rhexis extension or can –opener capsulotomy

Hydrodelineation



Separation of the central harder nucleus from the softer peripheral portion

Functions and objectives

- Reduce the size of the nucleus
- Create a cushion of epinucleus and soft outer nucleus to protect the post capsule during phaco, so it adds extra safety for the beginners
- Evaluate the hardness of the nucleus
- Important in soft cataracts



27 G cannula mounted on a 3mm syringe full of irrigating solution.

Technique

- Insert the cannula within the nucleus at the edge of the rhexis
- Inject the fluid intermittently into different quadrants until you see the golden ring(s)
- Each ring delineates one stage of nucleus formation





0 4

Alcon



Take care

Too gentle injection , so the wave of fluid can not find its way around

Special situations

Post Polar cataract

Controlled hydrodelineation





Very soft



Ampl









Very hard



Capsular Block syndrome

Predisposing factors :

- Small capsulorhexis
- Large nucleus
- Aggressive fluid injection

Signs:

- Must expect
- Rise in the pressure with the injection
- Popping of the nucleus

If this happens



- Convert to ECCE
- Do not try phaco
- Otherwise you will induce posterior dislocation

Thank you

