

Management of Posterior Capsule Rupture

BY

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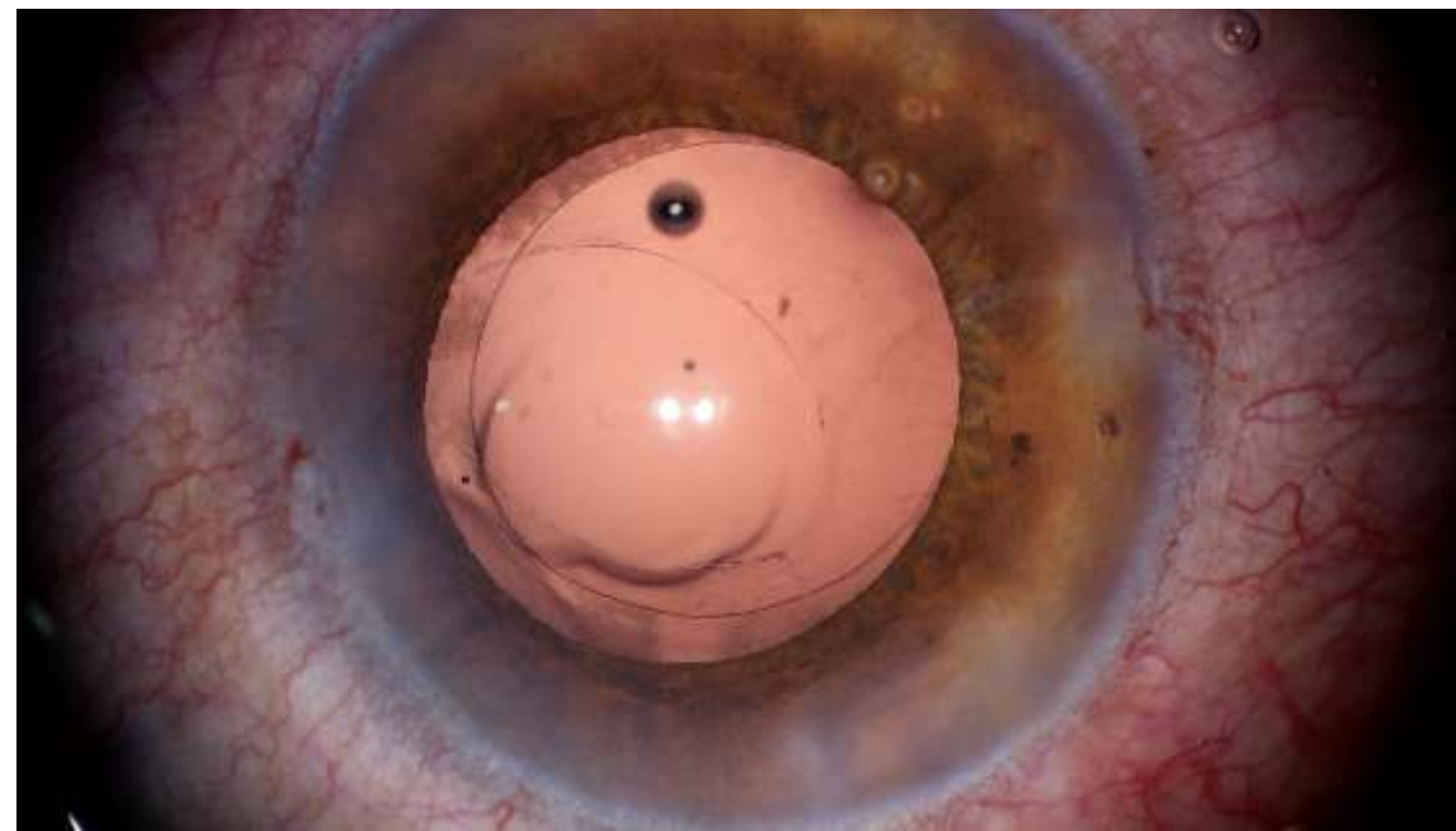
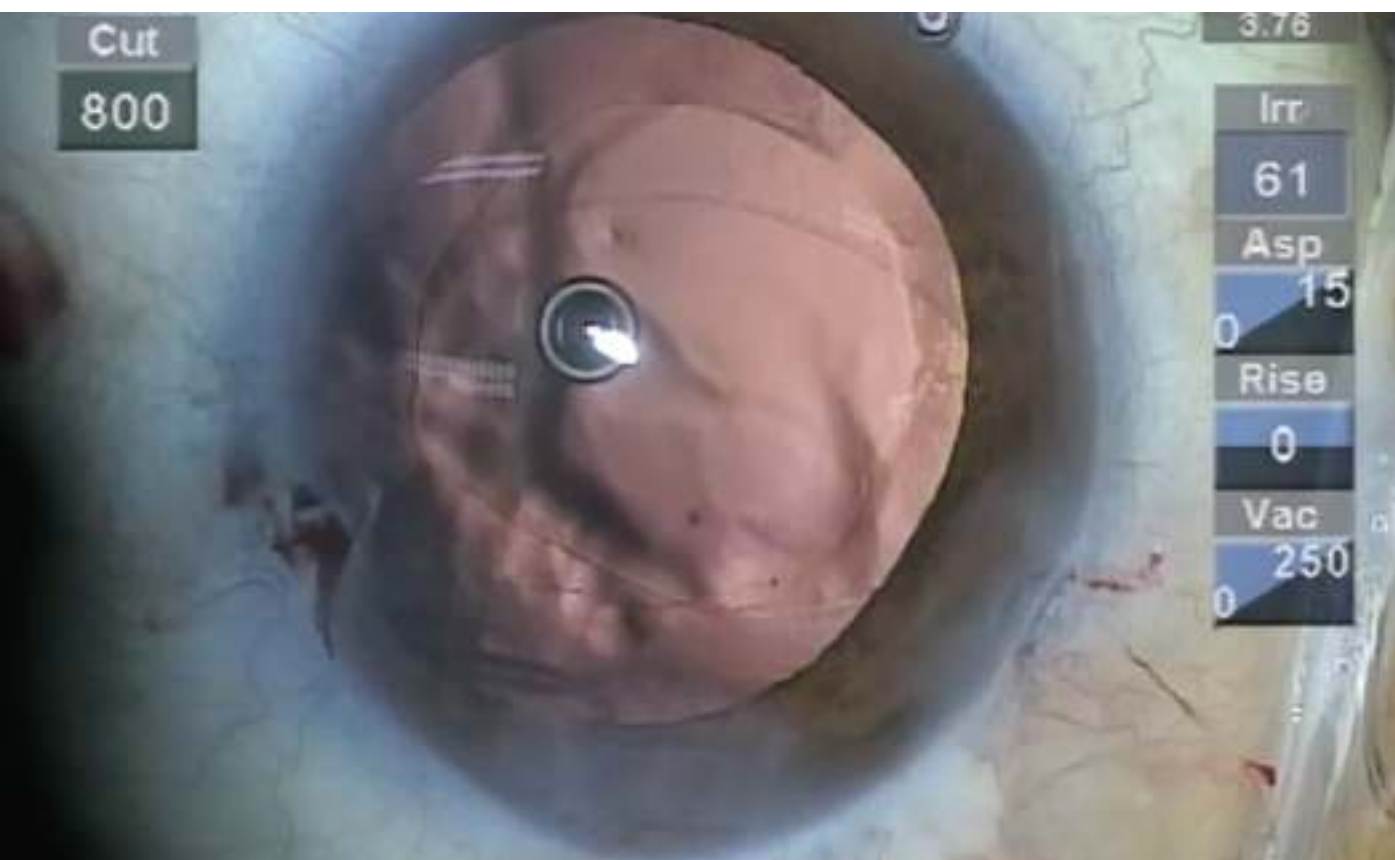
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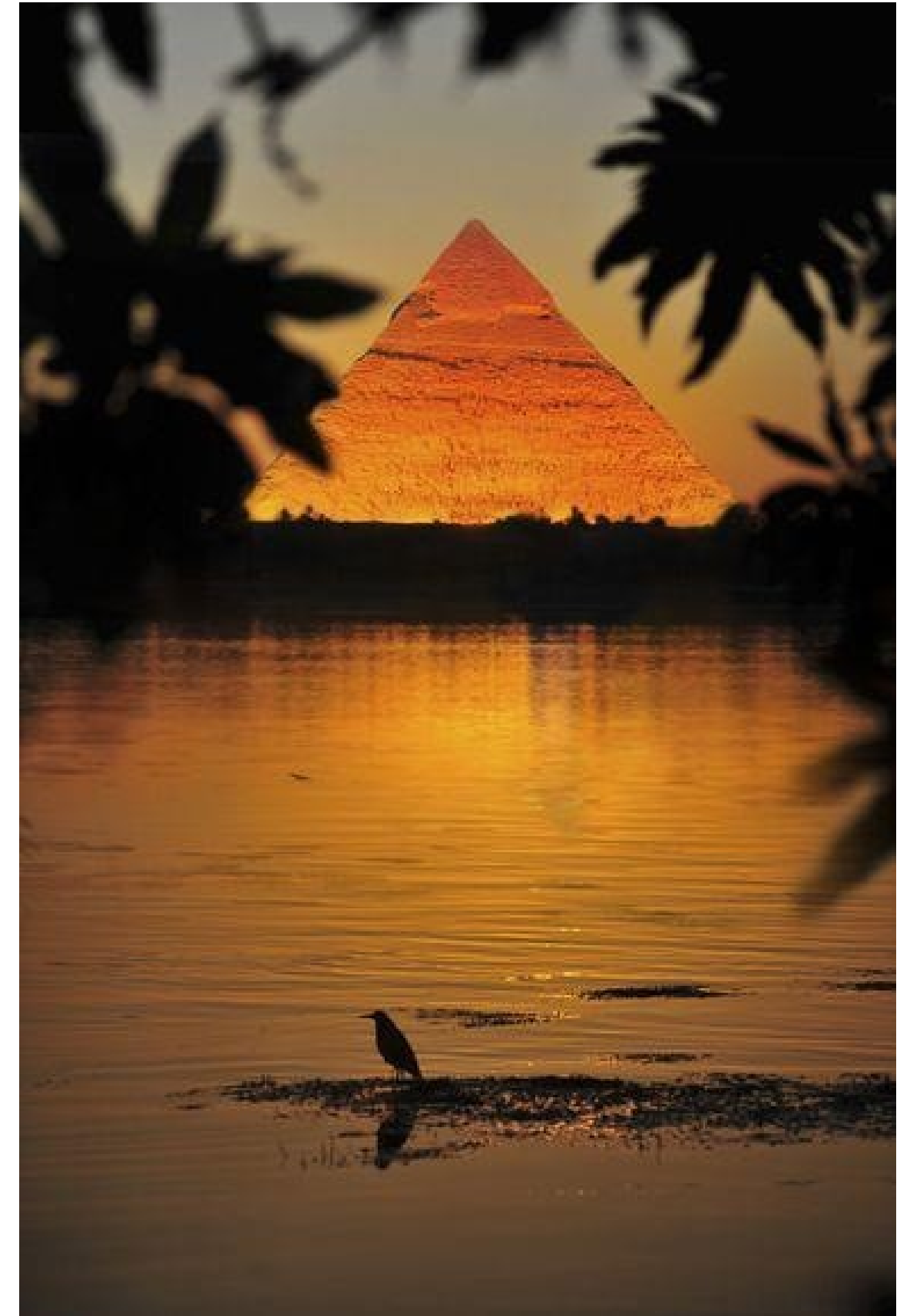
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Financial Disclosure

- *Alcon (speaker)*
- *Novartis (speaker)*
- *Johnson&Johnson (speaker)*
- *Jamjoom Pharma (speaker)*
- *Orchidia (speaker)*
- *Eva Pharm(speaker)*

No Financial Interest



Posterior capsular rupture (PCR) and vitreous loss are inevitable

complications encountered in cataract surgery across all levels of surgical experience and in spite of technological advances to improve safety.

Risk factors for posterior capsule rupture in cataract surgery as reflected in the European Registry of Quality Outcomes for Cataract and Refractive Surgery



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Table 1. Reported Cataract Extractions With PCR as a Complication Parameter in the EUREQUO From January 1, 2008, to December 31, 2018.

Parameter	Year										
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Reported cataract extractions including PCR (n)	165 650	201 377	227 181	249 458	260 805	280 906	300 145	261 740	282 246	305 846	318 022
Reported PCR (n)	2387	2725	2708	3976	2896	4181	4958	1969	2025	2007	1917
Frequency (%)	1.44	1.35	1.19	1.59	1.11	1.49 ^a	1.65 ^a	0.75	0.72	0.66	0.60

EUREQUO = Europe Cases from the ESC

54

RISK FACTORS FOR PCR

Table 2. Multivariate Logistic Regression Model for Risk Factors Associated With Posterior Capsule Rupture in the EUREQUO.

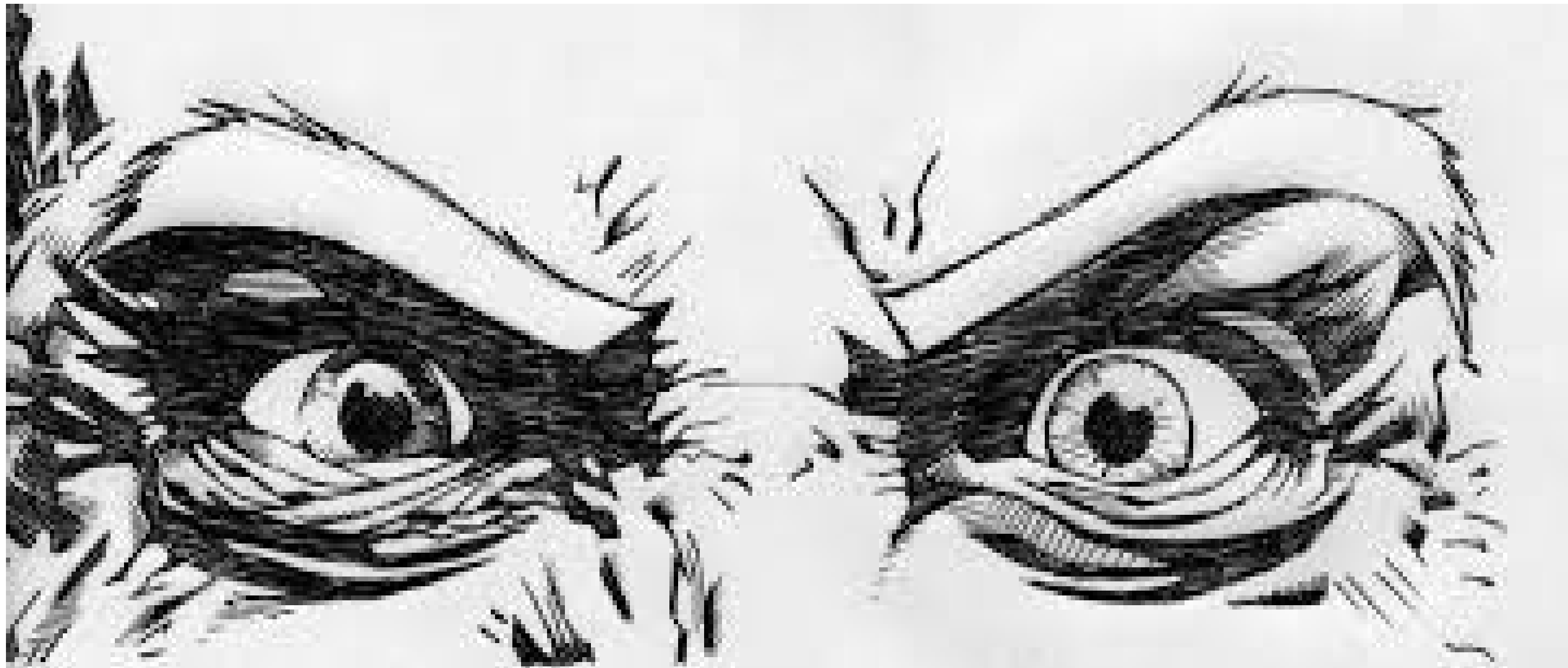
Parameter	Adjusted OR	95% CI		P value
		Lower	Upper	
Year of surgery ^a				
2008	2.12	1.95	2.31	<.001
...				
2017	0.89	0.80	1.03	.901
2018	—	—	—	—
Sex (F)	0.88	0.85	0.90	<.001
Age	1.007	1.005	1.008	<.001
Glaucoma	1.16	1.09	1.23	<.001
Diabetic retinopathy	2.74	2.59	2.90	<.001
Other comorbidity	3.03	2.81	3.16	<.001
Preoperative CDVA (logMAR)	1.98	1.98	2.07	<.001
Target refraction ^b				

- ❖ Rates of PCR vary from 0.45 to 5.2% in large studies
- ❖ Cataract surgeons must always be prepared to practice safe and effective intraoperative management strategies for capsular rupture

Complications of PCR

- Corneal edema
- Elevated eye pressure,
- Retained lens fragments (RLFs)
- Cystoid macular edema
- Intraocular inflammation or hemorrhage
- Vitreous prolapse or traction
- Retinal detachment
- Endophthalmitis

Furthermore, the additional office visits, financial burden, and postoperative care required to treat these complications can be daunting



Aim of Management

- Maintain capsule and zonular integrity.
- Protect the corneal endothelium.
- Stabilize residual lens materials.
- Prevent and manage vitreous prolapse & traction.
- Complete nuclear and cortical removal.
- Appropriate IOL implantation if possible.

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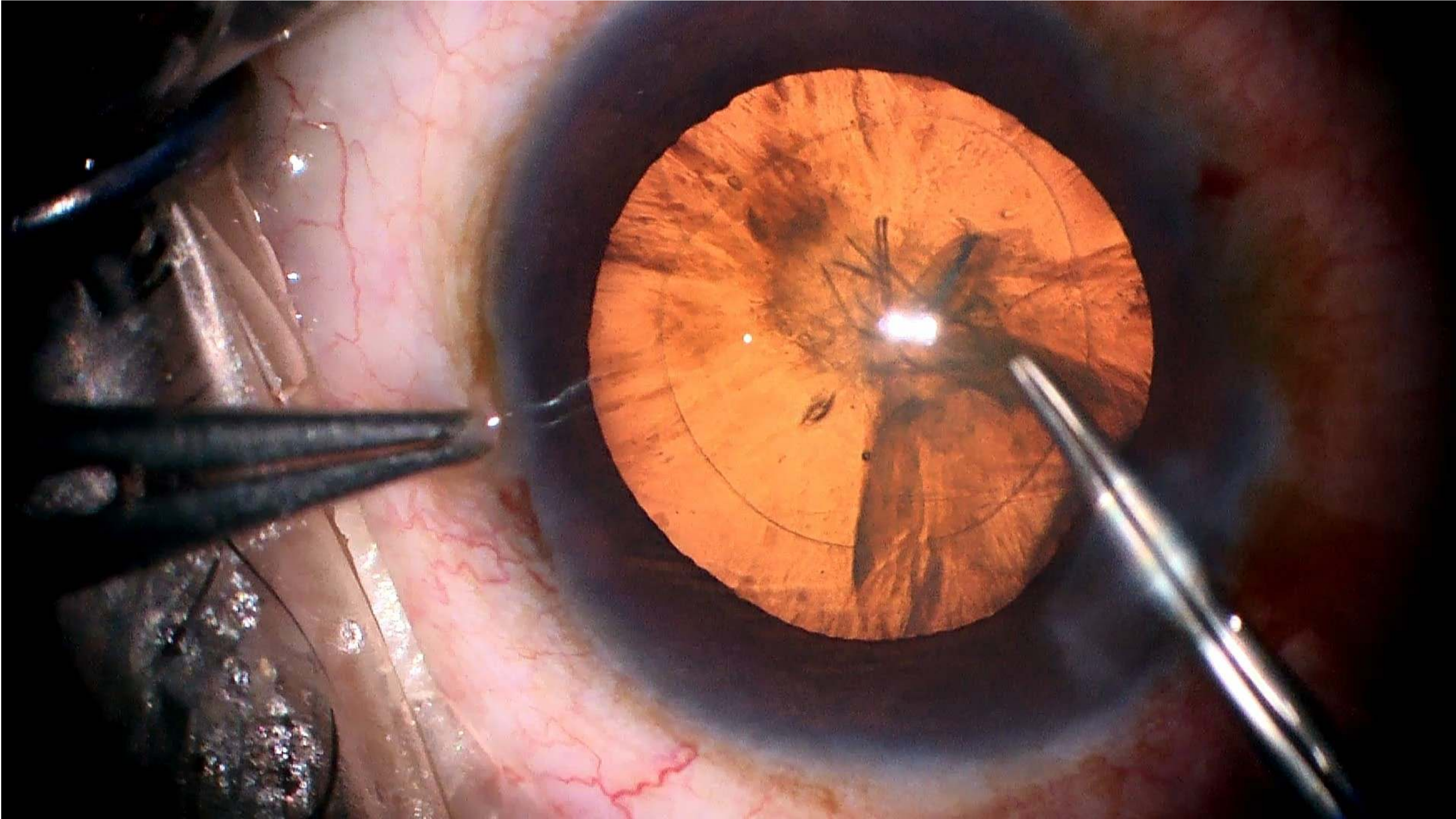
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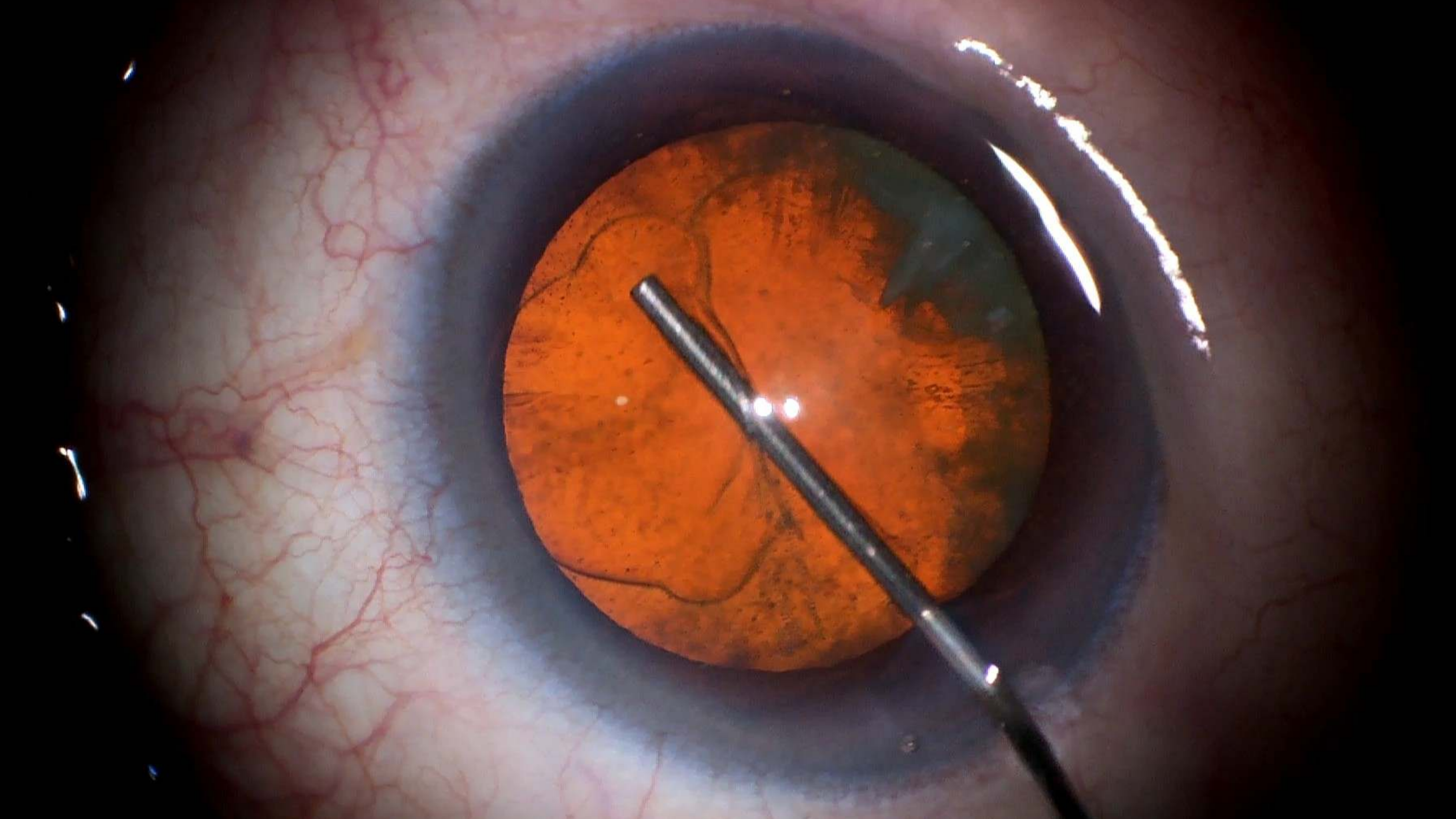
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INFINITY
AISON





Dr.Hatem Ammar

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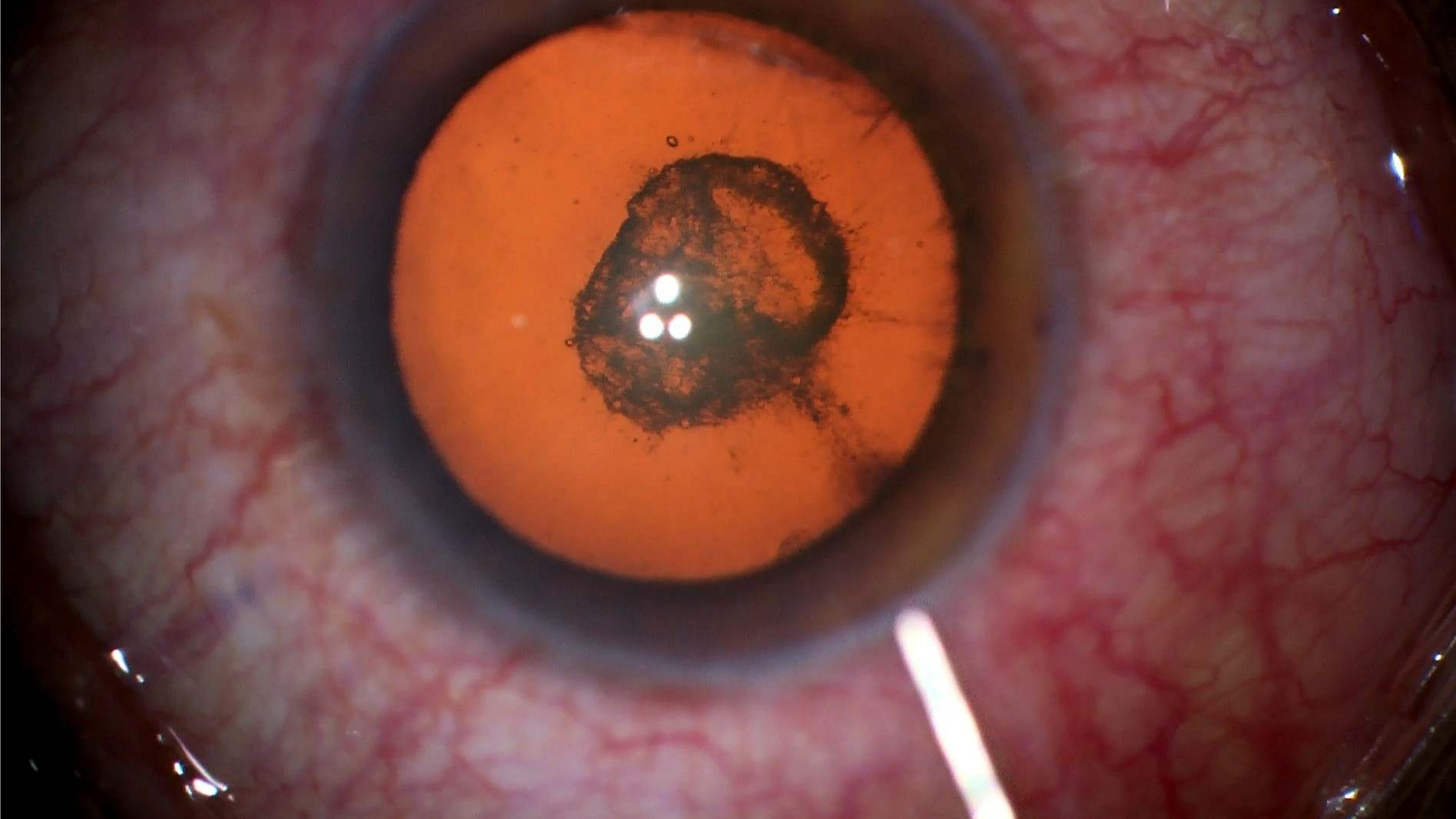
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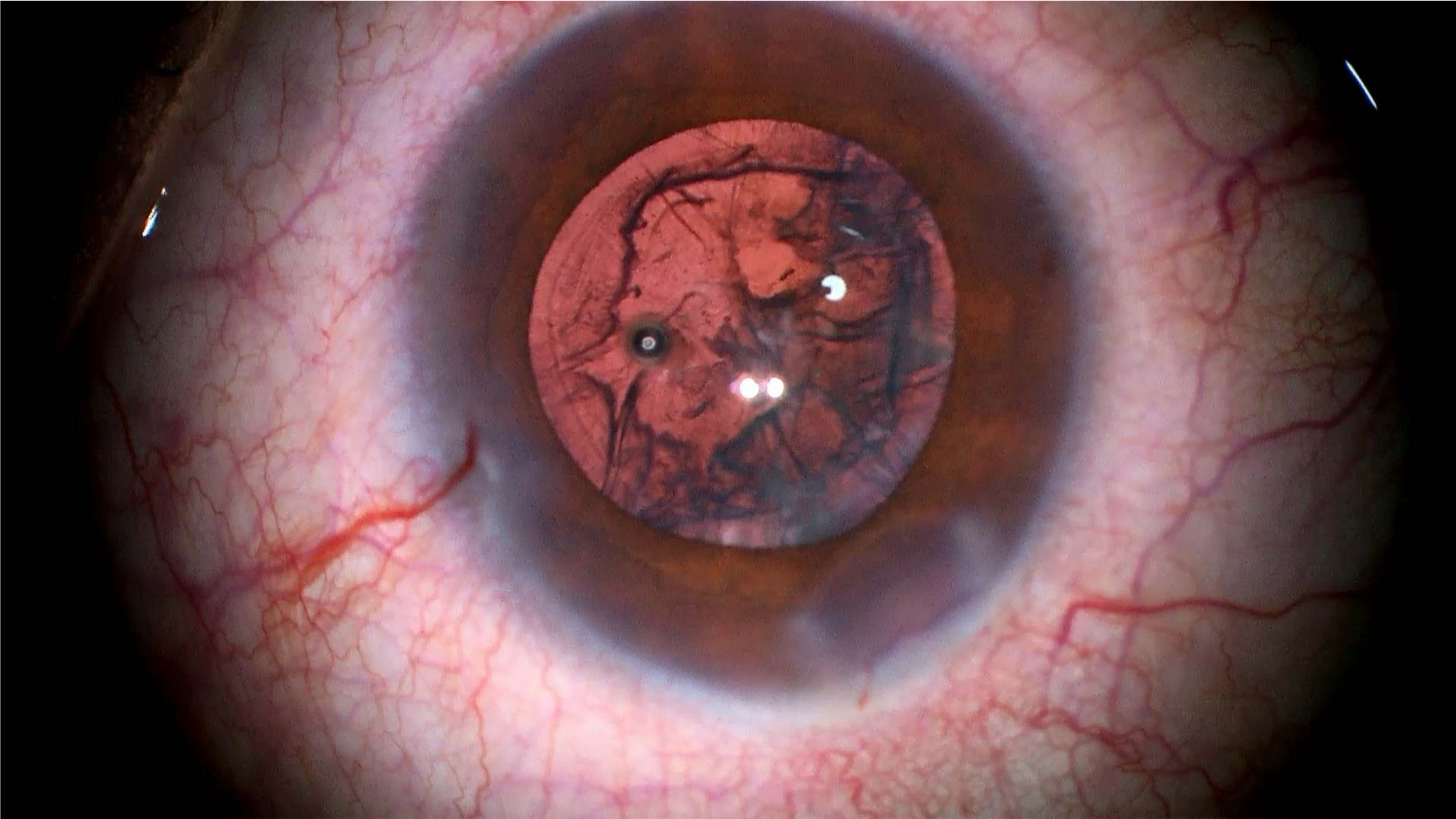
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INFINITI

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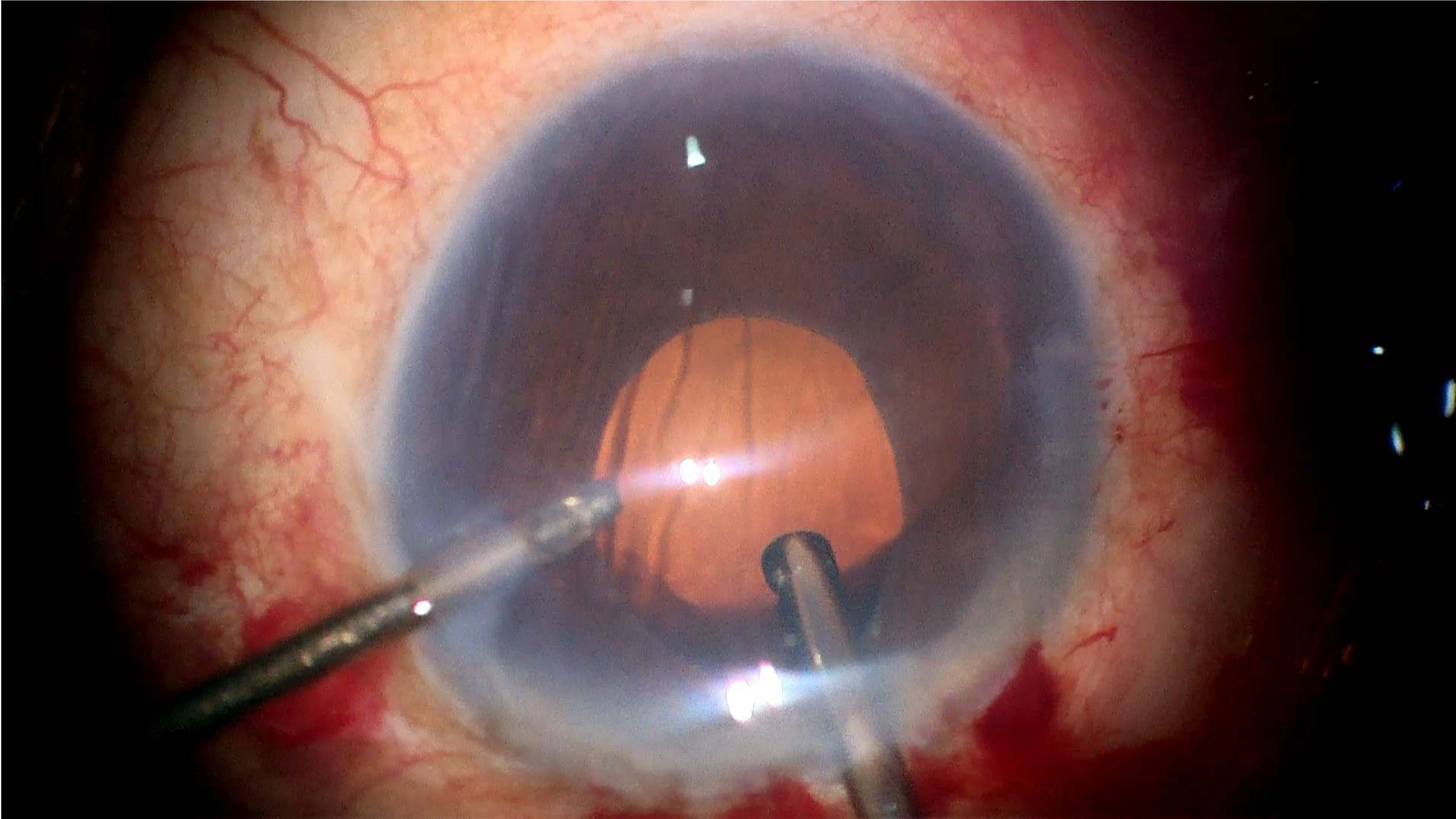
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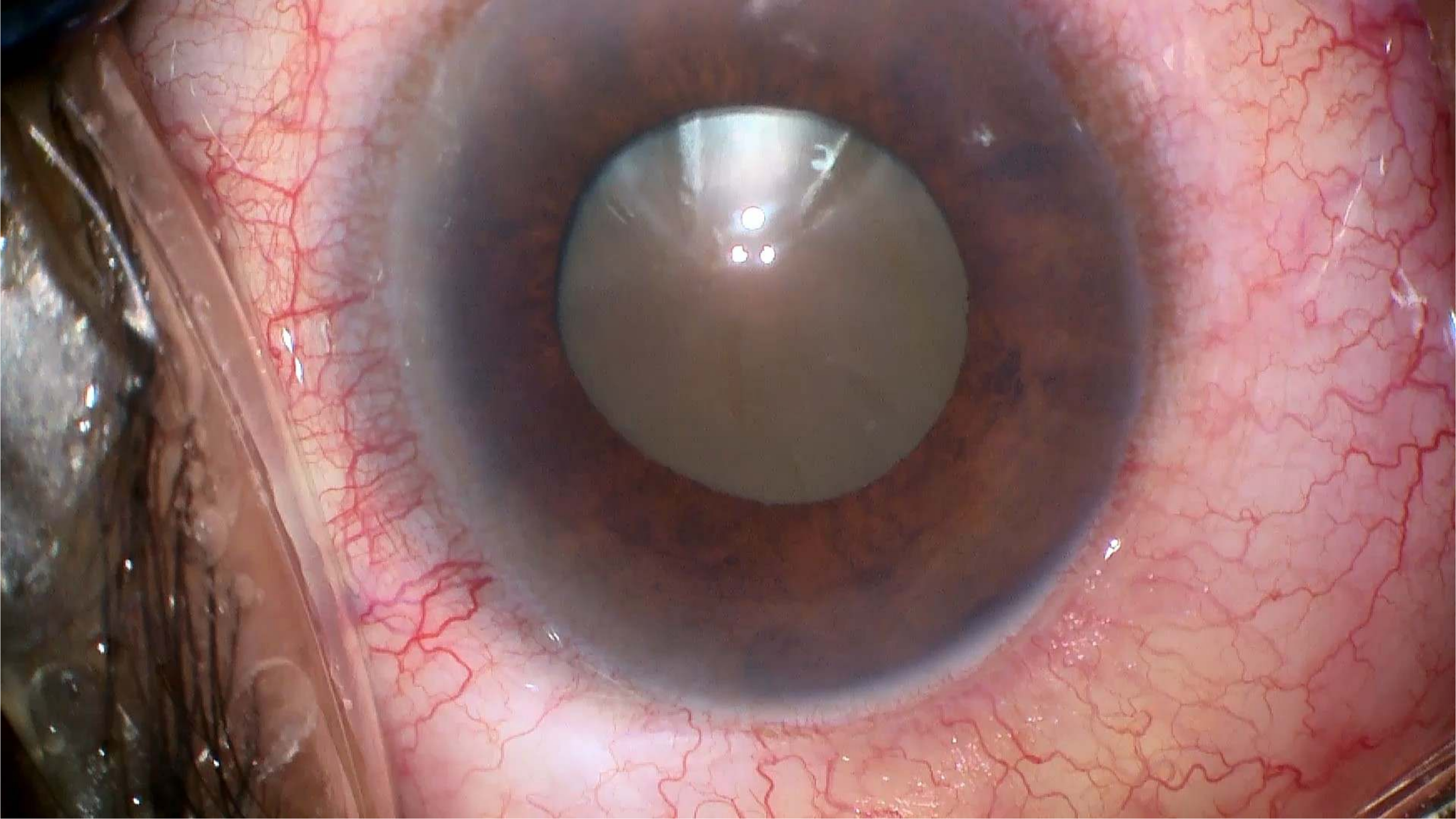
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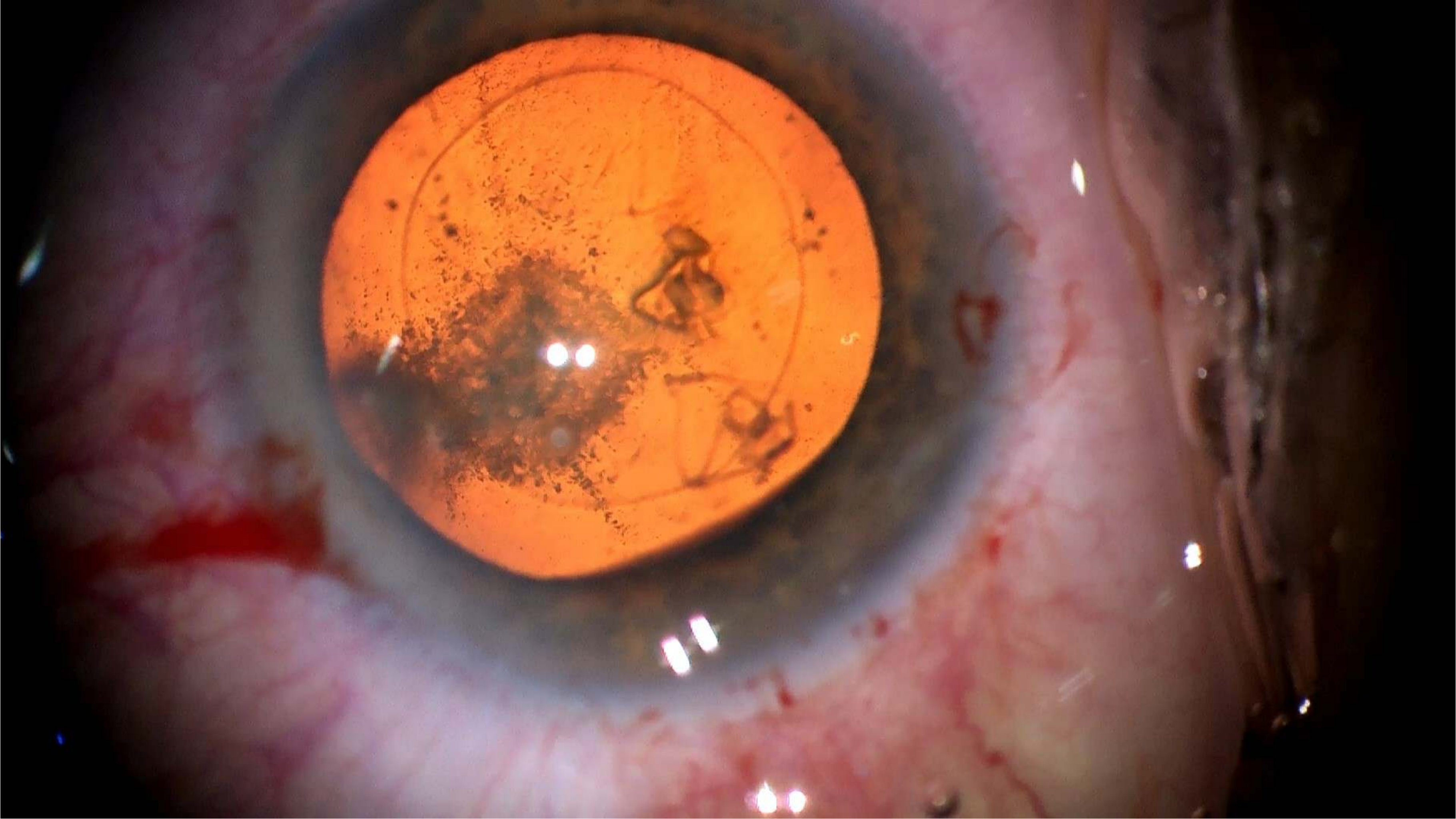
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Take Home Message

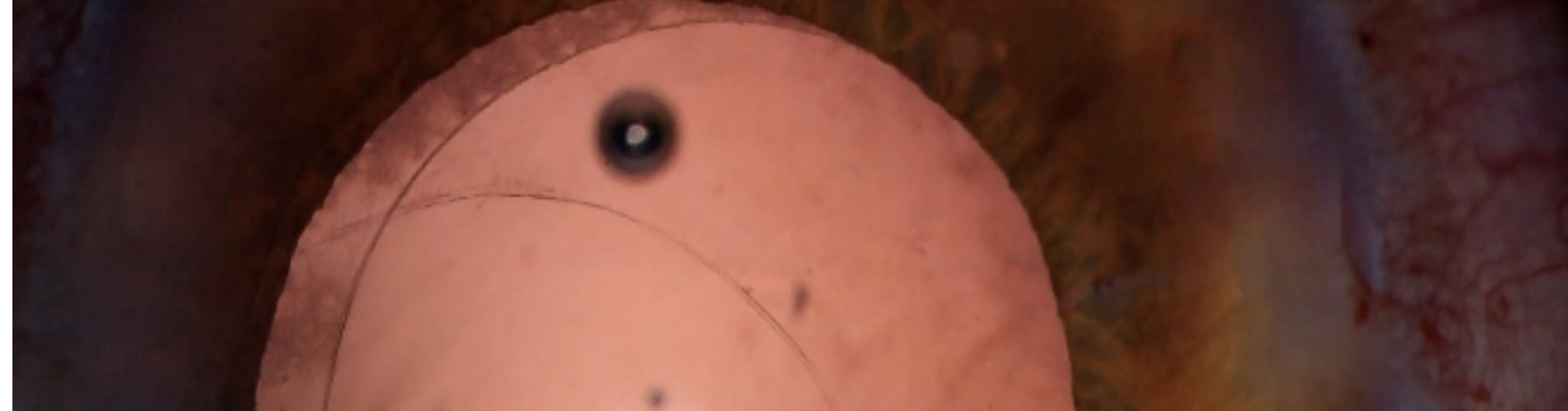


Never runaway



Take Home Message

- Never Panic
- Never runaway
- Maintain formed AC
- Disperseve OVD
- Safety first



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