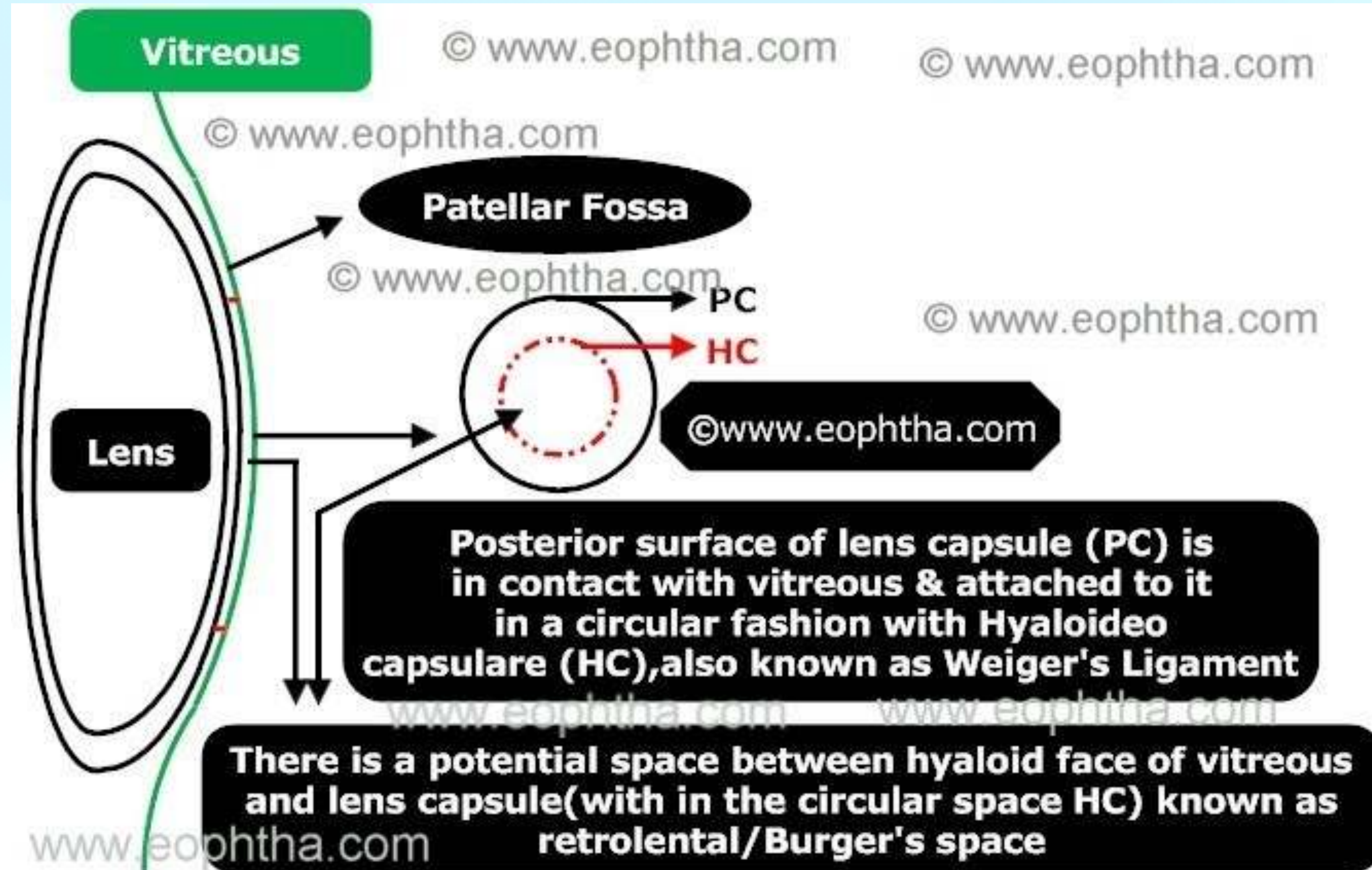




Posterior capsule

- PC thickness range 4-9 microns at its centre.



Fact.

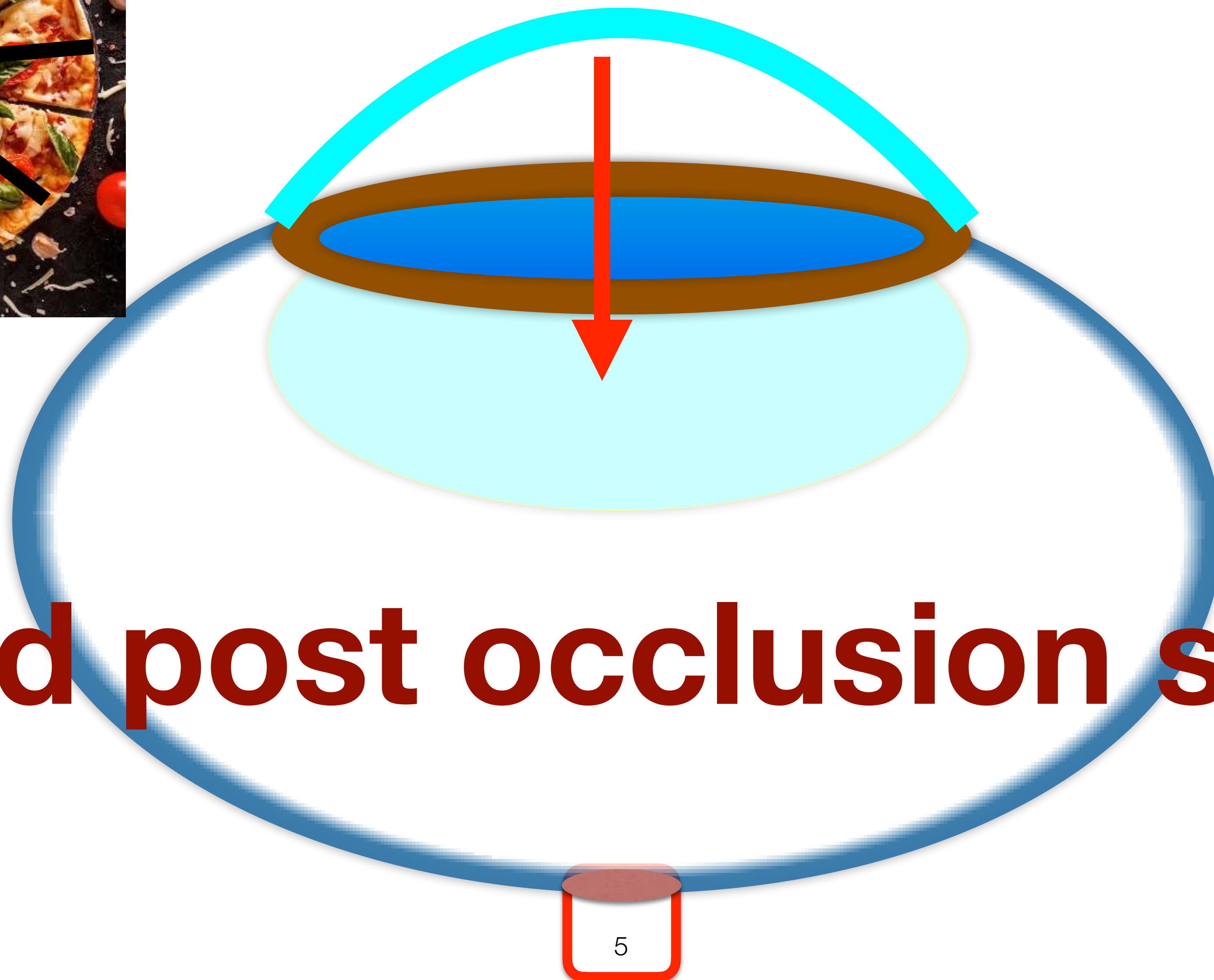


How to avoid PCR?

- PCR may occur at any surgery step.
- Optimise phaco steps, incision rhexis, IA...etc.
- Capsular block, small rhexis and hard cataract.
- surge, fluidics adjustments and understand your machine.



The Golden Pearl !!!



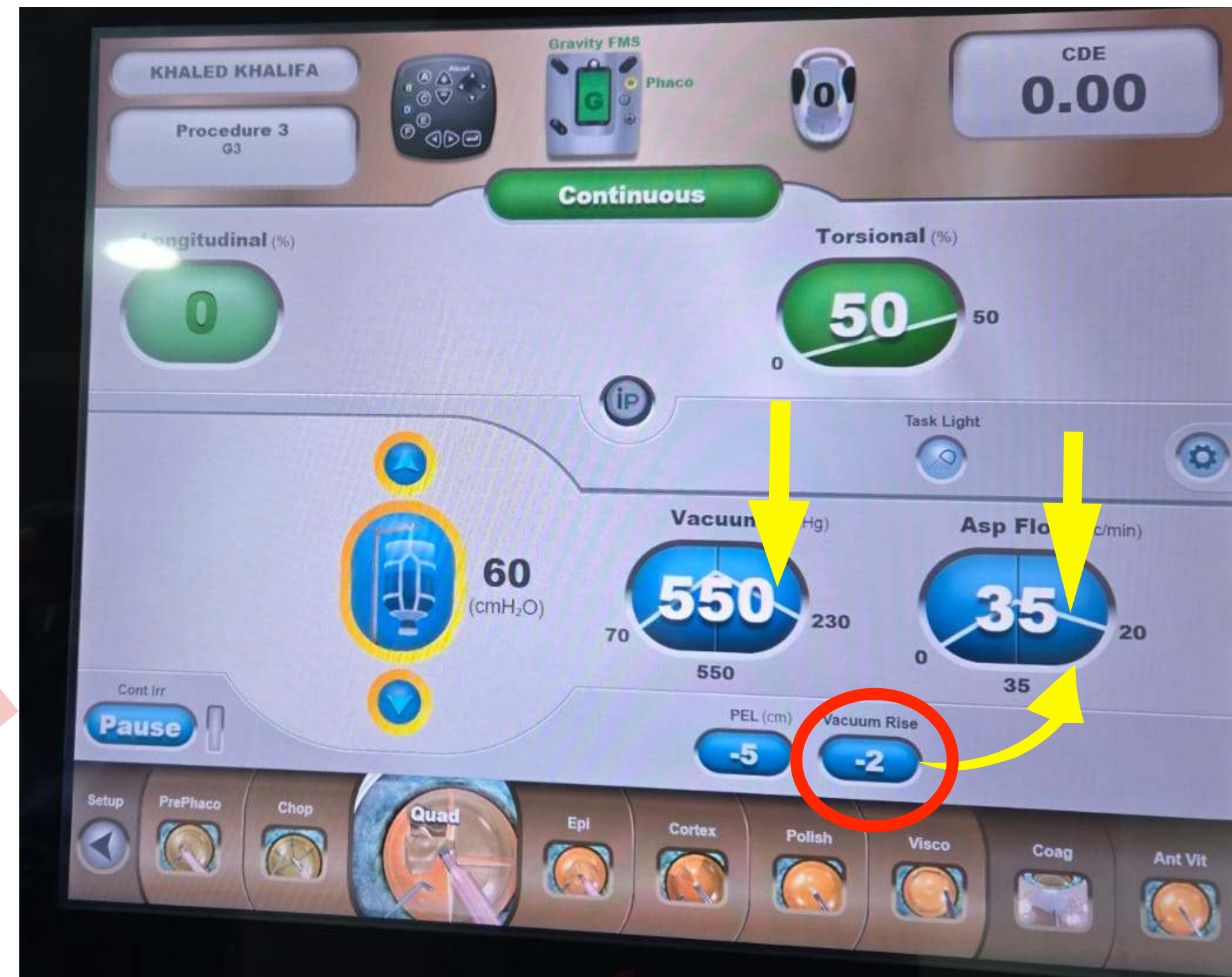
Avoid post occlusion surge

Emulsification_(no occlusion)

Torsional US can work efficiently without strong occlusion.

Reducing the level of vacuum (mmhg) in aspiration line, no strong occlusion.
- Direct and indirect.

Descending vacuum in foot position 3.

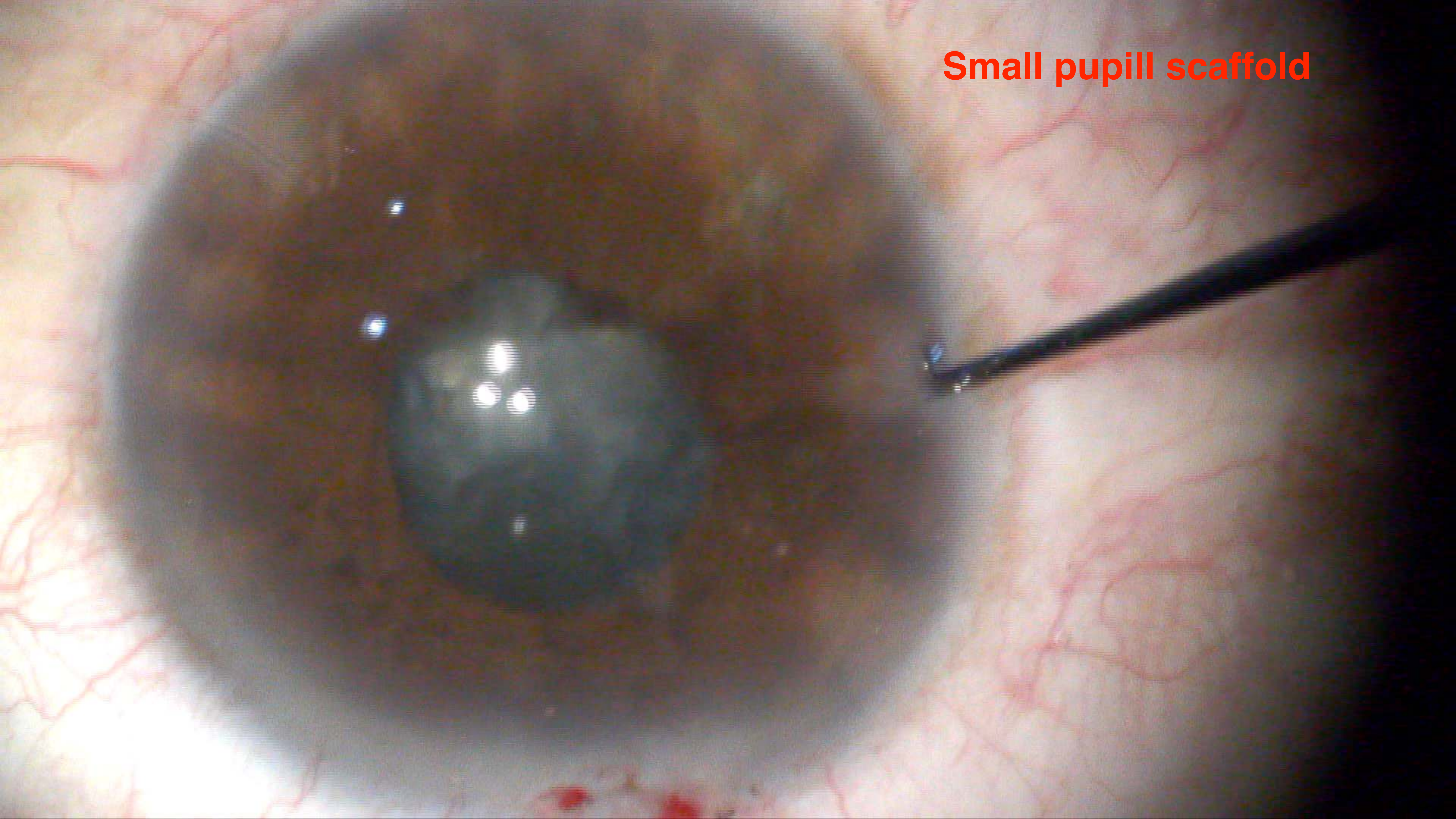


Descending FR in foot position 3.
OR

-ve vacuum rise—— more drop of FR—— before occlusion —— lesss vacuum building.

Early opening of PC

Small pupill scaffold



During phaco

khaled A. Khalifa

OZil

0 2

C.D.E.
0.00

Ampl
35
0

C Irr
80
Asp
32
Rise
0
Vac
300
0

INFINITI
Alcon
Scene 1

KHALED KHALIFA

Long

0

Tors
25

0



CDE

0.00

Irr

75

Asp

40

Vac

260 400 370

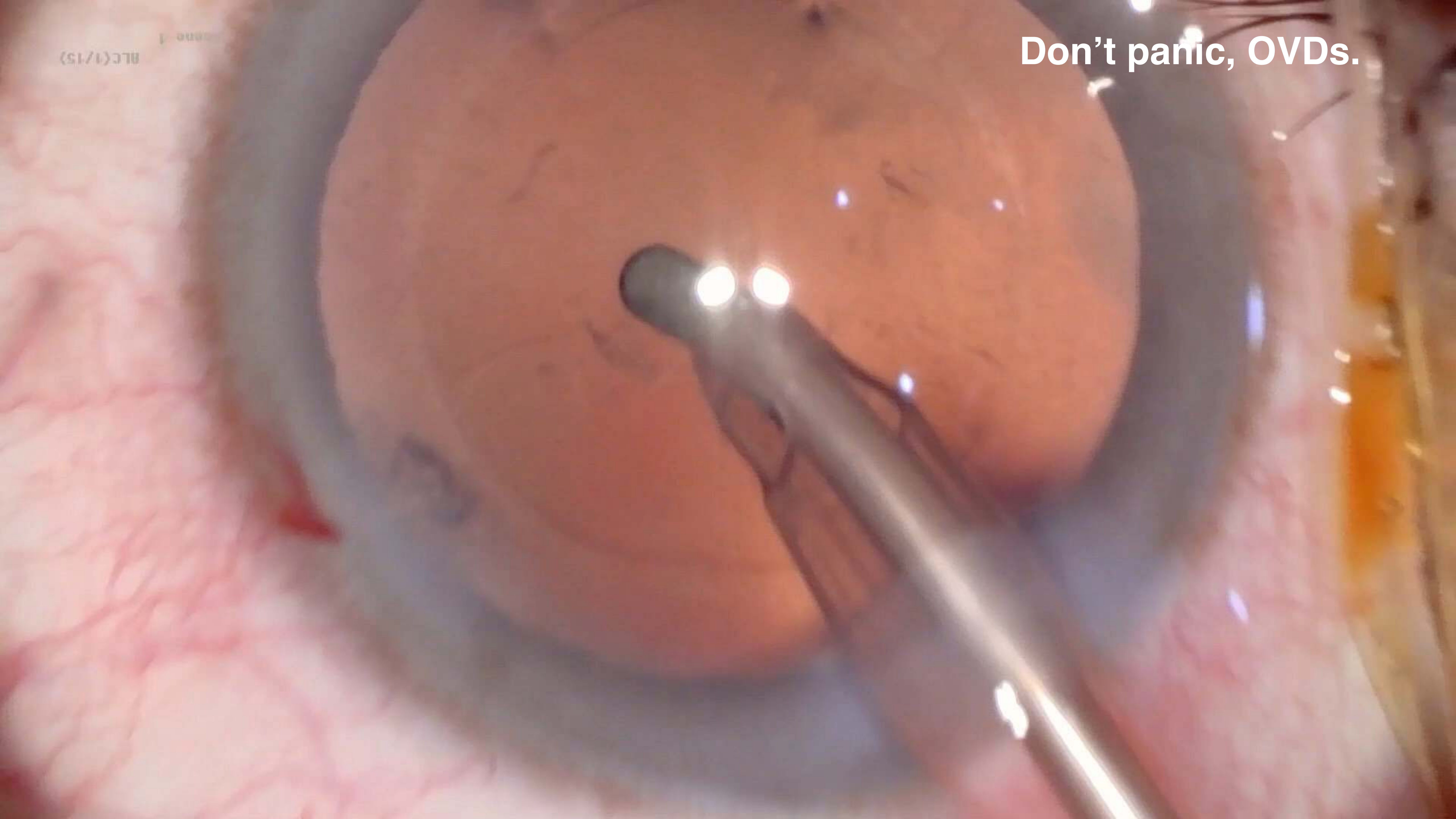
CENTURION[®]
SILVER SYSTEM

MLC(1/30)

Scene 1

During capsule polish

Don't panic, OVDs.



After IOL implantation

Choose the right IOL, implant then remove

khaled a. hash

0

C.D.E.
9.56

Irr

76

Asp

35

Rise

0

Vac

500

0

Take home message

- Don't panic.
- Think for the best scenario. According to situation.
- OVDs and fluidics adjustment is the key.
- Don't let vitreous come anterior. If happened cut/IA vitrectomy is the golden role.
- In case, ask for help.

Thank YOU