LESS-THE PERFECT OUTCOMES
AFTER UNEVENTFUL CATARACT SURGERY:

WHAT ARE WE MISSING ???

1. PATIENT SPECIFIC FACTORS
2. OCULAR SURFACE DISEASE
3. KERATITIS MEDICAMENTOSA
4. REFRACTIVE SUPIRES
5. EARLY PCO
6. DYSPHOTOPSIA
7. SUBTLE CORNEAL PATHOLOGIES
8. IOL DECENTRATION
9. PROBLEMS WITH MF IOLS
10. SUBTLE MACULAR PATHOLOGIES

EARLY PCO

ARUP CHAKRABARTI
Cataract & Glaucoma Services
Chakrabarti Eye Care Centre
Trivandrum, Kerala, India

Financial Interest – NIL

PCO ASSESSMENT

- S/L Biomicroscopy
- Retroillumination
- Distant Direct Ophthalmoscopy
- Direct Ophthalmoscopy
- Clarity of Fundus View

PCO PROPHYLAXIS

- Complete Removal of LEC
- Surgical
- Pharmacologic
- Immunologic
- LCOP (Laser Capsular Opacity Prevention)
- Inhibition of LEC Proliferation / Migration
Capsulorrhexis: Regular, Round, Well-cent., 360° IOL Optic Overlap
  - Capsular Sequestration
  - “Shrink Wrap” the Capsule Around IOL Optic

Hydrodissection: Thorough Cortical Cleaving Hydrodissection

I & A: Thorough Cortical Clean – up to ↓ S-Ring

Role of Anterior Capsular Polishing:
  - Controversial
  - Many Would Like to Avoid It

PCO: MANAGEMENT YAG Capsulotomy Definitive

Decision More Complex in a MF IOL Pt
  ? Cause of Visual Disability
    - Early PCO
    - Other Mechanism
    - Early PCO + Other Mechanisms

- YAG Capsulotomy for Early PCO (When PCO wasn’t the Cause)
  Nonimprovement of Symptoms
  Complicate Further Mx if IOL Exchange is Needed

PCO PROPHYLAXIS

IOL Issues
  IOL Optic Geometry
    Square, Truncated Edge
    Optclude
  Maximal IOL Optic Contact
    Posterior Angulated Haptic
    Post. Convexity of the Optic
  Posterior Sequestration (Surface Angle)
    - Biocompatible IOL Material
      ↓ Stimuli of Cellular Proliferation
    - Small Haptic-Optic Junction

Management: Post YAG Capsulotomy

Guard Against CME

Topical Steroids
NSAIDs
Topical IOP Lowering Agents