

VIDEO

VIDEO

Thursday March 13th

Hall (B) 9:00 – 10:30

Chair Persons: *Taher Gamal El Din, MD;*

Fadel Abou Shosha, MD;

Omar Mohamed Aly, MD.

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9:00

IOL Explantation

Salah Farouk, MD.

Iol Explantation Causes: Common causes; biometric error uncommon causes; decentered IOL, lens discoloration, low quality control of the IOL. TECHNIQUE OF EXPLANTATION: It depends on the time of surgery, type of implanted IOL. This video includes 3 clips: one contains the traditional way of explantation using scissors of a foldable IOL. one to explant a long standing implanted IOL; using multiple paracentesis, generous viscoelastics. one to explant a decentered IOL with silicon oil removal and reimplantation of the same IOL.

9:06

Difficult Phaco

Hosam M. Farag, MD.

Purpose: To show some difficult situations and how to deal with.

9:12

Two In One Phaco Section

Hosam M Farag, MD.

Purpose: To show a new phaco.section.

9:18

Phaco And Toric Sutures In Cases Of High Preoperative, Astigmatism And Keratoconus

Aasem Zahran, MD.

Purpose: This video shows 2 cases of cataract one had preoperative astigmatism (-6) and the second had keratoconus, keratome incision at the steep meridian and the side ports at the flat meridian, tight sutures at the flat meridian.

Methods: The video also shows how to refine the result postoperative on the slit lamp.

9:24

Managing Ametropic Surprise Within 2.2mm Incision

Ahmed Hassan Assaf, MD.

Purpose: To demonstrate a novel technique of explantation of IQ Acrysof lens from 2.2 mm incision.

Methods: The optic of the lens is divided into three pieces each is approximately 2 mm. This is done in the anterior chamber using Vannus scissor assisted by a counter action of spatula in the left hand.

Results: The lens could be explanted without enlargement of the incision and preserving its integrity. The posterior capsule was intact by the end of the procedure allowing implantation of another IQ lens in the bag within the same incision.

Conclusion: Lens explantation could be done efficiently through 2.2 mm incision without affecting the wound integrity.

9:30

Bimanual Phacoemulsification In Seculoso Pupillae

Ahmed Abdelkareem El Massry, MD.

Purpose: To evaluate the efficacy and safety of bimanual phacoemulsification in difficult cases and the value of iris hooks.

Methods: Bimanual phacoemulsification was done for a 54 years old lady with visual acuity preoperatively band motion and she had bilateral chronic uveitis.

Results: Visual acuity postoperatively reached 6/12 for few months and posterior capsular opacification occurred and yagged with visualacuity now reached 6/18.

Conclusion: Bimanual phacoemulsification is a tool for complicated cases like seculosopupillae and the use of iris hooks is a Rood tool for dihhieult non diatable.

9:36

Dancing, Captured And Prisoned IOLS

Khaled Fawzy, MD.

Purpose: Video presentation, shows the surgical management of 3 posterior chamber IOLS, 1 st is a mobile IOL that moves with eye movement, 2nd is a case of iris capture, 3rd is enveloped in a membrane and touching back of cornea.

9:42

Mistakes And Disasters During Phaco

Aasem Zahran, MD.

Purpose: This video shows some intraoperative mistakes which led to dropped nucleus, dropped nuclear particles and dislocated, IOL after successful implantation.

9:48

Phaco - Vitrectomy

Ahmed Abd El-Alim, Mohamed, MD.

This video shows a case of phaco-vitrectomy with the use of the bimanual technique and the twin light system. A very large fibrovascular membrane was found in this case, combined delamination and segmentation techniques were done in this case with endolaser photocoagulation and silicone oil injection

9:54

Posterior Dislocated IOL

Ahmed Abd El-Alim Mohamed, MD.

This video shows a case of posteriorly dislocated IOL in young child after blunt trauma resulting in, vitreous hemorrhage. Pars plana vitrectomy was done with two ports scleral fixation IOL. However, there were many IOL mares in this operation.

10:00

The Value Of Chandelier Illumination In Vitreous Base Dissection

Maged Mikhael Messeha, MD.

Purpose: To describe the value of Chandelier endoillumination in complete vitreous base removal in pars plana vitrectomy in both phakic and pseudophakic eyes as regard to its efficacy and safety.

Methods: After removal of anterior hyaloid and core vitrectomy, insertion of 25 G Chandelier endoillumination at 6 O'clock was done. Plugging of one sclerotomy site and scleral indentation 360° was done by the surgeon while removing the peripheral vitreous and vitreous base.

Results: Chandelier illumination in vitreoretinal surgery has many advantages as it allow 360° scleral depression by the surgeon, improve visualization and removal of peripheral vitreous and improve visualization and treatment of peripheral retinal breaks. Its only disadvantages that it need good light source.

Conclusion: The use of a Chandelier illumination during PPV enables the surgeon to perform a complete peripheral vitreous dissection and improve the identification and treatment of all retinal breaks.

10:06

Triamcinolone Acetonoid-Assisted Vitrectomy For Proliferative Diabetic Retinopathy

Adel Fathy; MD.

Purpose: To determine whether triamcinolone staining facilitates posterior hyaloid removal in patients undergoing vitrectomy for proliferative diabetic retinopathy.

Methods: A case presented by vitreous hemorrhage with PDR underwent using TAAC staining during the procedure.

Results: Intraoperative staining with TAAC consistently improved direct visualisation and delineation of the posterior hyaloid and facilitates its removal.

Conclusion: Intravitreal TAAC is an important adjuvant tool in delineation of posterior hyaloid allowing more complete and safer removal in the surgical management of PDR.

10:12

Modified Sutureless 19G Pars Plana Vitrectomy

Maged Mikhael Messeha, MD.

Purpose: To describe a modified technique for performing sutureless 19G sclerotomies for pars plana vitrectomy and to examine its efficacy and safety.

Methods: Self-sealing sclerotomies were created in 103 consecutive cases by double oblique penetration of the sclera in opposite direction to make a wedge in the sclera in cross section with a 19G MVR blade then close the conjunctiva by diathermy.

Results: In all cases the infusion cannula was stable all through the operation except in 4 cases in which the cannula was slipped intraoperative during sclera indentation in shaving the vitreous base and that cannulas were 4mm and reinsertion of the cannula was done in the same tunnel. There were some difficulties in insertion of the instruments through the sclerotomies in early cases but later on the direction of insertion was well known. At the end of vitrectomy almost all cases were water tight without suturing except few cases in which silicone oil was used required one suture at the end of operation. Two cases developed hyphema 1st postoperative day which was resolved after 1 week. A conjunctival bleb was observed in two cases in which silicone was injected, it was resolved in one case without intervention, and the other did not and required surgical evacuation.

Conclusion: Construction of sutureless sclerotomies by this technique is simpler and more rapid compared with previously described techniques. The resulting sclerotomies are more resistant to stretching and tearing of the tunnel's roof, they rarely need suturing

10:18

Microcoaxial Torsional Phacoemulsification

Gamal Nouby, MD.

A video presentation showing phacoemulsification through 2.2 mm incision using TORSIONAL phaco. All the steps were similar to conventional phaco except: 1. The sleeve. 2. The vacuum was less (400 instead of 450) IQ IOLS were used without enlarging the incision.

10:24

Management Of Facial Muscles Involuntary Contractions

Hayam Adel Gorgi, MD.

Facial muscles nervous ticks can vary from weak muscle twitches to strong contractions resulting in great inconvenience to the patient. How to manage? surgery or botox?

10:30

23-Gauge Sutureless Vitrectomy In Proliferative Diabetic Retinopathy Combined With Sutureless Phacoemulsification After Avastin Injection

Walid Abdelghaffar, MD; Essam Eldeen Shoheib, MD; Ahmed M Elbarky, MD.

Purpose: To evaluate the effectiveness and outcome of sutureless clear corneal phacoemulsification combined with 23-gauge sutureless vitrectomy for advanced proliferative diabetic retinopathy (PDR).

Methods: Prospective interventional case series operated by a single surgeon of 40 eyes. All interventions were done one week after intravitreal injection of Avastin (bevacithumab) 1.25 mg injection. Application of the 23-gauge infusion and trocars (DORC) was done followed by phacoemulsification through clear corneal 3 mm incision and injection of Alcon MA60 lens, then a chandelier twin light was applied and bimanual vitrectomy was done. C3F8 was injected at the conclusion of the procedure. Main outcome measures were preoperative and postoperative visual acuity, preoperative and postoperative presence of retinal detachment (RD), intraocular pressure (IOP), corneal topographic changes in the form of corneal elevations using Orbscan II, and duration of the surgical procedure.

Results: Mean Age was 69 years with 65% females, with a follow up period of 12 weeks. Preoperative visual acuity was hand movement in 37 patients and counting fingers 40-80 cm in 3 patients. Postoperative visual acuity at the end of the follow up period was 6/36 in 18 patients, 6/60 in 12 patients, 5/160 in 3 patients, 3/60 in 4 patients, and counting fingers 50-80 cm in 3 patients. All 40 patients had preoperative RD. Postoperatively only 2 patients had recurrent RD for which they were reoperated, again using 23-g. Postoperative IOP ranged from 9-17, 11-19, 10-19, and 12-19 mmHg at postoperative 1 day, 1 week, 4 weeks, and 12 weeks respectively. The mean preoperative anterior corneal elevation was 0.004 ± 0.001 mm, while the

mean preoperative posterior corneal elevation was 0.007 ± 0.001 mm. At 12 weeks anterior and posterior corneal elevations were 0.005 ± 0.001 mm and 0.010 ± 0.002 mm respectively. The duration of the surgical procedure ranged from 48-109 minutes.

Conclusion: Transconjunctival 23-gauge PDR vitrectomy combined with sutureless phacoemulsification is an effective alternative for the diabetic vitrectomy with almost no corneal topographic changes.

Combined phacoemulsification, Aniridia lens, and viscocanalostomy trabeculectomy for management of post-traumatic post-PKP Intumescent

10:36

Cataract, Fibrotic Iris Stump, Zonular Dialysis, And Secondary Glaucoma

Tarek M. Eld, MD.

An 18-years male had penetrating keratoplasty 6 months ago for post-traumatic: corneal scar. Patient presented with clear graft, intumescent cataract, secondary glaucoma, inferior fibrotic iris stump adherent to lens capsule, and deficient zonules superiorly. Superior viscocanalostomy trabeculectomy was combined with temporal clear cornea phacoemulsification. The fibrotic iris stump was dissected from the lens and partially excised. A peccapsular fibrous membrane was peeled from the anterior capsule followed by (aphakorrhexis). The lens matter was aspirated by manual I/A. A sclerally fixated Aniridia lens (+18D) was inserted in the ciliary sulcus and sutured with 10/0 Prolene. Postoperative course was uneventful with clear graft, low IOP, quiet, deep anterior chamber, and stable, well-centered lens, better cosmetic appearance, and unaided visual acuity of 20/100 one month after the surgery.

10:42

Parinaud's Dorsal Midbrain Syndrome

Moataz A. Attia, MD.

Reporting a rare case of this syndrome. The presentation including 4 video recordings of the main associated extra ocular motility disorders. The videos are showing upgaze palsy with eyelid retraction, doll's head maneuver, convergence retraction nystagmus and light-near

dissociation. This is in addition to a brief summary of the patient management. The whole presentation does not exceed 6 min including videos, The case is recorded on a CD.



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