Recent trends in management of complications of cataract surgery

Essay submitted for partial fulfilment of the master degree in ophthalmology

presented by

Enas Afifiy Adeb Barsoom M.B.B.C.H

Supervized by

Prof. Dr. Osama abd-Elmoneam Abd-Elaziz Raslaan Professor of ophthalmology Faculty of Medicine – Ain Shams University

Lecturer Dr. Hazem Mohamed Omar Mohamed Rashed Lecturer of Ophthalmology Faculty of Medicine – Ain Shams University

Faculty of Medicine
Ain Shams University
2010

الإنجاهات الحديثة في علاج مضاعفات جراحة (الكتاركتا)

توطئة للحصول على درجة الماجستير في طب وجراحة العيون

مقدمة من الطبيبة/ إيناس عفيفى أديب برسوم بكالوريوس الطب والجراحة جامعة عين شمس

تحت إشراف الاكتور/ أسامة عبد المنعم عبد العزيز رسلان أستاذ طب وجراحة العيون جامعة عين شمس

الدكتور/ حازم محمد عمر محمد راشد مدرس طب وجراحة العيون جامعة عين شمس

كلية الطب والجراحة جامعة عين شمس 2010

ACKNOWLEDGEMENTS

First of all I thank my God for his gift to all of us.

I wish to thank my family especially my mother and my husband for the great support, love and care they always provide.

I also would to express my deepest gratitude to Prof. Dr. Osama Abd-Elmoneam Abd-Elaziz Raslaan, Professor of Ophthalmology, Faculty of Medicine, Ain Shams University, who supervise my work with much concern, great support and tremendous help to bring this work as it is.

I wish also like to express my deepest gratefulness to lecturer Dr. Hazem Mohamed Omar Mohamed Rashed, lecturer of Ophthalmology, Fauclty of Medicine, Ain Shams University, as honored me with his patient and constant help and support.

TABLE OF CONTENTS

Front Matter	
Acknowledgments	iii
List of abbreviations	iv
List of figures	ix
List of tables	xiv
Chapter 1: Intraoperative complications 1.1 Wound construction complications.	1
1.2 Capsularrhexis complications.	11
1.3 Iris complications.	24
1.4 Capsular block syndrome	32
1.5 Descemet's membrane detachment	36
1.6 Lens – iris diaphragm retropulsion syndrome	45
1.7 Corneal wound burn	48
1.8 Intraoperative complications of Intraocular lens implantation	56
Chapter 2: Postoperative complications	
2.1 Endophthalmitis i	69

2.2 Toxic anterior segment syndrome	84	
2.3 Corneal edema	93	
2.4 Elevation of Intraocular pressure	96	
2.5 Cytoid macular edema	102	
2.6 Pseudophakic Retinal Detachment	107	
2.7 Posterior capsule opacification	109	
2.8 Anterior capsular contraction syndrome	120	
Chapter 3: Miscellaneous complications		
3.1 Corneal Astigmatism	124	
3.2 Complications of multifocal IOL	130	
3.3 Complications of accommodative IOL	138	
Summary	143	
References	148	

LIST OF ABBREVIATIONS

AC Anterior chamber

ACCS Anterior capsule contraction syndrome

ASCRS American Society of cataract and refractive surgery
As-OCT Anterior segment – Optical coherence tomography

BPH Benign prostatic hyperplasia

C₃F₈ Perfluoropropane (gas)
CBS Capsular block syndrome

CCC Continuous-tear curvilinear capsulorrhexis

CCIs Clear corneal incisions

CICS Corneal incision cataract surgery

CME Cystoid macular edema

CNS Coagulase – negative staphylococcus

CXL Collagen Cross – Linking

DMD Descemet's membrane detachment

DSEK Descemet – stripping endothelial keratoplasty

ECCE Extracapsular cataract extraction

EGF Endothelial growth factor

ESCRS European society of cataract and Refractive surgery

EVS Endophthalmitis vitrectomy study

FGF Hepatocyte growth factor

FU Fluorouracil GV Gentian violet

HGF Fibroblast growth factor
HLE Human lens epithelial line

I/A Irrigation / Aspiration

ICCE Intracapsular cataract extraction

IFIS Intraoperative Floppy Iris syndrome

IL Interleukin

IOL Intraocular lens

IOP Intraocular pressure LEC Lend epithelial cell

LIDRS Lens – iris diaphragm retropulsion syndrome

MICS Microincision cataract surgery

MMP Matrix metalloprotinases

MRSA Methicillin resistant staph. aureus.

Nd: YAG Neodymium: Yttrium – aluminium – garnet

NSAIDs Nonsteroidal Anti-inflammatory drugs

OCT Optical coherence tomography
OVD Ophthalmic viscosurgical devices

PC Posterior chamber
PCCC Posterior CCC

PCO Posterior capsule opacification PCR Posterior capsular rupture

PE Phacoemulsification

PMMA Poly methyl methacrylate

POAG Primary open angle glaucoma

POD1 Postoperative day 1.

PRD Pseudophakic retintal detachment

PX for PEX Pseudoexfoliation RD Retinal detachment

RTA Retinal Thickness Analyzer

SAIDs Steroidal anti-inflammatory drugs

SF Scleral – Fixated

SF₆ Sulfur hexa fluoride (gas)

SFKS Src family kinases

SIA Surgical induced Astigmatism SICS Small incision cataract surgery

SMA Smooth muscle actin

SPARC Secreted protein acidic and rich in cystine

TASS Toxic anterior segment syndrome

TECDS Toxic endothelial cell destruction syndrome

TGFB Transforming growth factor beta

UVA Ultraviolet-A

LIST OF FIGURES

Chapter 1: Intraoperative complications

1.1	Clear corneal incision	2
1.2	Near-clear corneal incision	3
1.3	Sclerocorneal incision	3
1.4	Sliding flab technique	8
1.5	Anterior segment OCT image of a CCI	10
1.6	Angle between the incision's tunnel and the corneal	
	tangent at the access site	10
1.7	Example of posterior wound retraction	11
1.8	Insertion of the flexible poly (methyl	
	methacrylate) ring into the AC	13
1.9	Tearing the anterior capsule along the ring	14
	caliper	
1.10	Matlab computer program to verify centration	14
	of the capsulorhexis relative to the pupil edge	
1.11	Diagrammatic representation of capsulorhexis	15
	marker	16
1.12	Capsulorhexis mark on the anterior capsule	
1.13	The diameter of the CCC was measured with	18

	calipers before creation of the tear	
1.14	The tear of the anterior CCC was created by a	19
	slow opening of the calliper's external arms	19
1.15	Suturing the tear	19
1.16	Tearing the sutured CCC	20
1.17	Quick – pull technique	
1.18	Posterior view of a Morcher ring implanted in	23
	a cadver eye	
1.19	An iris of a tamsulosin patient undergoing	25
	cataract surgery	
1.20	Dilator atonicity in IFIS leads to floppiness and	27
	billowing	
1.21	Two iris retractors can be used to straddle the	30
	main incision	32
1.22	Malyugin ring	
1.23	Normal intra capsular gas bubble patten	33
	following laser lens fragmentation and	
	capsulotomy	34
1.24	Residual gas bubble within the dislocated	
	crystalline lens	39
1.25	Massive corneal edema and descemet's folds	
	after phacoemulsification	39

1.26	Slit-beam view of Descemet's membrane	41
	detachment	
1.27	Corneal scarring S/P gas / fluid exchange	44
1.28	Slitlamp photograph of patients shows diffuse	47
	corneal edema after air descemetopexy	47
1.29	Iris retractor	48
1.30	Iris retractor and phacoemulsification	
1.31	Schematic view of the phacoemulsification	50
	probe	
1.32	Slit lamp appearance of the cornea with a	52
	superior corneal scar	
1.33	Phacoemulsification tip and irrigation sleeve	60
	modifications	
1.34	Progressive postoperative papillary ovalization	66
	with a (PMMA) – AC IOL	
1.35	Cross – section view of eye showing IOL in the	
	bag with anterior optic capture	72
Chap	ter 2: Postoperative complications	
2.1	Hypopyon, conjunctival injection with	73
	endophthalmitis	
2.2	Periphlebitis and vitritis associated with	78
	endonhthalmitis	83

2.3	Methicillin – resistant infected temporal clear	
	corneal cataract wound	85
2.4	Preparation of intravitreal antibiotic agents	
2.5	Diagram illustrating how cases of TASS usually	86
	affect only the anterior segment of the eye	87
2.6	Slit lamp photographs showing some	88
	characteristic clinical findings of TASS	
2.7	Slit lamp photo of a case of bacterial	91
	endophthalmitis	93
2.8	Known causes of TASS	99
2.9	Toxic anterior segment syndrome secondary	
	to intraocular penetration of ophthalmic	
	ointment	101
2.10	Significant pseudophakic bullous keratopathy	105
2.11	Intraocular pressure in normal, exfoliation	109
	syndrome	111
2.12	Group comparison of the mean IOP change	116
	preoperative from 4 to 6 hours and 18 to 24	
	hours postoperatively	117
2.13	Angiogram for assessment of CME severity	
2.14	Schematic figure for PCO	
2.15	A schematic overview of the biological basis of	118

	PCO	123
2.16	The perfect capsule system	
2.17	Modified dark-field images of four capsular	
	bag quarters	127
2.18	Low-power epifluorescence micrographs	
	showing actin, vimentin and chromatin	129
	distribution within human LECs	131
2.19	Capsular peeling	132
Chap	hapter 3: Miscellaneous complications	
3.1	Changes in the corneal shape in 3.0 mm CICS	136
	and 3.0 mm SICS	139
3.2	Changes in the corneal shape in 2.0 mm CICS	140
	and 2.0 mm SICS	141
3.3	Significant pseudophakic bullous keratopathy	
3.4	Foldable acrylic posterior chamber IOL	
3.5	Explanted plate – type silicone IOL	
3.6	Explanted three – piece silicone PC-IOL	
3.7	The crystalens AT50SE design	
3.8	Diagram of the crystalens IOL in the relaxed	
	position	
3.9	Diagrammatic representation of the Z-	
	syndrome	



LIST OF TABLES

Table 1.1	Classifications of DMD	38
Table 1.2	Operative ocular complications of IOL implantation	57
Table 1.3	Operative IOL complications	57
Table 1.4	Complications of IOL injectors	58
Table 1.5	Complications of glued IOL	67
Table 2.1	Causes of corneal edema after cataract surgery	95
Table 2.2	Specific factors associated with the incidence of CME	103

Intraoperative Complications

1-1 Wound Construction complications

Cataract incisions fall into two categories: sclerocorneal incisions (Fig. 1.3), including tangential and frown; and clear corneal incisions (Fig. 1.1), including near-clear incisions (Fig.1.2). The incisions problems are similar in both sclerocorneal and clear corneal incisions.