Safety of Decreased OVD Volume Using a Balanced Salt Solution Bubble During IOL Insertion

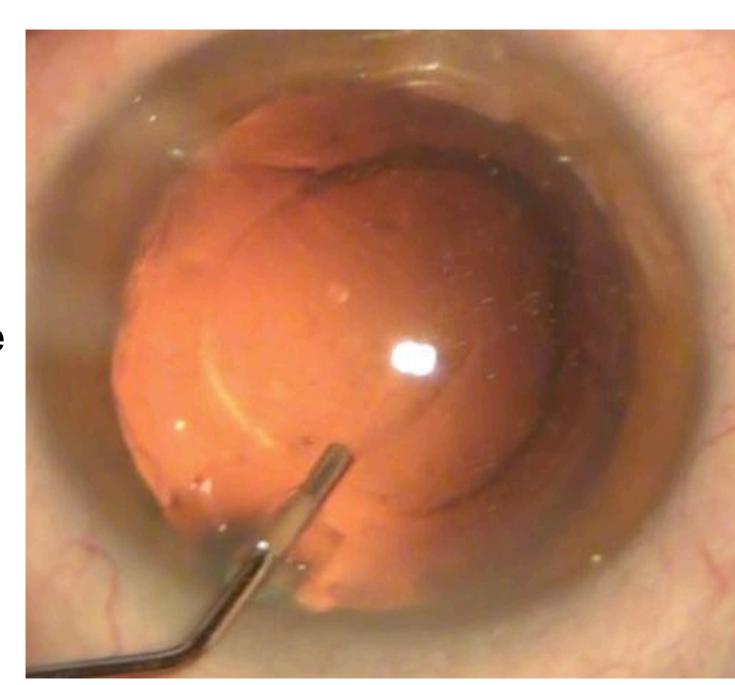
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No financial interest

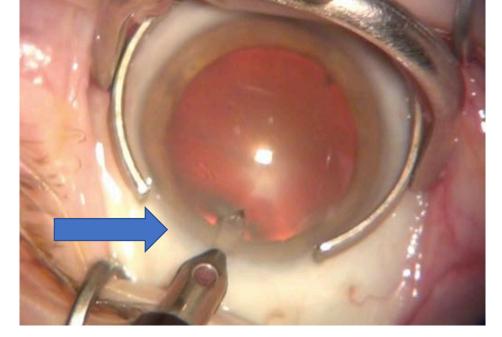
Purpose

 To assess and compare the safety and efficacy of a simple technique which decreases the use of viscoelastic during routine and complex cataract surgery.



Methods

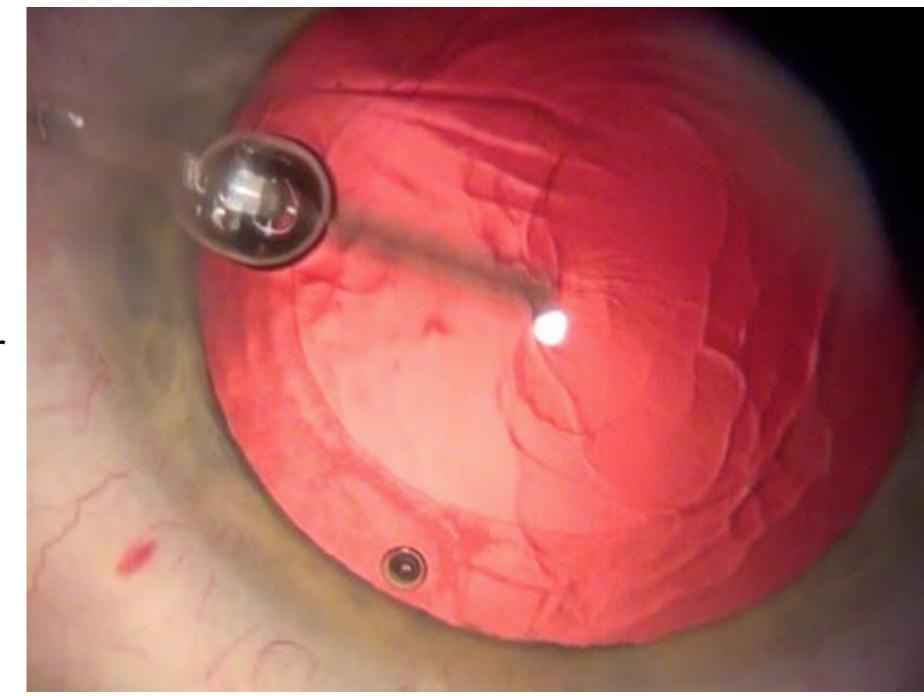
- Sequential cataract surgeries were studied over a pre-determined period.
- No modifications in technique were made during the study.
- A commercial viscoelastic containing Chondroitin and Hyaluronate, in 0.5 ml vials, was used.



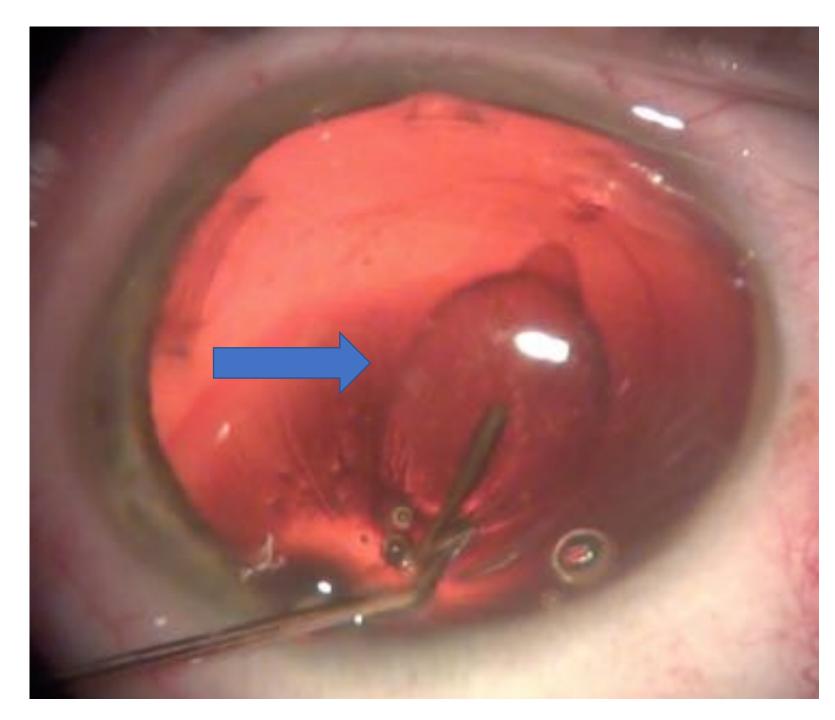
Both superior and inferior sideport incisions were made



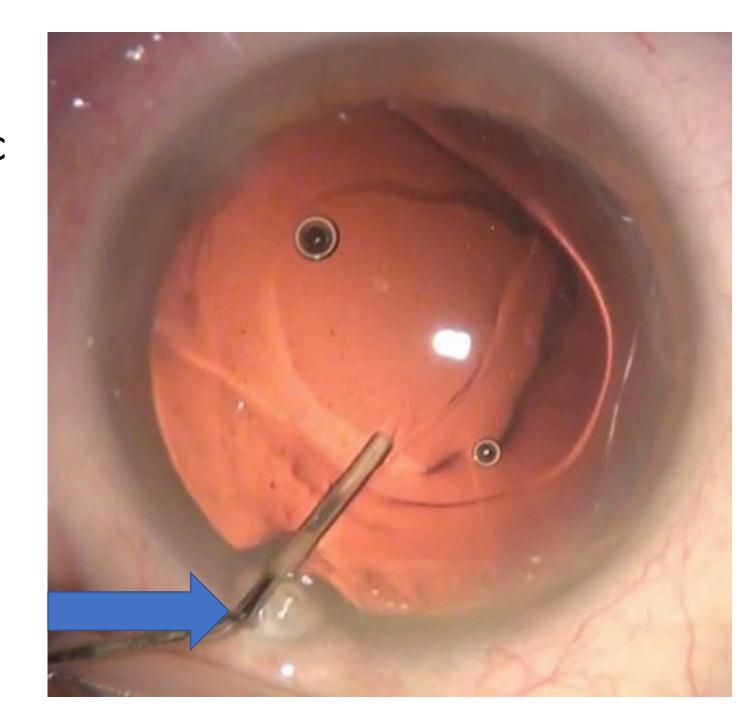
 After removing the cataract, viscoelastic was placed into the anterior chamber through the main incision.



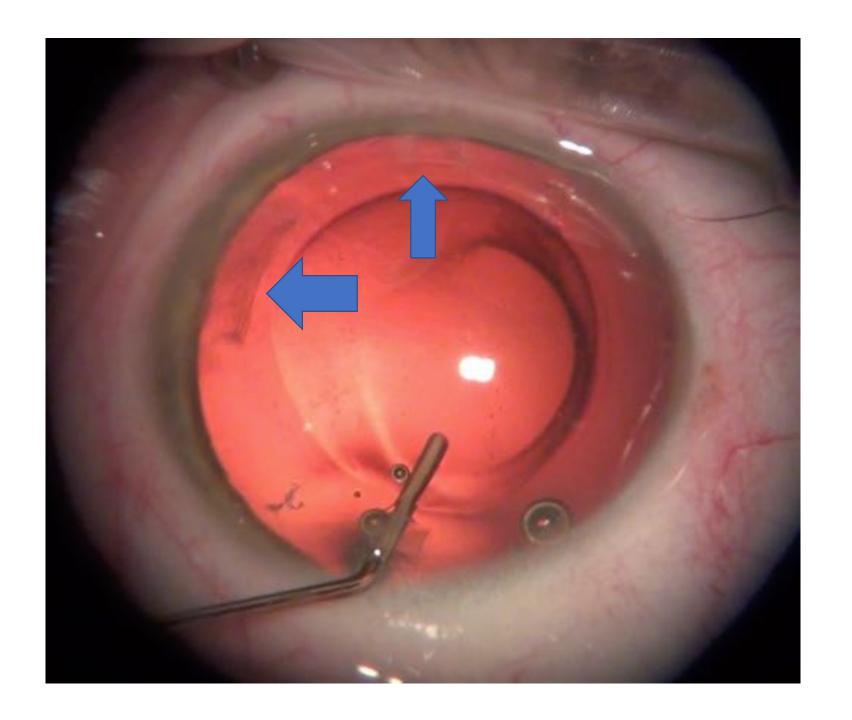
 Using the secondary side-port incision, **Balanced Salt** Solution (BSS) was slowly inserted into the capsular bag, thus creating a BSS "Bubble" in the central capsular bag.



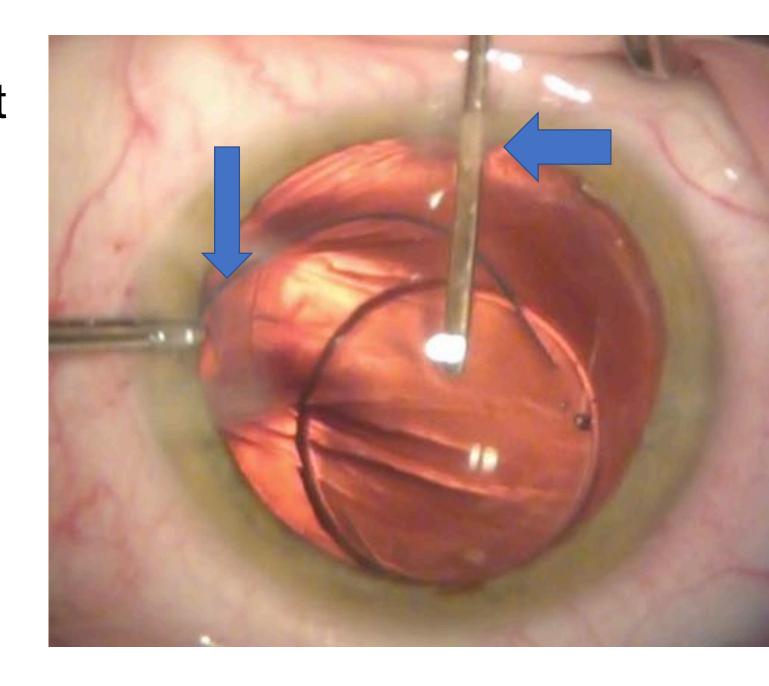
- The BSS and viscoelastic may track along the cannula towards the secondary incision
- Note the viscoelastic at the secondary side-port incision



This "Bubble"
 pushes the
 Viscoelastic
 toward the main
 incision and
 primary side port
 incision



 The viscoelastic that is pushed up to the main and primary side-port incisions allows for good control of the chamber during insertion of the intraocular lens.



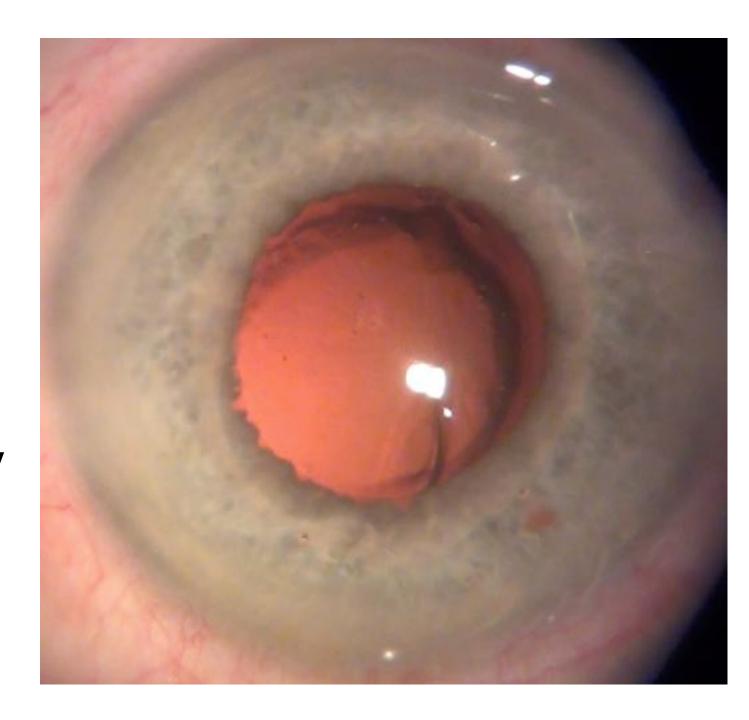
Results

- A total of 95 eyes were included in the study.
 - Only one vial of viscoelastic was used in 67 cases (70.5 %).
 - For all **16 cases** (16.8 %) in which a **toric** or multifocal lens was inserted, a second vial was used routinely to optimize placement.
- A second vial was also used in a further 12 cases (12.6 %).

- Excluding toric and multifocal lens, indications for using a second vial were
 - 9 men with small pupils and/or floppy iris syndrome.
 - intraoperative aqueous misdirection,
 - anatomically shallow anterior chamber with a small pupil
 - repositioning of a lens loop

Results

 There were no cases of posterior capsule rupture or significant postoperative complications in any subgroup.



Conclusion

 A simple surgical technique using a "Bubble" of Balanced Salt Solution during the insertion of an intraocular lens is associated with a safe and controlled decrease in viscoelastic use during both routine and complex cataract surgery.