

Subspecialty – Cataract



Dr John Chang (Hong Kong)

- **Chair – IOL advances**

Dr Chang is Director, Guy Hugh Chan Refractive Surgery Centre, Hong Kong, and Specialist in Ophthalmology. He will Chair a session at APAO Sydney outlining the advances in the field of intraocular lenses.

“It is exciting times for cataract surgery. There are many lenses to improve accuracy of visual quality, astigmatism and also correct presbyopia.

Premium intraocular lenses (IOLs) are now well known among patients and they expect the surgeons to be able to implant these lenses for them.”

“In this session, expert surgeons will share their knowledge on the technique of implantation and performance of the latest IOLs. The types of IOLs which will be discussed include new accommodating IOLs (Synchrony dual-optic IOL, Crystalens AO, NuLens), multifocal IOLs (ReSTOR multifocal toric IOL, Lentis Mplus multifocal IOL), toric IOLs, and Light Adjustable IOL.”

“By understanding the way these IOLs work and how well they work, ophthalmologists can increase their armamentarium and broaden the range of the service to their patients.”



Prof Geoffrey Tabin (USA)

- **In the age of phaco – why SICS?**

Prof Tabin is Professor Ophthalmology and Visual Sciences, University of Utah School of Medicine. His lecture at APAO will explore how small-incision extra-capsular cataract surgery (SICS) is still a valuable technique despite the popularity of phacoemulsification.

“SICS is the way cataract surgery is done in much of Nepal, India, and Africa. It’s ideal for these places because it’s a non-machine-dependent way of doing cataract surgery and you get almost the same result as phaco but in a fraction of the time and at a fraction of the cost.”

“According to the World Health Organisation there are 18 million people worldwide (predominantly in developing countries) who are functionally blind because of completely treatable cataract, and 80 million people have vision impairment due to cataract. Some of the best minds in the world are looking at how we can improve cataract surgery without machines, and how this surgery can be available for some of the poorest people on the planet.”

“That’s the reason why, in this era of phaco, it’s good for ophthalmologists to learn to do SICS. At APAO I will also talk about situations where SICS is actually a better technique than phaco in the Australian or American patient.”



Dr Abhay Vasavada (India)

- **Phaco in an eye with posterior polar cataract, and phaco in an eye with posterior capsule rupture**
- **Management of the subluxated lens**
- **In-the-bag secondary IOL implantation**

Dr Vasavada is from the Iladevi Cataract & IOL Research Centre, Raghudeep Eye Clinic, Ahmedabad, India. He will cover a number of topics in his APAO lecture and will also run a course.

“People with posterior polar cataract have been noted to have a high propensity for rupture of the posterior capsule when these cataracts are emulsified. The incidence of rupture varies from around 10 per cent to 35 per cent. However, the first key to reducing rupture is to adhere to the principles of closed chamber technique. The second is to reduce the turbulence in the eye and that is done very effectively by using the low parameters of the phaco machine and low bottle height. The third principle involves a technique we have devised called ‘inside-out hydro-delineation’. In the lecture I will explain how this ‘inside-out’ technique produces a very precise delineation and also reduces the possibility of inadvertent sub-capsular hydro dissection.”

Another topic to be discussed is the management of the subluxated lens. Dr Vasavada will explain his ‘Soft shell’ technique in regards to safely removing the subluxated lens without further weakening zonular support, and then mastering the challenge of IOL fixation.

“Some ophthalmologists don’t see these cases very often and because they’re so difficult to manage they shy away from it. My talk will show how it’s very much within the realm of the surgeon as long as they keep a number of techniques in mind.” a prolonged time and in the wrong situation, you may actually be creating a neurotrophic condition which could cause the eye to actually do worse instead of better.”

Note: All effort has been made to check facts with each presenter. The writer accepts responsibility for any inadvertent errors in transcript.