

Intravitreal injections (IVI)

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ABSTRACT

Progressive expansion of clinical applications of IVI in our clinical practice has resulted in a huge revolution in the way we manage retinal diseases. We cannot deny that frequency of IVIs has reached an exponential growth over the last few years. Updated practical guidelines for IVI procedures based on latest evidence have been published, in order to reduce possible risks and complications. It is imperative that certain minimum standards are adhered to however there are considerable variations in techniques as well as controversies associated with post-IVI management. This lecture will address some of the complications and controversies of IVIs.

Dropped nucleus - Posterior approach

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ABSTRACT

Who can deny that sinking feeling when a nuclear fragment drops from view during cataract surgery? Dropped nucleus is defined as the loss of all or part of the lens as it migrates from the anterior segment to the posterior segment. This well-known complication of cataract surgery occurs roughly at a rate of 2 or 3 per 1000 phacoemulsification cases. The rate can be higher when surgeons are training. All is not lost as the dropped nucleus can be removed from the posterior segment with a pars planar vitrectomy (PPV) combined with fragmentation when nuclear material is dense. Removal is necessary to prevent complications of glaucoma, prolonged intraocular inflammation and retinal detachment. Anterior segment surgeons are able to assist through early referral and prompt administration of anti-inflammatory, antibiotic and anti-glaucoma medications. Complete removal of dropped nucleus or nuclear fragments by vitreoretinal surgeons requires a good view which is facilitated by delayed insertion of intraocular lens to the time of vitrectomy or subsequently and by reducing trauma to the cornea during the initial surgery. Posterior surgery is facilitated by wide-field viewing systems and care paid to even small lens remnants that may be near the ora serrata as these can induce prolonged inflammation. Controversies surrounding the posterior procedure such as timing and indications for surgery, usage of adjuvants and IOL placement still exist.