

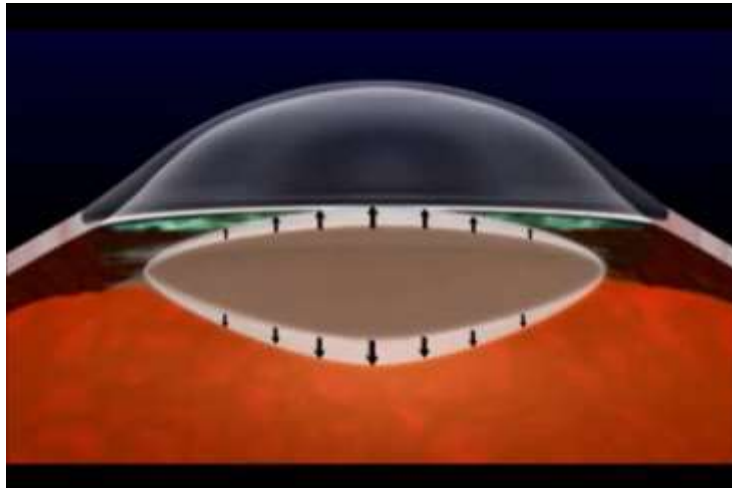
SWOLLEN LENS CHALLENGE

By

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Preoperative IV mannitol

Heavy Healon

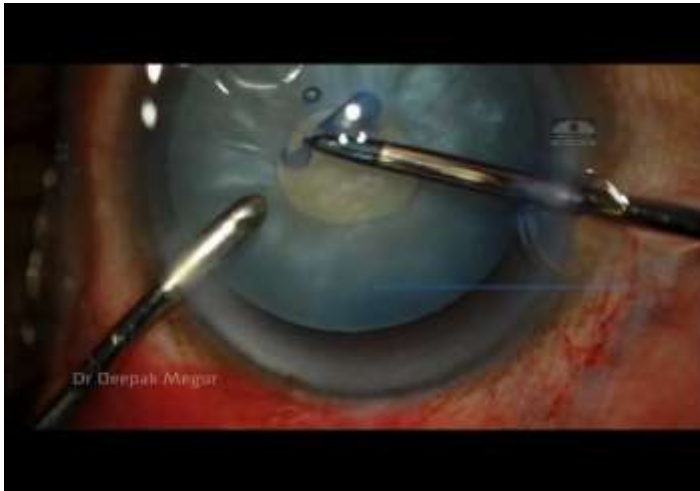


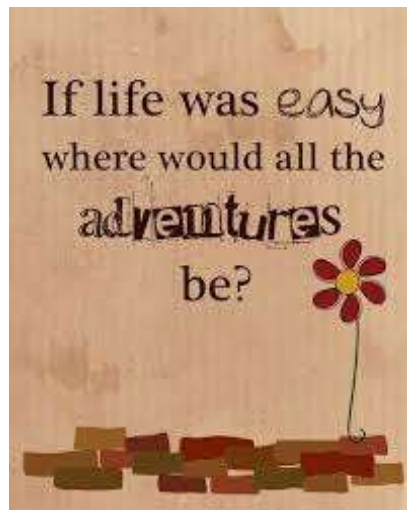
TECHNIQUE

Brazilian technique for prevention of the Argentinean flag sign in white cataract

Carlos G. Figueiredo, MD, Júlia Figueiredo, MD, Gabriel B. Figueiredo, MS



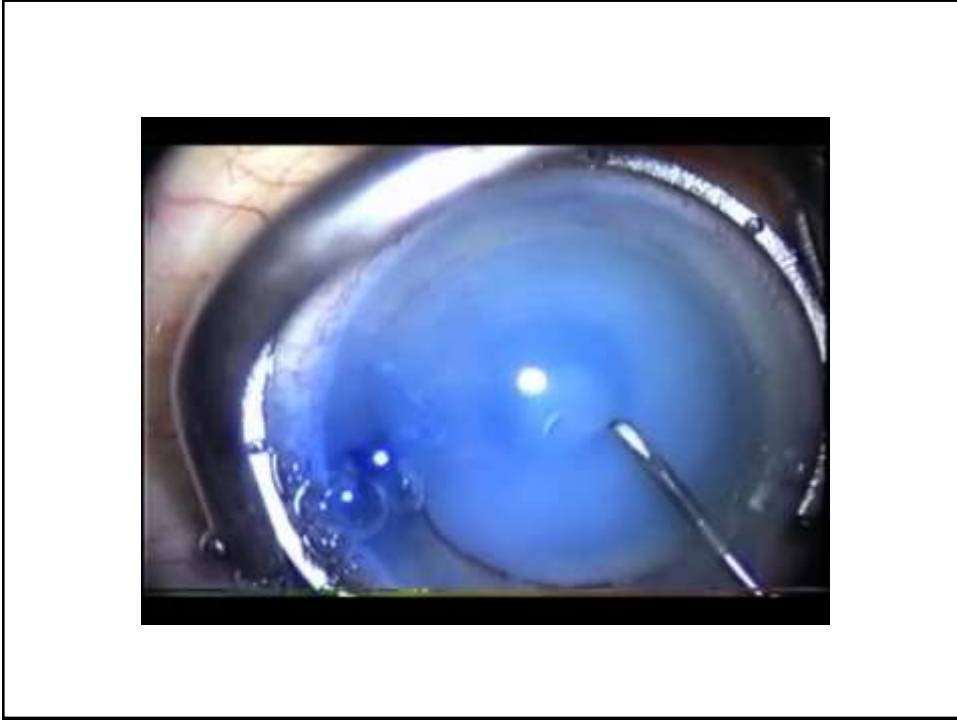


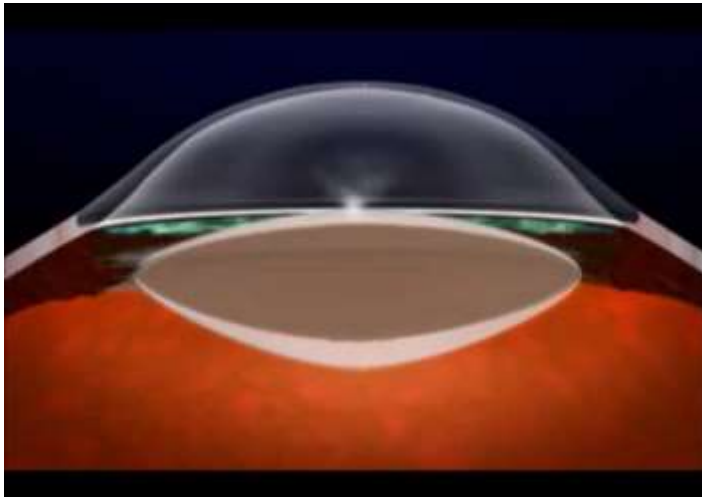
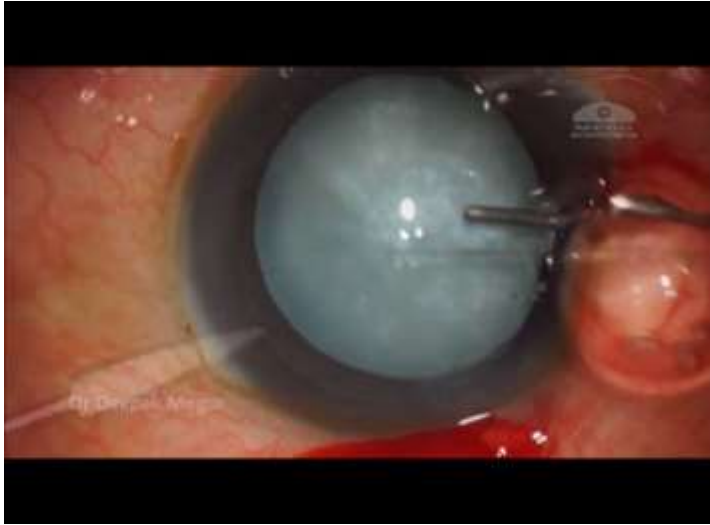


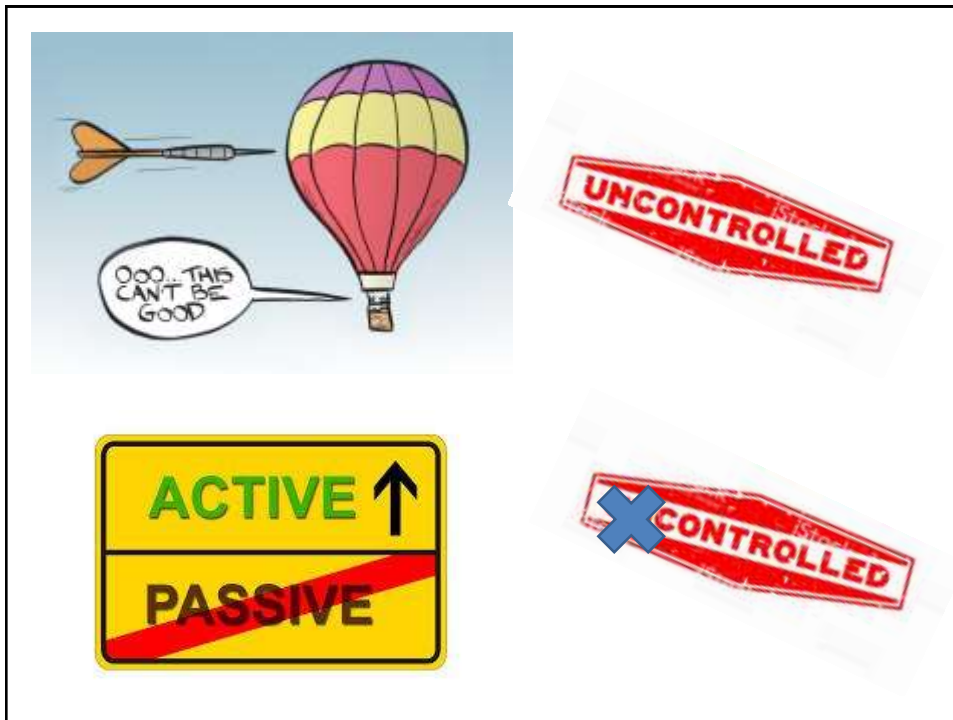
REFERENCE

1. Figueiredo CG, Figueiredo J, Figueiredo GB. Brazilian technique for prevention of the Argentinean flag sign in white cataract. *J Cataract Refract Surg* 2012; 38:1531–1536

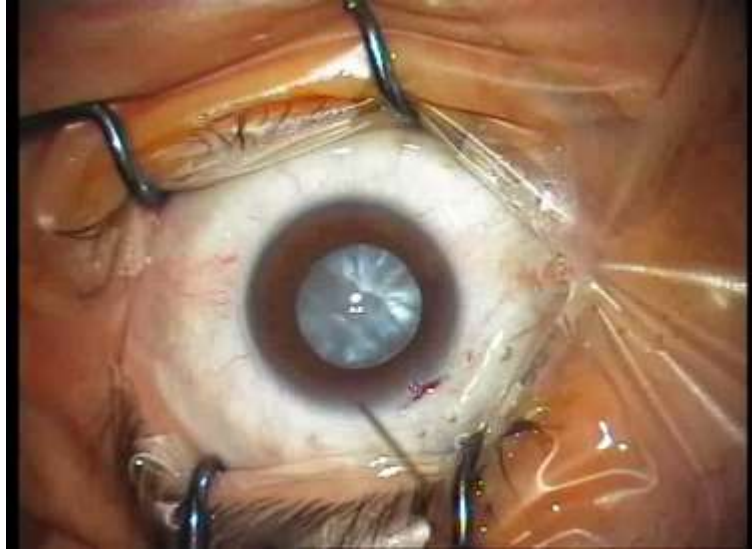
■ Figueiredo et al. describe their technique to prevent the dreaded Argentinean flag phenomenon in white cataracts. The problem that often occurs is that within a few seconds of the stained anterior capsule being punctured, the high intralenticular pressure expands the initial capsule incision in an uncontrolled way with the development of the Argentinean flag sign. Instead of allowing the higher intralenticular pressure to passively equilibrate with the pressure in the anterior chamber, the pressure within the lens should be actively reduced. We have found the following technique useful in achieving this.







lenticular pressure. The 25-gauge needle is then introduced into the anterior chamber through the main incision, parallel to the incision and with the bevel down, facing the anterior capsule. The needle is inserted into the lens near the central dimpling. As soon as the entire opening of the needle has entered the lens, liquid cortex is aspirated by pulling back on the syringe plunger. This immediately reduces the pressure within the lens, reducing the risk for the Argentinean flag phenomenon. The bevel of the needle must face



Original Article

Lens decompression technique for prevention of intraoperative complications during phacoemulsification of intumescent cataract

Karim M Mahmoud Nabil

Purpose: To evaluate intraoperative complications during phacoemulsification of intumescent cataract using lens decompression technique. **Methods:** Participants with intumescent cataract scheduled for phacoemulsification were recruited and divided into two groups. In both groups, after the anterior capsule was stained with trypan blue, the anterior chamber was filled peripherally with a dispersive ophthalmic viscosurgical device (OVD) followed centrally by a higher viscosity cohesive OVD (Healon GV). In Group 2, a 25-gauge needle was then inserted into the lens center and liquid cortex aspirated by pulling back on the syringe plunger. The outcomes measured were the incidence of capsular radial tears and the incidence of conversion to extracapsular cataract extraction (ECCE). **Results:** In Group 1 (20 eyes), capsular radial tears occurred in four eyes, and in two eyes, the procedure had to be converted to ECCE. In Group 2 (20 eyes), no capsular radial tears or conversion to ECCE was reported. **Conclusion:** Lens decompression technique reduced the risk of capsular radial tears and conversion to ECCE during phacoemulsification of intumescent cataract.

Key words: Intumescent cataract, lens decompression, liquefied cortex, phacoemulsification, radial capsular tear

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