FLACS, WHY AM I RELUCTANT?

KHALED MANSOUR
PROFESSOR OF OPHTHALMOLOGY
CAIRO UNIVERSITY

RIO, FEBRUARY 2017

FLACS, thoughts of a cataract surgeon

Early IOL surgeons were accused of putting

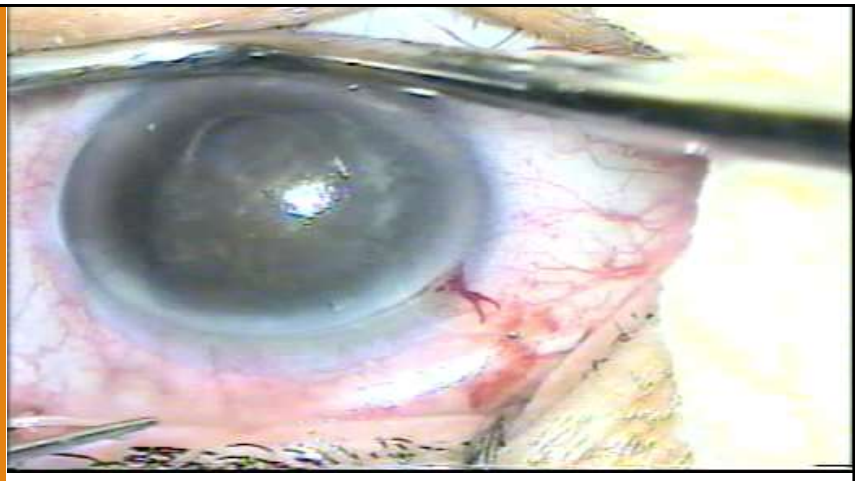
"a time bomb in the eye"

We have all changed

Inracap

Extracap

Phaco



Why am I reluctant this time?

I am biased

I already have a running system that is being continually fine tuned and improved.

Literature: Comparison

As safe as conventional cataract surgery on the short term

Better capsulotomy architecture

Lower EPT

OR efficiency?

Cost effectiveness?

Long term outcomes?

(Abell et al, 2013)

Literature

Surgical outcomes and safety improve with surgical experience (the first 200 eyes compared to the following 1300 eyes).

(Roberts et al, 2013)

Literature

Phacovitrectomy? (Bali et al, 2012)

Prostaglandin levels in the aqueous rise significantly immediately after femtosecond laser treatment
(Schultz et al, 2013)

FLACS

Unfamiliar setup

Two machines, two rooms

All cases are made longer

The “difficult” case isn’t made easier

What does it offer?

Incisions

Rhexis

Softening the nucleus

A complicated solution to a non-existent problem

What does it offer

Astigmatism?

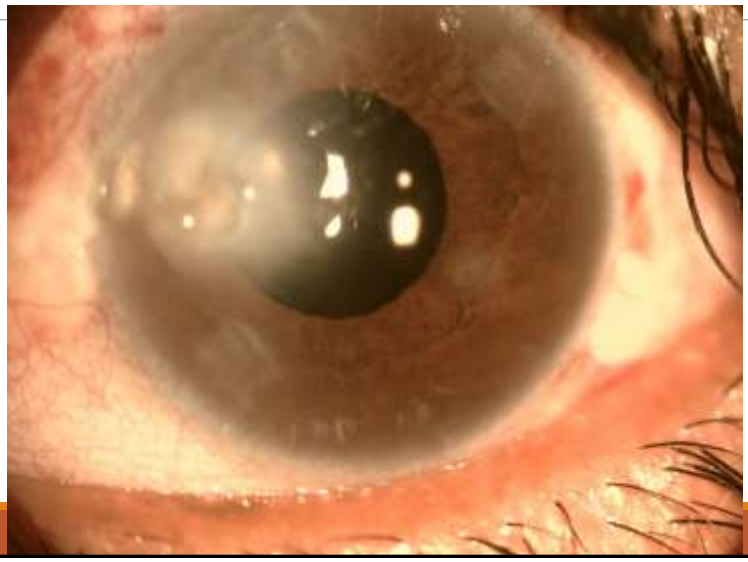
I have a “philosophy” that is working reasonably well, with toric IOLs in 20%

FLACS doesn't make a difficult case easier

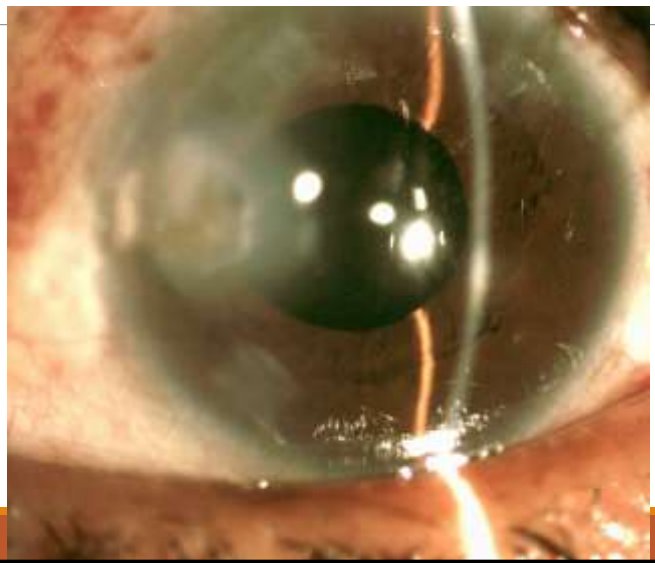
- Corneal opacities
- Small pupil, synechiae
- Shallow AC
- Dangerous intumescence
- Subluxation
- Old age

Corneal opacities, high hyperopia

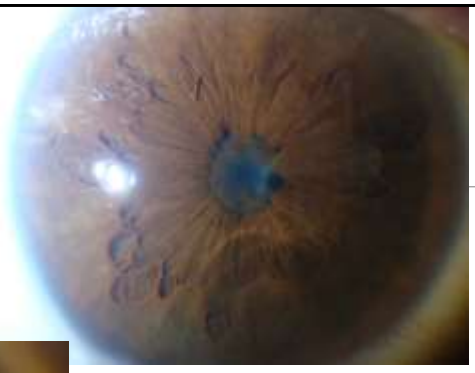
Day 5 post-phaco



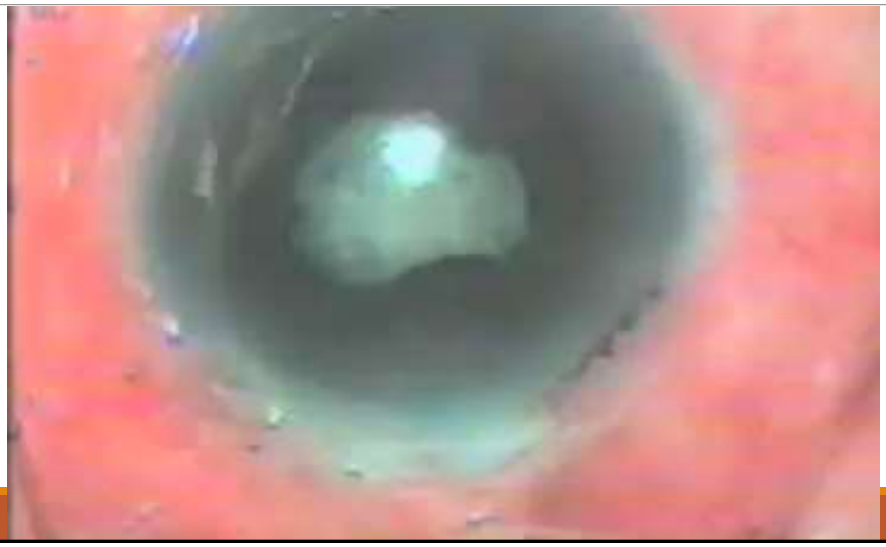
Day 5 post-phaco



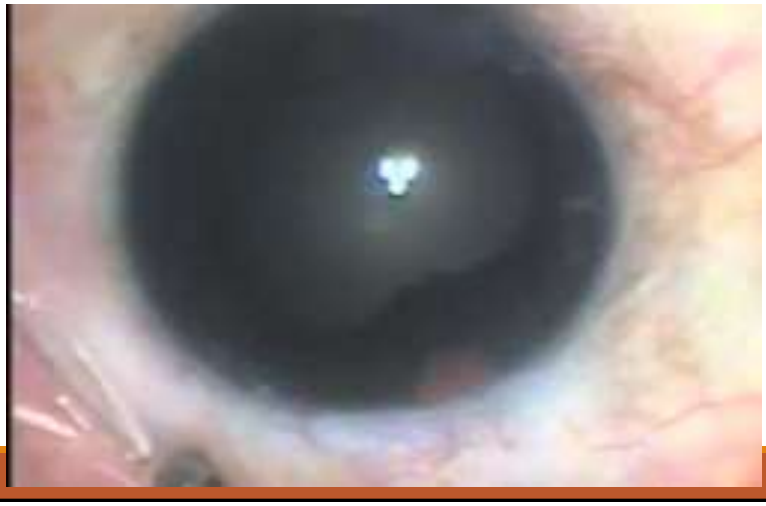
Small pupil, synechias



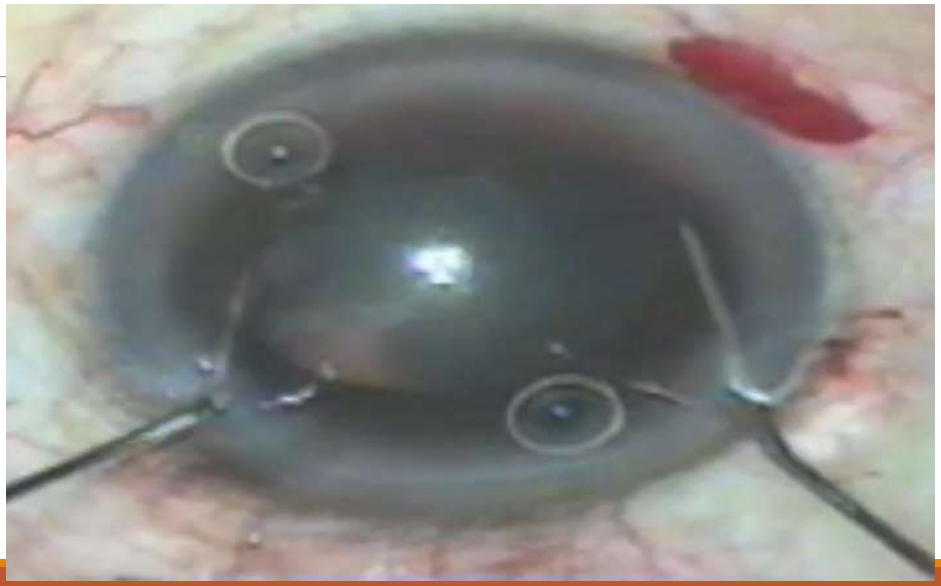
Small pupil, synechias



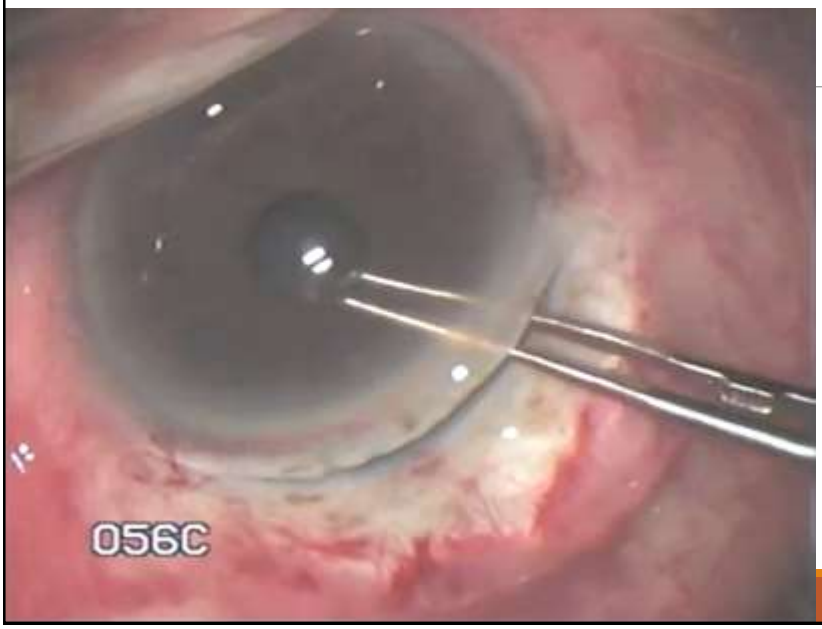
Trabeculectomy,……
Synechias……
Adding a simple step is a lot of fuss



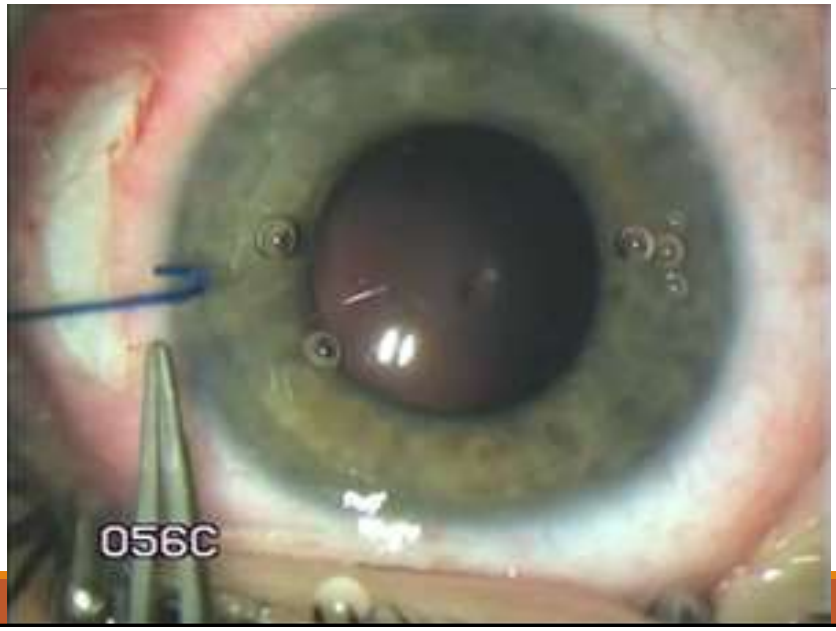
"The making of a cataract surgeon"



"The making of a cataract surgeon"



Subluxated lens



FLACS

Not a substitute to proper training

The Teacher's concern

If you market a technology as a replacement to proper training…!!!!!!!!

OK .....if the technology stands by you till the end…..

we all use calculators

The making of a cataract surgeon

PATIENCE & PERSEVERANCE

To my residents

Experience from "simple" cases will build the skills needed in the "complex" cases

Against common opinion

The rhexis is NOT the most difficult part of a “difficult” phaco

To my residents

Femto

will do the rhexis for you,
take you to the next phase of a difficult case,

and leave you there.

Cost priorities

Best IOL
and
best OVD

before Femto

Everything said

If I am still practicing when this technology is mature enough,

I will probably change my mind.

Thank you