

Phacomulsification in Diabetic Patients

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Eye and diabetes

- Diabetic keratopathy
- Glaucoma
- **Cataract**
- **DR & DME**
- Optic neuropathy



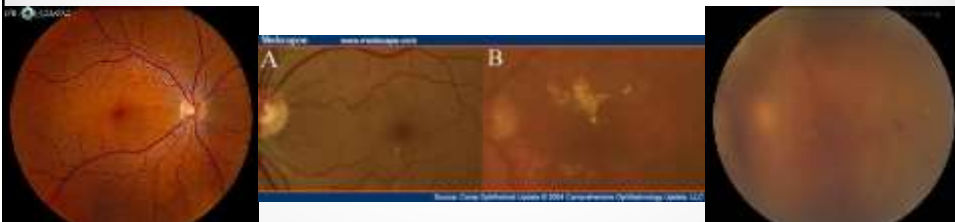
Pre-operative considerations

- Well informed
- Blood sugar control
- Careful attention to adnexa and OSD
- Poor dilatation
- Rubeosis iridis
- Current or recent uveitis
- Fundus examination
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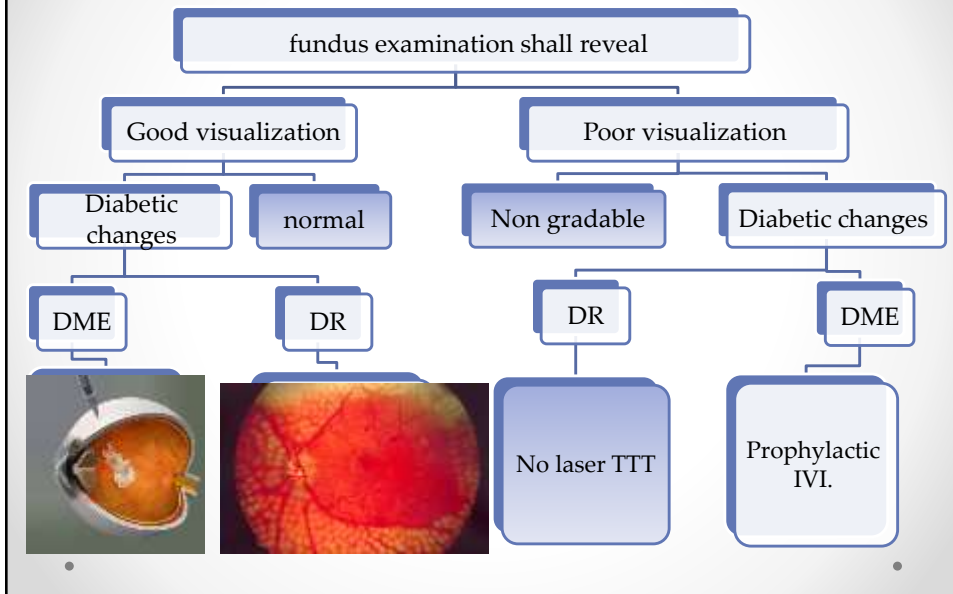


Fundus examination

- Why fundus examination in diabetic Pt. prior to cataract surgery ?
- Relation between cataract and progression of DR and DME.
- **Recent studies** suggestions??



Pre-operative considerations



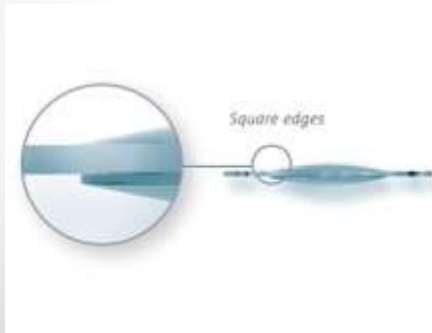
Intra-operative

- Choice of operation **“Best scenario”**
- Wound construction **“Special care”**
- Viscoelastic used **“Diabetic keratopathy”**
- Pupil dilatation **“pharmaco, mechanical”**



Intra-operative

- Irrigation fluids “antibiotics”
- IOL choice “PPV +SOI , \uparrow PCO”
- Retinopathy state “adjunctive TTT”



Intra-operative consideration according to fundus state

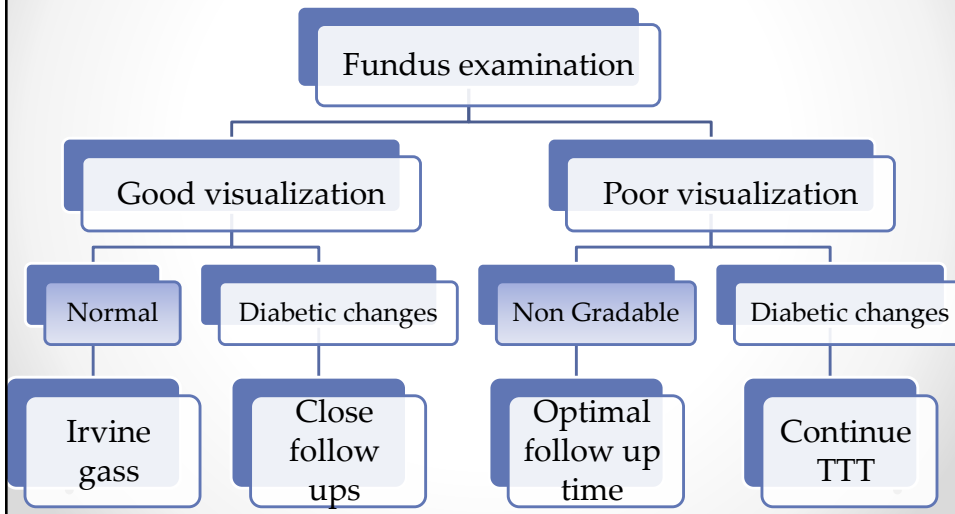
- **Good visualization** with poorly controlled/refractory or persistent macular edema
- **Poor visualization** with DME
- **Both:**
 - Adjunctive IVI
- **Poor visualization** with DR
 - Indirect laser TTT

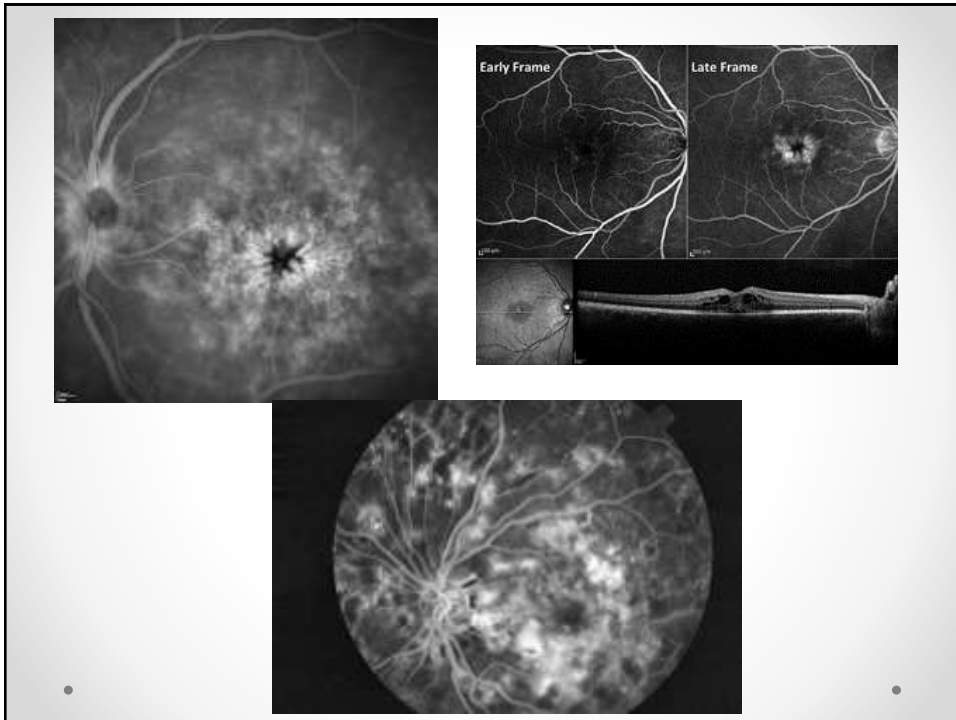


Post-operative



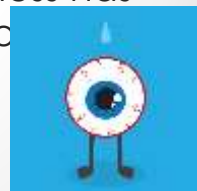
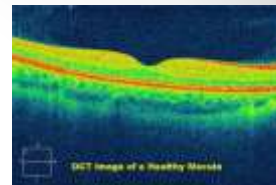
Post-operative Follow up fundus state





Post-operative

- **Oct macula** post-operative
- **Macular edema developed** post-operative
- **FFA** to distinguish DME from post-operative CME
- **Post operative dryness**
- Diabetics with no pre-operative dryness has more **worse** dryness symptoms post-op
have **slower** recovery from dryness



THANK YOU