Original Research Paper

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Ophthalmology

HOW SMALL INCISION CATARACT SURGERY WILL BETTER THAN PHACOEMULSIFICATION

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ABSTRACT TO REMOVE TABOOS ABOUT SICS and making note of high quality. Results BETTER than with the phacoemulsification. Its broad scope of various variety of Cases. Versatility is main nature of SICS. Using various good techniques makes SICS better than PHACOEMULSIFICATION.

KEYWORDS : SICS, Phacoemulsification

INTRODUCTION:

SICS IS LOWCOST small incision form of extracapsular extraction.RUIT described the surgery in 1999.sics is low cost surgery so it is better for developing country like india where crores of people awaiting for cataract surgery in minimal expenditure and faster recovery.

OBJECTIVES:

Main objective is to throw more focus on sics. Easily conducting of operation. Immediate recovery of patients. Low morbidity and only Problem with sics is high rate of Astigmatism. we have to reduce post operative astigmatism Our objective is results better than phaco.

METHODS AND MATERIALS:

All postoperative cases taken for study.In our institution daily 10. Cases will go for surgery.112 cases are taken for stastics.57 cases are above 60 years 40Cases. Are above 70 years.15 cases between 60 to 70 years.all are underwent SICS .the same data Taken for phaco emulsification.they compare for visual acuity,, astigmatism,post operative complications. And also various modalities of types of surgery. Incision size, shape, distance from limbus. maintenance. And integrity of tunnel. Formation of CORNEAL Valve usage of trypan blue Injection of air bubble inside anterior chamber. Usage of less viscvisco substance.doing of surgery under hydro. Not of visco Both hydrodissection and hydrodelination has to be done. always it' is better to do Capsulorrhexis less than normal size. Usally they did 5.5 mm in size. If it is less nuclei will stuck in bags Capsule has elasticitic properties. surgeon can use this. The standard of sics depends on suitable size of bag. And covering circumference.it is very useful for preventing VITREOUS. Capsulorrhexis margin should cover at least 1mm of rim of intra ocular lens.

Phacoemulsification Cases:

Same 112 cases taken as sics cases.. various modalities of phaco used submarine technic .divide and conquer techniques used mostly.

PROCEDURE:

The common complications are taken into account. The Original system of modality of surgery observed. Now the process has changed. New modality is introduced. Taken nearly 507 cases With complications introperative post operative and during give block to patient. Now a days surgeons are preferred topical anasthesia and peribulbar anasthesia. But retrobulbar block is very much useful.it gives anasthesia at the ciliary ganglion. Surgeons not cutting the eye lashes. They increase post operative endophthalmitis.

1. post operative conjunctival OEDEMA.To reduce that area of cutting conjunctiva to be reduced.givong a good block also reduces oedema.intra operatively should close conjunctiva by sutures or cautery. 37 cases cautiously done by using above methods conjunctival oedema remarkably reduced.
2. Making of sclerocorneal Tunnel. This is vital of all' steps.This reduces astigmatism and another grave risks .like premature entry side pockets always necessary.
3. trypan blue not excess used.they stain posterior capsule also.
4. capsulorrhexis always better..some times capsulotomy.the Beauty of sics depends on you can use any technique in phaco you use only capsulorrhexis.in thick anterior capsule sics only work out.in hyper mature cataract where zonular dehiscence then sics is only choice.
5Do hydrodissection and hydrodelination more lens fragment s easily came out.sutures often necessary.never neglect them.
6. scleral tunnel should be tight..do all manovers through side port. Always uplift upper lip of wound.anterior chamber wil be closed.
7. Never disturb the Cortex in capsulorrhexis. Rhexis margin never go periphery . VITREOUS may come out. Always rotate iol it is better iol should be in bag.After surgery thoroughly Wash the anterior chamber.
8. There is no like dreaded complication like posterior capsule rupture.it can manage in small set ups also.vitrectomy and iridotomy AC iol s meet the situation.
9. intracamarel antibiotics are not necessary. Instead use sub conjunctival antibiotics.
10. Never advice immediate ambulation of patients.

Mild post operative oral antibiotics helps.tapering of steroids mandatory. Never use method of secondary iols.

CONCLUSION:

There is lot of scope for improvement in sics. Now a days phaco and laser usage is more.in india can use simple techniques like sics with good results. Phacoemulsification has thermogenic complications like corneal oedema

REFERENCES

1. kanski…PARSONS DISEASES OF EYE Michael bluementhol 2005