

## CATARACT PROCEDURE

1. After having placed the blefaróstató, check element separating eyelids and eyelashes, no push on the eyeball.
2. Position yourself under the microscope according to dominant hand on steep axis of the cornea
3. Paracentesis with diamond knife
4. Air in anterior chamber.
5. Trypan blue injection in the anterior chamber.
6. Viscoelastic in the anterior chamber and reform.
7. Incision with diamond knife and application of viscoelastic thick cataract eye verify hypermature maximum application of viscoelastic center of cataract.
8. Quistótomo capsulotomy is made, from the center outward and lifting tab. In hypermature and youth the capsulotomy should be small without losing any anterior chamber pressure.
9. Capsulorhexis with Utrata, circular form, ensuring that will not be the same, never lose the two time zones rhexis incision near the incision where it enters the Utrata.
10. Hydro dissection with SSB entering 5 and 7 hrs eyeball.
11. Core rotation with rotator or with chopper. If not broken, repeat step 10 and 11.
12. Enter ultrachopper handpiece, start making the grooves of the center to reach rhexis, NEVER pass the rhexis. Check depth in the center, then rotate core with second piece (cross spatula) to make cross-shaped grooves.
13. Perform fracture nucleus with ultrachopper and chopper cross or spatula, rotate them until tp obtain four fragments.
14. With faco piece faco start, and aspiration of the four segments, ALWAYS check that eliminates fragment and takes security zone, there faco applied, should NOT move handpiece while applying faco, can help with second instrument to present the fragment. Once the fragment is removed, rotate and start again. In the last two fragments with second instrument protect posterior capsule.
15. With irrigation-suction piece, vacuum cortical remnants, mostly remnants entry incision level Part -suction irrigation
16. Viscoelastic in capsular bag, placed 180 ° to the incision to the same viscoelastic when filling the capsular bag dissect the remains left in the axis of the incision.
17. Introduction of intraocular lens injector eye with second instrument (spatula cross) in the eye is fixed paracentesis, the scrub nurse injected the lens.
18. With rotator, rotate the lens clockwise to verify that they are within the capsular bag his two haptics, push down, ie at 180 ° to the incision in order to get under the lens of cortical remnants.
19. Putting up on the lens, and irrigation-suction curve piece, vacuum residual cortex and viscoelastic.
20. Upon removing the handpiece, by paracentesis inject air to maintain position of the lens. Apply viscoelastic in main incision, to keep out iris of the suture.
21. Place the suture No.1, moisturize incision and paracentesis.
22. Apply antibiotic and corticosteroid in the anterior chamber.
23. Check seal chamber with applicator.
24. Subconjunctival antibiotic and corticosteroid, irrigate externally wounds with this same mixture.
25. Remove blefaróstató with usual clinic technique.