

Cataract Complications With Eyetube Video Links

Cataract complications courses always attract a lot of attendees at major congresses. Cataract live surgery events also attract many colleagues, some of whom (or possibly many) wait for a complication to occur. Any failure by somebody else reinforces the self confidence of oneself: "Others make mistakes as well."

We all share the opinion that we can learn from the complications of others, the most important being the way the case was managed successfully.

Every year, *CRST Europe* features a cataract complications issue in March. This is the fifth cataract complications issue, and a special one. I have had the pleasure to write the editorial for the complications issue since 2007, but this year I am particularly excited about the extraordinary educational value. In previous years, we have published didactic articles with excellent descriptions of complications management, featuring the high-quality illustrations that have made *CRST* and *CRST Europe* so well received by cataract surgeons all over the world. This year, we have asked the authors to upload videos to Eyetube.net that are directly related to their articles. Each article includes a video link the reader can use to access the related video. This increases the educational value of the written article in an absolutely sensational way.

For example, read the article about closure techniques for wound gape by Robert H. Osher, MD; and James M. Osher, MD; watching his accompanying video clarifies these techniques in a clear and easy manner. He stipulates that thermal injuries with subtle collagen shrinkage are far more common than appreciated or reported publicly. Randall J. Olson, MD, reinforces that message in his article, stating that not only longitudinal, but also transverse and torsional ultrasound can induce wound burns. He points out the role that ophthalmic viscosurgical devices can play in contributing to the risk of wound burn. I would like to add that phaco tip design is also a major factor in this regard. Continuous cooling of the tip by the aspiration fluid stream through it is highly protective.

Two articles in the issue describe techniques to fixate three-piece IOLs without any suturing. Som Prasad, MS, FRCS(Ed), FRCOphth, FACS; and Gabor G.B. Scharioth, MD, show how an IOL can be fixated using scleral tunnel fixation only. Amar Agarwal, MS, FRCS, FRCOphth; and Dhivya Ashok Kumar, MD use fibrin glue to fixate the haptics. Their respective videos on Eyetube show their techniques in detail and display the similarities and differences between them clearly.



The video of Koji Kamoi, MD, PhD, illustrates his forward-chop technique beautifully. It makes sense to start chopping from the back of a leathery nucleus upward, avoiding any potential posterior capsular rupture during the maneuver.

Although posterior capsular opacification (PCO) is not a direct complication of a cataract procedure, there is still a lot of interest in research to prevent PCO. The performance of accommodating IOLs that depend on ciliary body contractions to alter the shape of the capsular bag will absolutely be negatively affected by capsular fibrosis and epithelial regeneration. There have not been any real breakthroughs in rinsing technology or waterjet cleaning of the capsular bag. Wolfram Wehner, MD, and others have found a possible PCO-preventive effect in Nd:YAG laser treatment of the capsule. However, he points out the need for longer follow-up and a prospective long-term clinical trial to confirm their early results. Many promising new technologies have ultimately not been adopted for clinical use.

My own contribution to this issue is about a disastrous case of 180° torn zonules because of a misjudgment during the second half of a procedure. I was not very happy—or proud—about this complication. However, I am convinced that sharing the pitfalls and pearls of this case can be valuable to fellow cataract surgeons. The associated video link on Eyetube is helpful in visualizing what happened and what one can do in a similar situation.

The clear winner of this video series of cataract complications is Brian Little, MA, DO, FRCS, FRCOphth, who gives an excellent overview of the management of a compromised capsulorrhexis. His article, in combination with his video, is extremely educational. Together they confirm how valuable the combination of a written article and associated video link can be. Dr. Little is world-famous for his didactic presentations and videos. His understated British humor on the podium is simply not to be missed. (Unfortunately it is not exhibited in the complications video, where it would not have been appropriate.) Time constraints always limit his ability to educate us during courses and congresses. But here we offer him, and all of you who would like to take part in this exciting educational platform of combined articles and videos, the opportunity to contribute more in the future. ■

A handwritten signature in black ink that reads "F. Tjia". The signature is stylized and written in a cursive-like font.

Khiun F. Tjia, MD
Chief Medical Editor