



Procedure of Choice for Cataract Surgery, Especially in Third World Countries

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Received: November 24, 2023

Published: December 11, 2023

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Being an eye surgeon for the last 27 years, I started from ECCE to Phaco to Famto second laser cataract surgery.

In this small article I will present before you people my personal opinion.

Our aim for doing cataract surgery is obviously the restoration of visual loss because of cataract. Most of the surgeons all over the world are saying phaco is the first choice for cataract surgery. But , because, being technically difficult to learn and even in expert hands, most of the surgeons feel at edge almost at each step.

Not every invention is always good. I am not saying its bad. But following are my reservations about phaco surgery.

In poorer countries patients loose vision because surgeons are practicing phaco. And even after they become expert, its always a shaky procedure to do. Moreover , besides its cost, the rate of endothelialities might be high because of tubing and so many prerequisite for this procedure. And if the endothelial count of the patient is low, he may develop corneal issues.

In developed countries, I feel, its equally a procedure of stress for most of the surgeons because of the technical reasons. In developed countries, the added factors are being sued if some issues occur. And as the life span is more in developed countries, there are more chances of corneal decompensation.

Many surgeons, therefore, in the developed countries prefer to do it before its mature. Now it may be an intervention at the wrong time. Because you are looking your ease, not the ease of the patient. Surgeons convince patients to go for cataract surgery even at 6/6 just because its easy for surgeons to operate upon soft cataracts. But surgery is after all surgery even in the best eyes. If someone wants the intervention at 6/24 with hard cataract, he may suffer.

As compared to phaco, if we talk about manual phaco or SICS (Small incision cataract surgery), technically its easy to learn.

It can be done on any stage of cataract. The results according to many international studies are same at the first post operative day. Very less complication rate. Surgeons are very comfortable. Very cost effective. No threat to corneal endothelium

I personally, after doing phaco for many years, switched back to this technique with satisfied patients.

So , in conclusion, its my personal opinion. I foresee, most of the surgeons and manufacturers of expensive phaco machine will not agree and will start telling you the advantages of phaco again.

I leave the procedure of choice to the surgeon with which he is most comfortable, even ECCE with 5 sutures and removing them after 40 days, rather than damaging the human eyes.

In the last, I feel procedure of choice should depend on the cataract morphology. Not all cataracts should be done with phaco. You may do soft , and for hard use other techniques. As, our ultimate objective is to restore the vision. Not to prove how could surgeon I am.