

# Aravind 2013 – Day 5



Tuesday 8 October 2013

## When it Rains, It Pours; Part 1



We had a real, Tucson Style, Monsoon today. The courtyard to the Free Hospital flooded just at going home from work time. Lectures and Professor Rounds were to be in the Paid clinic, three doors down. Engineer Joe was preparing to organize the construction of a footbridge by moving the steel benches when the Aravind solution was obtained – they sent a bus to pick us up and drive us 400 feet!

## When it Rains, it Pours, Part 2:

I did my first two cases today.

The fact that Suganya, my instructor, was at my elbow for both, and traded seats three times during the first procedure, and twice, during the second, is evidence that I was well supervised. It is a difficult procedure to learn (note the understatement). It is a very difficult procedure to master. And if your kids tell you they are great tennis players just because they slam them home on the Wii, don't fall for it!

### CASE 1 – Mr G



Mr. G had a 2+ Nuclear Sclerotic Cataract left eye that gave him 6/30 vision. He is 60 years old. His other eye is 6/36, also with cataract, but with trauma history so the senior decided the left eye should be operated on first, to give him the best chance for success.

Surgery went well until the nucleus was to be expressed. The wound was large enough, but the nucleus was soft, and I was not sufficiently aggressive in using the irrigation on the irrigating vectus (I grew up in the days of can opener capsulotomies that were bombs waiting to go off, so the idea of pressuring the eye to squirt out the nucleus like a watermelon seed is hard for me to adapt to.)

The nucleus fragmented (it was very soft) and there was some corneal edema at 4 hour check. He should do well; the lens is in the sulcus (that is another story...).

He was a most patient patient. The ten minute procedure took 30 for a complete novice like me. I put a stitch in at the end of the case; my senior may trust my wound, but I don't!

### CASE 2 – MRS A



Mrs A is a 60 yo F who had 3+NS 3+PSC in her right eye and 6/30 vision.

I did more of her surgery initially, forming the wound, the scleral tunnel, entering the anterior chamber, and started the rhexis. My first patient's rhexis was too small (I would guess it to be 7.5 mm) and so a secondary rhexis had to be performed by my senior. I was encouraged to make this one larger. I started at 9 o'clock and around 5 o'clock, the rhexis started to go under the iris. We traded seats and my senior rescued it (we think).

I delivered the lens with more facility (not hard to say when you have an n of 2), and placed the lens without apparent difficulty.

In aspirating the Viscoat a posterior rent formed and the lens suddenly displaced nasally.

We judged the lens to be stable, and so the eye was closed. She will be seen in 30 minutes by faculty, so I have to run-  
Regards to all  
Joe