MATERIAL AND METHOD
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The cataract patients attending Out Patient Department of Ophthalmology M.L.B. Medical College, Jhansi were admitted in the hospital. In twenty five patients (i.e. 26 eyes) the cataract extraction with IOL implantation in the anterior chamber was done.

A thorough preoperative general, systemic and local examination and routine investigation were carried out.

The patient selected for intraocular implantation were mainly senile cataract.

A thorough examination was done, mainly on hypertension, diabetes mellitus, asthma, thyroid disease, cerebrovascular insufficiency.

The patient having unilocular eye, complicated cataract, diabetic retinopathy, history of retinal detachment, endothelial corneal dystrophy, iris atrophy keratitis with corneal opacity, chronic glaucoma not controlled with medical treatment and high myopia were excluded from the present study.
The patients undergoing for IOL implantation, their refractory condition was determined preoperatively and implant of appropriate power was placed in anterior chamber.

**PRIMARY REFRACTORY METHOD**

A detailed past history regarding refractory condition of the patient was taken. If he was using any glasses and its power was recorded.

The power of the intraocular lens to be implanted was calculated by the formula:

$$16 + (\text{PRE} \times 1.25)$$

($$\text{PRE} = \text{Primary Refractory Error}$$)

**SELECTION OF INTRAOCULAR LENS**

We had 'flexible open loop angle fixated anterior chamber lenses' (J-Loop IOL (Shah and Shah)).

**PREOPERATIVE PREPARATION**

Night before the operation, patient was kept under light sedation with tab. Diazepam 5mg, acetazolamide 500mg and antibiotic drops (Chloromycetin).
Dilatation of pupil was done with drosyn eye drops 10% started two hour prior to operation.

Tab. Diamox 500mg was given two hour prior to operation.

Injection Manitol 20% (0.3/kg weight) I/V started 20 minute before the operation (in cases selected for IOI implants).

ANESTHESIA

Topical instillation of Lignocain 4%,
Facial block and retrobulbar injection with lignocain 2% along with 1:1000,00 epinephrine.

OPERATION

After draping the part, lid sutures were passed in upper and lower lid, suture passed in superior rectus muscle and fixed. A limbus based conjunctival section was made and vessels cauterised. A section was made from 9.0' clock to 3.0' clock position and preplaced suture passed at 12.0' clock position. One peripheral iridotomy was made. Intracapsular cataract extraction was performed with cryomethod. 
Visilon was introduced into the anterior chamber followed by implantation of the intracocular lens in the anterior chamber.

The section was closed with 5 to 7 corneoscleral sutures with 6-0 monofilament.

POST OPERATIVE CARE

All patients were kept under tab. Septran 2 BD, Tab. Erythromycin 400mg 1 TDS, Tab. B complex and daily dressing for seven days of the post operative period.

The patients were discharged from the hospital 7 days after the operation. During their hospital stay day to day observation was done and noted.

The follow up was carried out initially after 7 days of discharge when stitches were removed. Thereafter every 15 days till 6 weeks followed by monthly checking in the Out Patient Department for 6-10 months.

The examination were carried out as per preforms, with the help of diffuse illumination, oblique illumination, slit lamp, gonioscopy, indirect, direct ophthalmoscopy, retinoscopy and visual acuity was noted. Tryglasses and tonometry was done in relevant cases.