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The earliest record of operative treatment for cataract was in Ancient India by Susruta in about 1000 BC. This consisted of couching which prevailed till the middle of the Eighteenth century. During this time Daviel (1745) popularised planned extracapsular cataract extraction through a limbal section.

Von Graefe (1865) made a number of technical improvements and advocated iridectomy. Williams (1867) was the first to use a corneal suture and since then many variations in the application of suture have been described with advantage of finer sutures and materials giving more accurate and secure wound closure.

Since the heroic intraocular lens implantation in 1949 by Harold Ridley, extracapsular cataract extraction with posterior chamber lens implantation has established itself as the best treatment modality of cataract.
The concept of phacoemulsification commenced in 1948 when Charles Kelman conceived the concept of utilising an oscillating tip to disintegrate the solid nucleus and introduced the technique in 1970.

With the establishment of planned extracapsular cataract extraction, surgeons were on a lookout for methods to reduce the postoperative induced astigmatism. Several improvements were made in the incision and smaller incisions were tried. It was Kratz who came up with the scleral tunnel incision.

With the advent of new advanced and microsurgical techniques phaco-emulsification has become the preferred method of cataract extraction. But because of the cost factor, sophistication and expertise it is not available to all.

For delivery of high quality eye care to cataract patients, phacoemulsification is not absolutely necessary. Similar results are delivered by sutureless self sealing incision for cataract surgery.
The conventional cataract surgery utilising a clear corneoscleral incision was till date an ideal procedure. The advent of sutureless self sealing incision has posed a great challenge to the conventional surgery because of the possible benefits regarding the post operative induced astigmatism, visual outcome, early ambulation and patient comfort etc.

The present study is being undertaken to compare the postoperative visual outcome and induced astigmatism in patients undergoing extracapsular cataract extraction with posterior chamber lens implantation through stitchless non phaco surgery using scleral tunnel incision and conventional cataract surgery.