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Compare the difference in visual acuity, PCO and uveitis between acrylic hydrophilic and acrylic hydrophobic intraocular lenses implanted after phacoemulsification surgery

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Purpose: To compare the difference in Visual acuity, PCO and Uveitis between acrylic hydrophilic and acrylic hydrophobic intraocular lenses implanted after Phacoemulsification surgery.

Materials & Methods: The study was carried out from March 2014 to September 2014 at Lumbini Eye Institute, Shree Rana-Ambika Shah Eye Hospital, Bhairahawa, Nepal. Sixty patients were included in the study and were equally divided in two groups. All patients underwent Phacoemulsification with IOL implantation by a single surgeon (30 patients hydrophilic IOL and 30 hydrophobic IOL).

Results: 94% had VA of 6/12 or better unaided or with refraction, 3% developed posterior capsule thickening, whereas, none of the patients developed Uveitis after six months.

Conclusion: There was no significant difference between two IOLs regarding VA, Uveitis and PCO after six month follow up. There was no effect of biomaterial on PCO.

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Correct diagnosis of amblyopia

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Von Graefe defined amblyopia as the condition in which the observer sees nothing and patient very little. The amblyopia treatment study defined amblyopia as visual acuity of 20/40 or worse with at least 2-line difference on Snellen's or 3 log MAR line difference between the eyes. Diagnosis of amblyopia is incomplete till following conditions are fulfilled. 1. Evidence of visual acuity reduction (unilateral/bilateral). 2. Presence of amblyogenic factor and 3. Alternate cause for vision loss has been ruled out. Amblyopia is an important public health problem as the visual impairment is life-long. Prevalence of amblyopia varies from country to country and is fairly common disease affecting one to five percent of the population of the most developed countries. It is the most common cause for monocular vision loss in both children and young adults and visual acuity cannot be improved by glasses or contact lenses. Diagnosis of amblyopia is a challenging task for ophthalmologist particularly in preverbal children as compared to verbal children in which it is easier. Visual acuity in pre verbal children can be measured by preferential looking technique, Optokinetic nystagmus, VEP and fixation preference. Alteration in red reflex is also useful for assessment of refractive error. Vision loss due to amblyopia is preventable and early and correct diagnosis leaves both the parents and Doctor happy and satisfied.

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