

Visual outcome and complications of cataract surgery using prechop manual phacofragmentation

Dear Editor,

I read with great interest the article on the Bhatti modification for small-incision cataract surgery.^[1] The prechop surgical technique described by Akahoshi was modified for use in phacofragmentation. This prechop technique is very similar to those reported by Wiriyaluppa and Kongsap.^[2] Good visual outcomes were achieved in most cataract patients in the report by Wiriyaluppa and Kongsap. The visual outcomes of cataract surgery using the prechop technique in a 339 cases series were also presented at the 19th congress of Asia-Pacific Academy of Ophthalmology [Table 1]. Intraoperative complications included capsule rupture (8 eyes, 2.4%), iris prolapse (5 eyes,

1.5%), and hyphema (3 eyes, 0.9%). A significant postoperative complication was corneal edema, which occurred in 29 eyes (8.5%).

For the first 2 years of our experience in Thailand, we used the Akahoshi chopper forceps to divide the nucleus within the capsular bag. We have now developed a new surgical technique in which we use a simple instrument (23 G disposable needle or MVR blade) for cracking the nucleus into two fragments.^[3] It can be operated under topical anesthesia with no significant difference in surgical complications as compared with that in phacoemulsification.

Finally, I believe that the article on the Bhatti modification for small-incision cataract surgery is identical to our report. The author should demonstrate the difference between the Bhatti modification and our technique. Furthermore, I would like more details on the complications of cataract surgery using the Bhatti modification.

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DOI:

10.4103/0301-4738.83633

Table 1: Postoperative visual acuity after cataract surgery using prechop manual phacofragmentation (n = 339)

Visual Acuity	Postoperative 1 week follow-up		Postoperative 4 week follow-up	
	n	%	n	%
20/20–20/40	223	65.8	241	71.1
<20/40–20/50	43	12.7	39	11.5
<20/50–20/100	61	18.0	48	14.1
<20/100–20/200	9	2.6	8	2.4
<20/200	3	0.9	3	0.9