



Outcome of Cataract Surgery for Eyes Filled with Silicone Oil

Aleena Banerji*

Department of Ophthalmology, University of California, San Diego, USA

DESCRIPTION

The onset of cataracts is common in crystalline lens filled with Silicone Oil (SO) and requires subsequent removal of the cataract. This study evaluated the refraction results of SO-filled eyes undergoing lens phacoemulsification cataract surgery (PCS). Silicone oil (SO) is primarily used to treat complex retinal detachments common in proliferative vitreoretinopathy and as a hemostatic agent for proliferative diabetic retinopathy. Many surgeons prefer Phacoemulsification Cataract Surgery (PCS) and pars plana vitrectomy, even for non-clinically important cataracts. However, combined surgery has the disadvantages of being more difficult to perform, longer surgery times, and the potential for loss of corneal transparency. In addition, PCS causes debilitation of the zonules, after which silicone oil can move to the anterior chamber. The advantage of continuous surgery is less inflammation of the anterior chamber after surgery and may therefore be recommended for proliferative diabetic retinopathy or retinal detachment. According to a recent study in France, it accounted for only 15.8% of the vitreous retinal surgery performed between 2005 and 2014.

Until 2016, the Polish national health system reimbursed only continuous surgery, not parotidectomies. Therefore, in our study, continuous surgery was the method of choice for all patients. No attempt was made to remove SO in 7 of the 26 eyes (26.9%). Therefore, it is doubtful whether the patient should have had PCS in these cases. In addition, 7 of 19 eyes (36.8%) attempted to remove SO after PCS required immediate reinsertion. Despite modern

vitreous retinal technology, SO removal is sometimes infeasible and SO must remain in sight indefinitely. The percentage of cases above may be underreported. Some studies have reported a low retina reattachment rate of 30.0%. In our cohort, 42.3% of the eyes required long-term SO tamponade.

The main limitation of the current study is the use of contact amode scans for biometrics and the limitation of group size. Optical bioassays are generally more accurate than flat ultrasound techniques. However, some eyes cannot be measured using optical methods. Therefore, immersion as scan biometrics plays an important role in these cases. Importantly, even when using partial coherence interferometry, the refraction results of an eye filled with silicone oil remain worse than for a normal eye. For eyes filled with silicone oil, axial length measurements include retro silicon space, macular edema, or exfoliation, due to restrictions on vitrectomy during vitrectomy, partial filling with SO in the vitrectomy. Or it can be significantly affected by inaccurate AL fitting parameters. Therefore, if possible, you may consider performing biometrics prior to vitrectomy. This may be limited by non-macular retinal detachment, previous scleral curvature, or surgery performed at another center. The result of refraction after PCS in an eye filled with SO is less predictable than that in a normal eye. Some eyes receiving silicone oil injections may require long-term tamponade. SER after cataract surgery in eyes filled with SO is less predictable than in normal eyes. Similarly, the myopic shift after SO removal manifested a large IQR. A significant percentage of eyes undergoing silicone oil injection might require long-term tamponade.

Correspondence to: Aleena Banerji, Department of Ophthalmology, University of California, San Diego, USA, E-mail: aleena.banerji@just.edu
Received: 04-Jan-2022, Manuscript No. JEDD-21-15547; **Editor assigned:** 06-Jan-2022, PreQC No. JEDD-21-15547 (PQ); **Reviewed:** 20-Jan-2022, QC No. JEDD-21-15547; **Revised:** 24-Jan-2022, Manuscript No. JEDD-21-15547 (R); **Published:** 31-Jan-2022, DOI:10.35248/2684-1622.22.7.1000161
Citation: Banerji A (2022) Outcome of Cataract Surgery for Eyes Filled with Silicone Oil. J Eye Dis Disord. 7: 161.
Copyright: © 2022 Banerji A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
