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AIOC 2026

84TH ANNUAL CONFERENCE OF ALL INDIA OPHTHALMOLOGICAL SOCIETY
ORGANISED BY RAJASTHAN OPHTHALMOLOGICAL SOCIETY

13 MARCH 2026
08:00 - 08:55 AM

SIMPLE TIPS TO MAKE PHACO EASY

IC 41
MEETING ROOM
L-03

CHIEF INSTRUCTOR

DR. NAREN SHETTY

CO-INSTRUCTORS

DR. AISHWARYA

DR. RAVI KRISHNA KANARADI

DR. AMULYA PUNATI

DR. VINITA YADAV

Chief Instructor

Dr. Naren Shetty

Pearls in Dense Brown Cataract Management

1. Anticipate high cumulative dissipated energy (CDE) - Inform patient about higher risk of edema, prolonged recovery, PCR.
2. Large, Strong Capsulorhexis (5.5–6 mm) - A generous rhexis improves chop space and nuclear mobility.
3. In brunescent nuclei, go for direct chop with multiple level separation. Use mechanical disassembly rather than ultrasound brute force.
4. In hard cataracts, superficial chops will split the leathery posterior plate as the nucleus has layers like an onion and helps in posterior plate separation easily
5. Protect the Endothelium Aggressively with Dispersive OVDs. Replenish OVD if surgery is prolonged.
6. Emulsify in the level of iris - Not in the Anterior Chamber - Don't bring bulky fragments anteriorly. Keep fragments posterior and central. Maintain chamber stability at all times.
7. Anticipate Posterior Capsular Stress - Hard nuclei transmit force to the zonules and capsule. If zonular weakness suspected, consider capsular tension ring early.

No financial disclosure

Pearls for Cataract Surgery in Compromised corneas

Dr. Aishwarya

1. Surface Optimization: Treat ocular surface disease before performing biometry.
2. Diagnostics: Thoroughly map the cornea using tomography and OCT.
3. Visibility: Anticipate how existing corneal scars will obscure your view and Improve visual clarity with Trypan blue or epithelial debridement.
4. Energy Management: Keep ultrasound energy to an absolute minimum.
5. IOL Selection: Stick to reliable monofocal lenses and avoid premium options.
6. Phaco Strategy: Use a "low and slow" approach with pulse/burst modes to protect the endothelium.
7. Persistent Edema: Consider DMEK or DSEK only if swelling lasts beyond three months.

Pearls In Iris Management during Phacoemulsification

Dr. Ravi Krishna Kanaradi

1. Anticipate risk preoperatively – Small pupil, PXF, IFIS history, posterior synechiae.
2. Achieve Adequate Mydriasis - Topical + intracameral mydrtics, NSAIDs pre-op to reduce intraoperative miosis.
3. Maintain chamber stability and use controlled parameters – Low AFR, moderate vacuum. Avoid sudden shallowing or surge.
4. Construct proper wounds – Long, well-formed tunnel prevents prolapse.
5. Recognize IFIS early – Billowing, miosis, prolapse. Use low flow parameters, intracameral phenylephrine, mechanical expansion.
6. Protect the Iris During Phaco - Avoid phaco near pupillary margin and engaging iris tissue in aspiration
7. Final check before closure – Check for iris prolapse, ensure no iris incarceration in wound, confirm round pupil.

Pearls in Soft Cataract Management

Dr. Amulya Punati

1. Create a Well-Sized, centered Capsulorhexis of about 5–5.5 mm to ensure controlled nucleus manipulation and safe cortical clean-up.
2. Achieve Good Cortical Cleaving multi-quadrant hydrodissection with hydrodelineation.
3. Soft nuclei are prone to cheese-wiring and zonular stress. Confirm free rotation, then keep manipulation minimal.
4. Use Low Phaco Parameters - Low power (often near-zero), Lowvacuum,Controlled aspiration flow rate.
5. Choose Technique Based on Nuclear Consistency. No one technique fits all.Be comfortable with phaco-aspiration, supracapsular flip, or carousel techniques depending on the case.
6. Protect the Endothelium Generously by using adequate dispersive viscoelastic, especially in supracapsular or anterior chamber maneuvers.
7. Young soft cataracts have a higher risk of early PCO. Perform careful capsular bag polishing and cortical aspiration.

Pearls on PCR management

Dr. Vinita Yadav

1. In case of pre-existing PCR etiologies such as Posterior polar cataract, Anterior segment-OCT should be done pre-operatively to look for PC status.
2. Proper wound construction, staining the anterior capsule, avoiding any radial extension or rhexis margins tears, & a good hydrodissection is essential to prevent PCR.
3. Early Indicators of PCR : Sudden deepening of AC, Pupil snap sign, Localised intensification of red reflex, Loss of nuclear fragment followability ,tilting of the nucleus
4. To prevent a collapse of the anterior chamber and the rent extension-inject OVD before removing the phaco probe.
5. Preservative-free triamcinolone acetonide to identify vitreous strands in the anterior chamber
6. Bimanual anterior vitrectomy should be performed with cutter close to the PCR to prevent the rent extension.
7. Choice of IOL depends on the size of PCR and Vitreous loss.