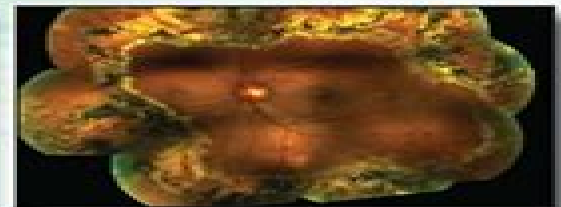
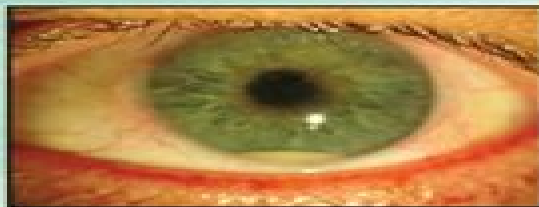


Curbside Consultation in Uveitis

49 Clinical Questions



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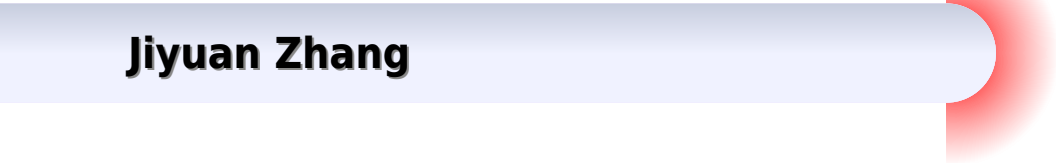
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stromal thinning and conjunctivalization and moderate cataract in both eyes Does he need surgery A piece of glass flew into my patient's eye The exam shows central corneal perforation A 67 year old female complains of constant eye irritation The exam shows conjunctivochalasis of the lower bulbar conjunctiva Should I excise the redundant conjunctiva I have a general ophthalmology practice in a remote area When should I consider doing corneal cultures

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ingrowth after LASIK What if it recurs Should I perform PRK in patients with forme fruste keratoconus How do I manage patients with dry eyes after LASIK surgery How do I determine my surgically induced astigmatism Is a monocular implantation of a multifocal IOL tolerated How do you manage an unhappy multifocal patient who is experiencing halos and glare

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always leads to an increase in visual acuity of patients A new technology of cataract removal phacoemulsification was introduced by Charles Kelman in 1967 Despite this it was difficult for the surgeons to transform from extracapsular cataract extraction to the new method phacoemulsification Recently in the ophthalmological practice the method of femtolaser cataract surgery FLACS has been introduced This method allows you to automatically perform the basic stages of cataract surgery corneal incisions capsulorhexis nucleus fracture At the same time to apply the various techniques of cataract surgery the surgeon must possess virtually all the necessary techniques This is dictated by the fact that as a rule cataract itself is rarely isolated senile Knowledge of the basic rules of cataract surgery the use of pupillary rings and iris retractors in narrow pupils the use of capsular rings in subluxations of the lens the use of special modes of phaco in severe late cataracts and a comprehensive clinical way of thinking can undoubtedly reduce the complications of cataract surgery **Curbside**

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