Intracapsular extraction is performed on patients over 50 years of age. In this method, first a conjunctival partial thickness incision is made in the upper part of the corneal-scleral junction, followed by a stab entry with a blase blade into the anterior chamber. The incision is completed with corneal scissors, and a peripheral iridectomy is performed to prevent aphakic glaucoma.

Intracapsular cataract extraction has been modernised by several methods:

1. Capsule - holding forceps
2. Erisopake
3. Modified Smith - Indian technique: using a hook and a spatula to remove the lens.
4. Cryo extraction: This procedure is performed with a cryogenic (cryo) probe from a cryo unit. The cryo probe is manipulated according to the joule thomson principle of cooling. The gas used as a cooling agent in the cryo unit is nitrous oxide or carbon dioxide. The cryo probe is 1.5mm in length and may be straight or curved. The temperature produced depends upon the size of the cryo tip, the duration of the freezing process and the type of gas used. When the foot pedal of the cryo instrument is depressed, the pressure decreases, causing gas to filter through a small opening in the cryo probe. This process results in cooling to 4°C and the formation of a ball of ice on the capsule. Finally, the cataractous lens is removed and the wound is closed with fine sutures.

Cryo extraction is more popular than other methods of intracapsular extraction.

**Extracapsular cataract extraction**

The initial step of this surgical procedure is identical to that of the intracapsular cataract surgery. After making the stab entry into the anterior chamber of the eye, an anterior capsulotomy is performed on the lens. When the incision has been completed, the...
The most recent development in intraocular implant surgery is a “sutureless” technique using phacoemulsification, which was introduced by Dr. Kelman in 1967. The sophisticated instrument used in this surgery allows the cataractous lens to be removed through a very small (3.2mm), bevelled incision. A foldable intraocular lens is then inserted through the incision. By extending the tunnel to a width of 5mm, a routine single-piece lens may also be implanted. In most cases this incision does not require sutures, and the post operative rehabilitation period is short.

In 1960 Harold Scheic introduced a cataract aspiration system for use in patients with immature, congenital or traumatic cataracts.

**Treatment modalities for children**

1. Lensectomy: An incision 3 to 4mm in length is made in the sclera, 3.5mm from the limbus. An opening is made in the capsule and cortex with a knife, and an instrument called a vitrectomy lensectomy probe is used to aspirate the lens matter. Following this surgery contact lenses or glasses are prescribed to correct the refractive error.

2. Lens aspiration: A small incision is made in the corneo-scleral junction, after which an anterior capsulotomy is performed and the cortex of the lens is aspirated.

3. Extracapsular cataract extraction (ECCE) and IOL implantation: This procedure is performed in children over three years of age.

Suggested readings