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Service (sector) Cataract Nº CEP

Mes of phacoemulsification in functionally monocular patients

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Purpose: To compare the success rate of phacoemulsification and surgical complications between a consecutive series of functionally monocular patients and a control group of binocular patients. Methods: This prospective casecontrol study comprised 78 eyes of 78 patients who underwent phacoemulsification with IOL implantation under topical anesthesia by one surgeon between November 2001 and September 2003. Patients were considered to be monocular if Snellen best-corrected visual acuity (BCVA) in their fellow eye (the eye not having surgery) was worse than 20/200. Recorded were demographic information, preoperative and postoperative BCVA, reason for poor vision in the unoperated eye, co-morbidities in the operated eye, intraoperative and postoperative complications, length of followup, and postoperative procedures. Results: Eight patients (20%) were monocular from complications of surgery. Thirty patients (80%) were monocular because of medical eye conditions. Preoperative median BCVA was 20/100 in the both groups. The median postoperative BCVA was 20/20 in the both groups. BCVA was 20/20 or better in 8 eyes (20%) and 20/40 or better in 30 eyes (77%) in the monocular group. There were 6 intraoperative or early postoperative complications. The most common (3 eyes) was iris prolapse and in one eye there was posterior capsule rupture with vitreous loss. No patient who was monocular from surgical complications had similar problems with second-eye cataract surgery. Surgical complications (P = 0.492) and the number of postoperative procedures were similar between the 2 groups. Conclusion: Cataract surgery in functionally monocular patients is a safe procedure and allows better life quality when performed by experienced surgeon. Functionally monocular patients are likely to have ocular comorbidities, some of which may limit the final visual outcome of surgery.