

A.U.S.L. n.3 CATANIA  
UNITA' OPERATIVA COMPLESSA DI OCULISTICA  
ACIREALE – PATERNO'  
DIRETTORE: Dr. RICCARDO SCIACCA

**MODALITA' TERAPEUTICA CHIRURGICA**

**Giuseppe Scalia**

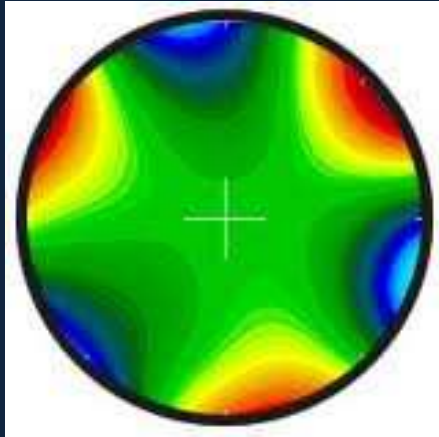
CATARATTA



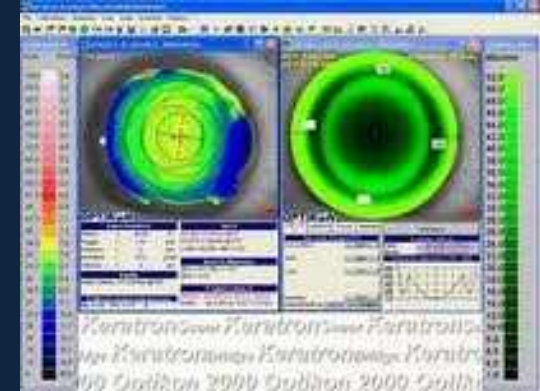
**CORNEA**

**ENERGIA FACO**

**QUALITA' DELLE I.O.L.**



# CORNEA



***IL TRAUMA CHIRURGICO  
E' RESPONSABILE  
DELLE ALTERAZIONI CORNEALI,  
CON CONSEGUENTE  
INCREMENTO DELL'ASTIGMATISMO***

# CORNEA

## *INCISIONI*

DIMENSIONI

NUMERO

POSIZIONE

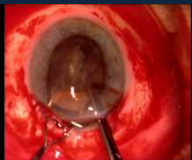
PROFONDITA'

SUTURA

**ASTIGMATISMO**



# INCISIONI



I  
C  
C  
E

E  
C  
C  
E

F  
A  
C  
O

IOL  
rigida

F  
A  
C  
O

IOL  
pieghevole



F  
A  
C  
O

MICS

**M.I.C.S.**

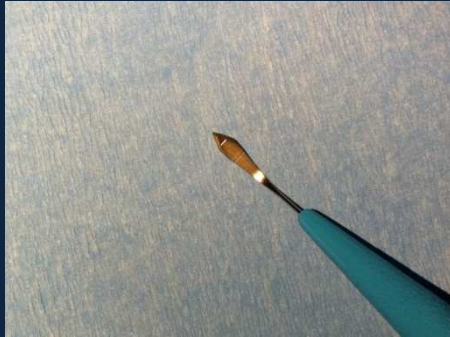
```
graph LR; A([M.I.C.S.]) --> B[COASSIALE]; A --> C[BIMANUALE]
```

**COASSIALE**

**BIMANUALE**

# C-MICS

**dedicati**



**TAGLIENTI**

# B-MICS

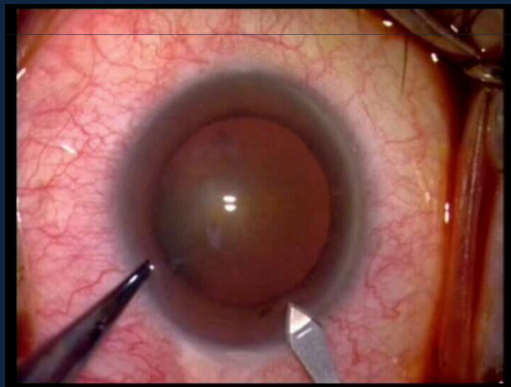
**dedicati**





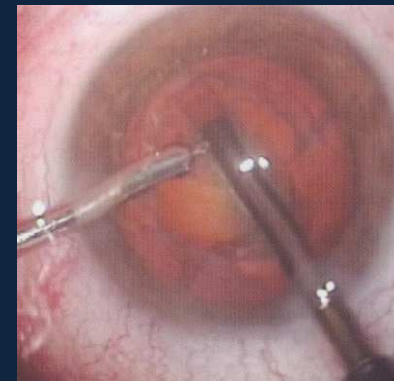
# C-MICS

**1**  
merid. + curvo  
1,6-2,0 mm.



# B-MICS

**2**  
a 90° tra loro  
1,2-1,4 mm.



**INCISIONI**  
**SEDE**  
**DIMENSIONI**

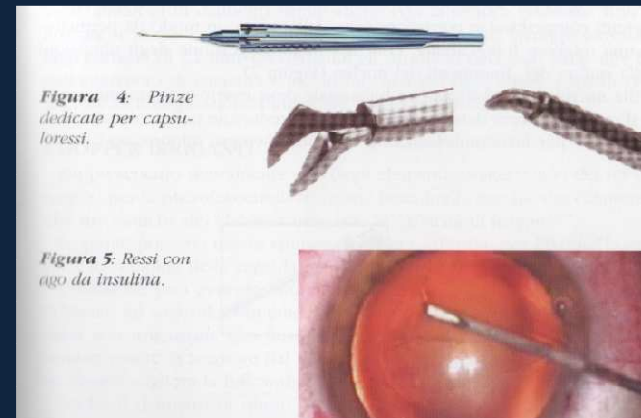
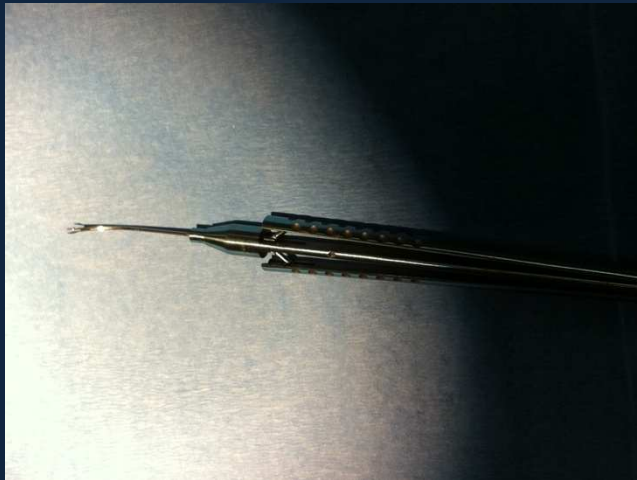
# C-MICS

# B-MICS

dedicata

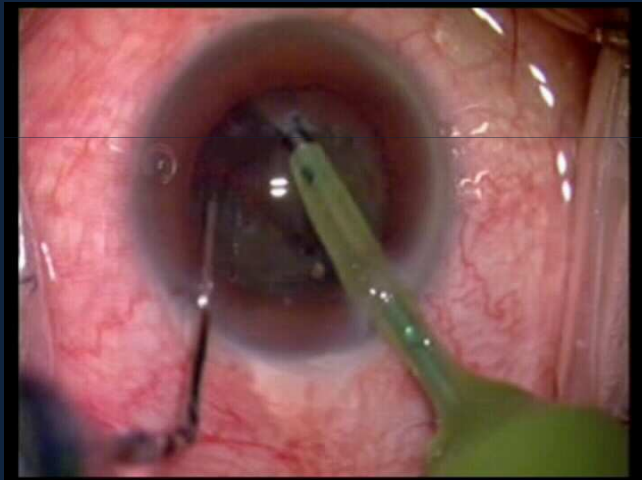
CAPSULORESSI

dedicata



# C-MICS

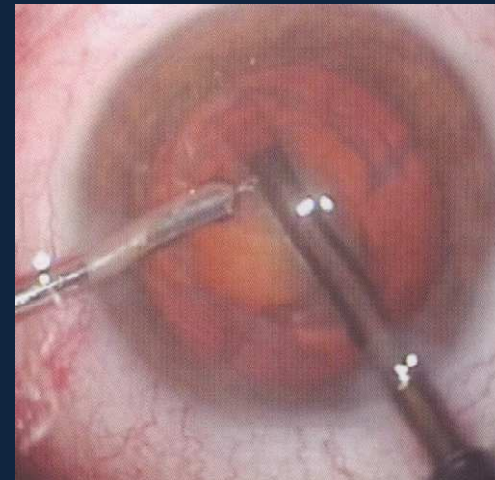
coassiale



MANIPOLO

# B-MICS

senza sleeve



# C-MICS

standard

CHOPPER

# B-MICS

irrigante



# C-MICS

**dedicati**

**1**

**1,6-2,0 mm.  
merid. + curvo**

**dedicata**

**coassiale  
standard**

**breve**

**TAGLIENTI**

**INCISIONI**

**DIMENSIONI**

**SEDE**

**CAPSULORESSI**

**MANIPOLO**

**CHOPPER**

**TRAINING**

# B-MICS

**dedicati**

**2**

**1,2-1,4 mm.  
a 90° tra loro**

**dedicata**

**senza sleeve  
irrigante**

**indispensabile**



# EROGAZIONE DI ENERGIA



DIMENSIONI DEL TAGLIO

LUME DEL FACO

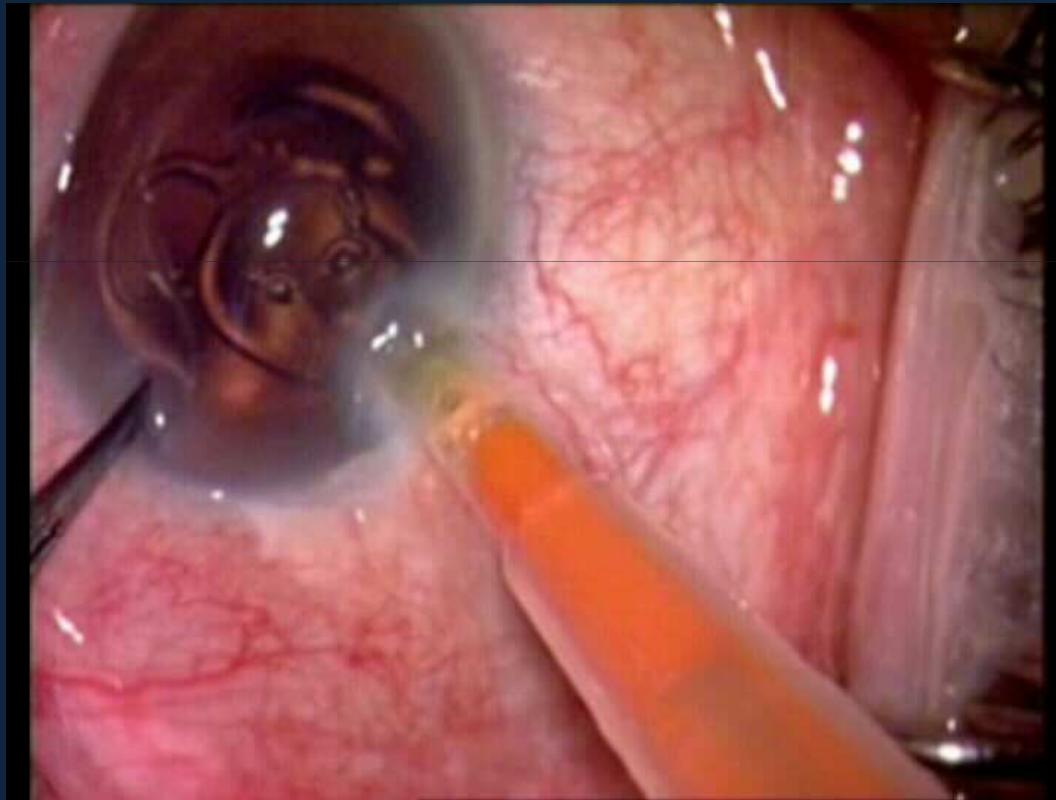
FRAMMENTI PIU' PICCOLI

ENERGIA NEL TEMPO

MOVIMENTO LONGITUDINALE  
TORSIONALE  
TRASVERVALE

MIGLIORE EFFICACIA  
MINORE ENERGIA DISSIPATA  
MINORE REPULSIONE  
FLUIDICA SOFT

# IMPIANTO I.O.L.



Ophthalmic Surg Lasers Imaging. 2011 Mar-Apr;42(3):114-24. doi: 10.3928/15428877-20110125-03. Epub 2011 Feb 1.

## **Microcoaxial Torsional Cataract Surgery 1.8 mm Versus 2.2 mm: Functional and Morphological Assessment.**

[Mastropasqua L](#), [Toto L](#), [Vecchiarino L](#), [Di Nicola M](#), [Mastropasqua R](#).

**BACKGROUND AND OBJECTIVE:** To compare functional and morphological outcomes of 1.8-mm versus 2.2-mm microincision coaxial cataract surgery (MCCS).

**RESULTS:** There were no significant between-group differences in uncorrected visual acuity, best-corrected visual acuity, keratometric astigmatism, and endothelial cell count. One day postoperatively, a greater increase of corneal thickness at the incision site was observed in group 1 compared to group 2 using anterior segment optical coherence tomography with no significant differences in tunnel morphometric features and confocal microscopy showed more tunnel edema in group 1 versus group 2 that resolved in both groups.

**CONCLUSION:** Both 1.8- and 2.2-mm torsional MCCS were safe and efficient with easy surgical maneuvers and excellent functional and morphological results; 1.8-mm MCCS induced slightly greater tunnel edema shortly after surgery that resolved in the medium term

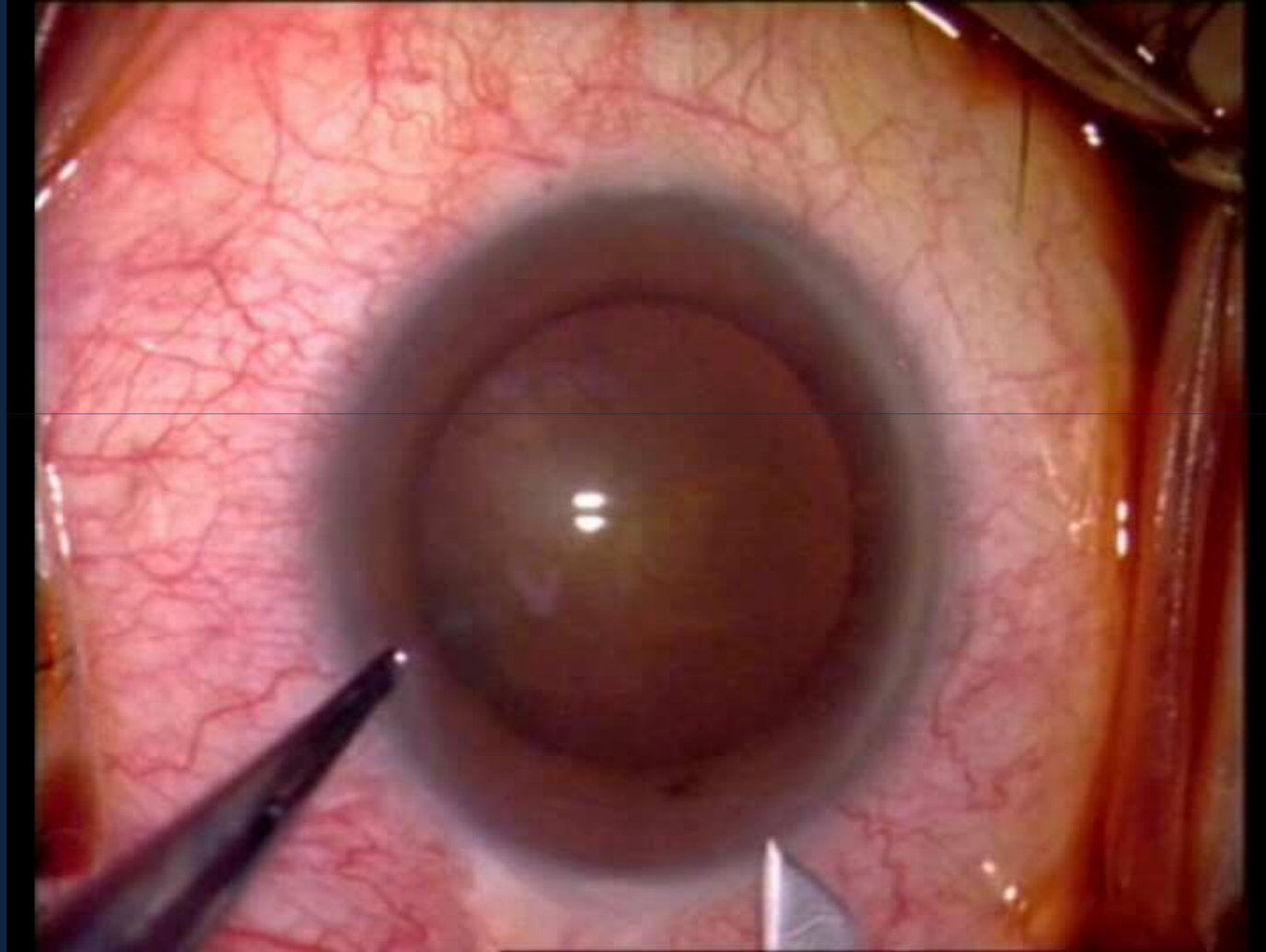
J Cataract Refract Surg. 2010 May;36(5):740-6.

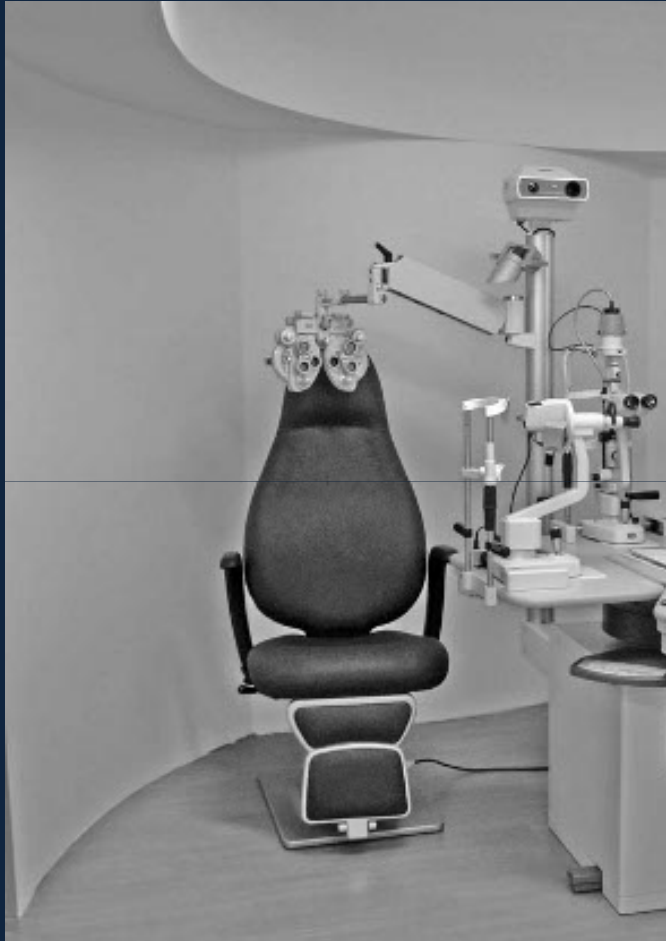
## **Coaxial, microcoaxial, and biaxial microincision cataract surgery: prospective comparative study.**

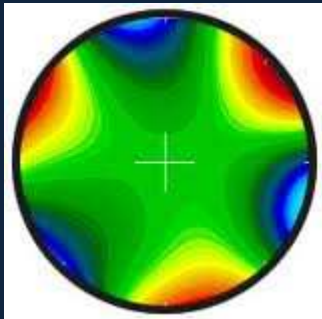
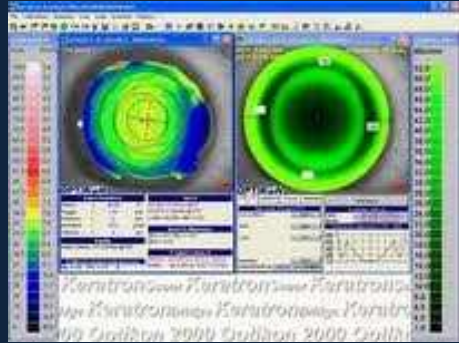
[Can I](#), [Takmaz T](#), [Yildiz Y](#), [Bayhan HA](#), [Soyugelen G](#), [Bostanci B](#).

**CONCLUSIONS:** All 3 techniques were reliable, functional, and effective, yielding good visual outcomes and low phaco parameters and complication rates. Biaxial microincision surgery, with the smallest incisions, induced less astigmatism and reduced all intraoperative phaco parameters except total surgical time













GRAZIE



## M.I.C.S.

- MICROSTRUMENTAZIONE DEDICATA
- OTTIMIZZARE LA FLUIDICA
- BIMANUALITA' FACO
- SEPARAZIONE I/A
- I.O.L. DEDICATE

**CORNEA: astigmatismo indotto minimo**

**ENERGIA FACO: minore**

**tempo chirurgico ridotto**

**QUALITA' DELLE I.O.L.**



**CORNEA: realmente più anastigmogena?**

**ENERGIA FACO: modalità possibili con la  
tecnica coassiale standard!**

**QUALITA' DELLE I.O.L.**