

Date of Procedure:

Patient:

Medical record number:

Surgeon: Gagan Singh, M.D.

Assistant: NONE

Preoperative diagnosis: Cataract **RIGHT EYE / LEFT EYE**

Post operative Diagnosis: Same

Procedure: Cataract extraction with implantation of an intraocular lens **RIGHT EYE / RIGHT EYE**

Anesthesia: Local with IV sedation

Lens Model:

Phaco settings: **US**
AP

Operative Note: The patient experienced a gradual, progressive decrease in vision in the operative eye, to the point that it was interfering with daily activities and elected to undergo cataract surgery. Consent was obtained prior to surgery. Dilating drops were given in the preoperative area. Local anesthesia was achieved by peribulbar injection 3.5ml of 2% lidocaine and O'brien lid block with 5ml of 2% lidocaine. The eye was prepped and draped using povidone iodine 5% and adhesive drapes. A wire lid speculum was used to retain the eyelids two drops of povidone iodine 5% were placed on the conjunctival fornix. This was irrigated with BSS. A blade was used to perform a paracentesis. Viscoat was injected into the anterior chamber. A keratome was used to make a clear corneal incision. A cystotome was used to open the capsule and create a capsulorrhexis. Balanced salt solution was injected for hydrodissection. Phacoemulsification was used to remove the nucleus. Aspiration was used to remove the cortex. Provisc was injected to distend the capsule and prepare for lens insertion. The lens was inserted to achieve endocapsular fixation. Aspiration was used to remove the provisc. Miochol was injected to constrict the pupil over the lens optic. At the completion of the case the cornea was clear, the pupil was round and constricted over the optic, the anterior chamber was normal depth, the lens was in proper position, and the incision was secure. A drop of antibiotic was placed in the eye. A patch and shield was secured over the eye. The patient was brought to the postoperative area in excellent condition.

GAGAN J. SINGH, MD