

## Phacoemulsification and pars plana vitrectomy: A combined procedure

Dear Editor,

We read with interest the article by Jain *et al.*<sup>1</sup> We commend the authors on the very informative article but we would like to add a few points to make the article more pertinent.

1. What was the postoperative refractive status of the patients in whom the retina was attached? We would be interested in knowing the accuracy of the intraocular lens (IOL) power calculation. It is common knowledge that IOL power calculation is highly unreliable in silicon oil filled eyes<sup>2</sup> and in eyes with retinal detachment. The IOL power could have been calculated with some degree of accuracy in only 19 eyes out of the 65 eyes in this study. The authors mention that the other eye was used as a guide for IOL power calculation where the power could not be calculated in the eyes to be operated. Were the fellow eyes anatomically normal in all these cases? Was there a history suggestive of anisometropia?
2. Why did the authors not do a primary posterior capsulotomy in all cases? This would have prevented any posterior capsular opacification. Was capsulotomy done in any case at the time of silicon oil removal? A clear visual axis is important in the postoperative period to visualize retinal status and for further laser, if necessary, prior to silicon oil removal.
3. The main purpose of doing a combined phacoemulsification and vitrectomy is to be able to implant a lens so as to avoid the refractive problems of aphakia. If the IOL power calculation is not carried out accurately and it leads to surprises which are equivalent to the errors seen in aphakia the whole exercise seems to be futile.

We have been doing combined surgeries for many years. Our protocol for these difficult cases is as follows:

We generally do not do primary IOL implantation in any eye with a retinal detachment. At least a rim of the posterior capsule is maintained in all cases after phacoemulsification. The retinal procedure is carried out and subsequently at a later date, if the retina is attached, the IOL is inserted together with silicon oil removal, if oil was used for tamponade. The IOL power is calculated using the modification as suggested.<sup>3</sup> In eyes where gas is used as a tamponade, a secondary IOL is inserted after three to four months and IOL power calculation is carried out using standard formulae.

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## References

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