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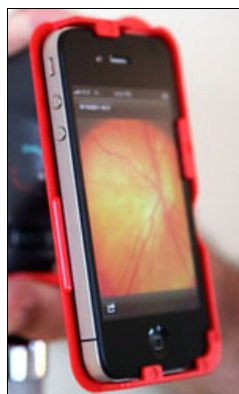
**Uday Devgan, MD, FACS**, focuses his blog on premium-channel IOLs, including accommodating, multifocal, toric, and other innovative designs. Current techniques, research, trials, issues, and case studies will be presented with an emphasis on surgical and clinical pearls for maximizing patient results.



**Photos with your phone**

Posted by **Uday Devgan, MD, FACS** September 15, 2011 12:41 PM

When I was a resident, anterior segment photos were taken with a large (and expensive) camera with a high-power macro lens. These days, I use a handheld digital camera to take most anterior segment photos, and now there's even a way to take good fundus photos with your cellular phone. You can take a photo of a patient's fundus and then email or text it to colleagues.



**Photos of patient's fundus via phone.**

The device that enables this is the iExaminer from Intuitive Medical Technologies ([www.iExam.com](http://www.iExam.com)), which couples an iPhone to a handheld ophthalmoscope. A free download of the iExaminer application even walks clinicians through a typical ophthalmic exam, including visual acuity testing and more.

I have been using this device at our teaching hospital to educate medical students. It is also very useful for primary care doctors, neurologists and emergency physicians because it simplifies the process of looking at the optic nerve and makes it easy to transmit the image to an ophthalmologist for a quick opinion. I encourage you to try out the device, particularly if you teach other clinicians or if you're like me and you just love gadgets.

Disclosure: Dr. Devgan has no direct financial interest in the products discussed here, nor is he a paid consultant for any companies mentioned.

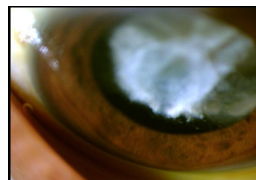
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**The wrinkled anterior lens capsule**

Posted by **Uday Devgan, MD, FACS** August 12, 2011 09:44 AM

Careful examination shows that this mature white cataract has formed over the course of many years. There is fibrosis and wrinkling of the anterior lens capsule. When instilling trypan blue dye in the eye, the visualization may improve, but it may still be difficult to perform a capsulorrhexis. This fibrotic capsule will not tear the same way as a smooth capsule, and there's a high probability that micro-scissors, a vitrector or a cystotome will be needed to complete the anterior capsulotomy.



**Area of zonular absence seen between cataract and iris.**

In addition, whenever there is wrinkling of the anterior capsule, it is usually accompanied by zonular weakness. The normal anterior lens capsule is taut like a drumhead due to tension provided by the zonules. In this

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case, with extensive anterior capsular wrinkling, the zonules are significantly stretched, weak and even absent in quadrants.

When the patient is asked to look inferiorly (See figure), there is a large gap between the cataract and the iris due to zonular loss. This will make the cataract surgery far more difficult with a higher chance of complications.

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## Long-standing mature cataract

Posted by **Uday Devgan, MD, FACS** August 5, 2011 11:20 AM

A patient presents to you with a unilateral mature white cataract, and before booking her surgery, you have a hunch that something isn't quite right ...

This 60-year-old woman has a complaint of poor vision out of the left eye for 40 years. She recalls some unspecified trauma at the age of 20, then slowly losing vision in the left eye. Today is the first time that she's seeking treatment. She has an otherwise normal ocular and medical history. She does remember having normal visual function in both eyes during childhood and until the trauma.

Exam shows a normal right eye with trace nuclear cataract and 20/20 vision. The left eye has sensory exotropia of 30 prism diopters, a mature cataract and no view of the posterior segment. There is no afferent pupillary defect, and the patient is able to see light perception with projection to four quadrants. The B-scan ultrasound shows a normal posterior segment.

With the sensory exotropia, the patient understands that she'll likely have diplopia after cataract surgery and that she may need strabismus surgery in the future. So you go ahead and book her for a cataract surgery: trypan blue dye to stain the capsule, then phaco, followed by an IOL implant. Then you take one last look through the slit lamp (See figure), and you notice something odd. The anterior lens capsule appears to be wrinkled and bumpy, not smooth. What's going on? (Answer in next week's blog entry.)



**White cataract with a wrinkled anterior capsule**

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