Bölüm

4

Presbiyopi Düzeltici Göz İçi Lensler ve Cerrahide Dikkat Edilmesi Gerekenler

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Giriş

Katarakt cerrahisi, dünyada en sık yapılan ve en başarılı cerrahilerden biridir. Yıllar içinde geliştirilen yeni cerrahi teknikler, aletler ve göz içi lensler (GİL); kesilerin daha küçük olmasına, cerrahi esnasında hasarların azalmasına, görme keskinliğinin en üst seviyeye çıkarılmasına, cerrahi sonrası enfeksiyon olasılığının azalmasına ve sonuç olarak katarakt cerrahisini çok daha güvenli hale getirerek hastaların yaşam kalitelerini artırmalarına ve sürdürmelerine olanak sağlamıştır (1).

Günümüzde katarakt cerrahisi; refraktif cerrahi olarak algılanır ve beklentiler geçmişe kıyasla daha yüksektir. Tüm mesafelerde net görüş arayışı ile daha genç ve profesyonel hayatlarında aktif hastalar da lens cerrahisi adayı olmaktadır. Bu hastalar hem dışarıda hem de bilgisayar ve akıllı telefon ekranlarının karşısında zaman geçirmektedirler. Birçoğu için, düzeltilmemiş görme keskinliği seviyesinin uzak mesafede tam olması artık yeterli olmamakla birlikte, amaç; gözlükten tam bağımsızlıktır. Bu nedenle; yeni cerrahi teknikler ve GİL'ler özellikle bu yaş grubundaki hastaların çalışma hayatlarını destekler nitelikte olmalıdır.

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Cerrahi sonunda, mikroskop ışığının kornea ve lenste yarattığı Purkinje I, III ve IV. yansımaları santralde ve üst üste gelmelidir. Bu doğrulama yapılmadan cerrahi bitirilmemelidir.

Sonuç

Presbiyopi düzeltici GİL'lerin cerrahisinin standart fakoemulsifikasyon ve monofokal GİL implantasyonundan önemli bir farkı yoktur. Sadece şu noktalara daha fazla dikkat edilmelidir:

Saydam korneal kesi; mevcut korneal astigmatizmayı artırmamak için mümkünse dik kadrandan yapılmalı, korneasında astigmatizması olmayan olgularda; durumu korumak için temporal kesi tercih edilmelidir. 2,2-2,8 mm boyutlu kesiler uygulanmalıdır. Korneal astigmatizması 0,75 -1,00 D ve üzerinde olan hastalarda torik multifokal GİL'ler akla gelmelidir.

Kapsüloreksisin dairesel ve santralize olması önemlidir. Bugün için yaklaşık 5,0-5,5 mm çap ideal kabul edilmektedir. Kapsüloreksis sırasında radial uzama izlenen olgularda, daha sonra tilt duruş ya da desantralizasyon gelişebileceğinden, presbiyopi düzeltici GİL'ler istisnai durumlar dışında uygulanmamalıdır.

Küçük pupillalı hastalarda, pupil genişletme araçları kullanılması durumunda, pupilin hasar görmemesi ve işlevlerini yitirmemesi önemlidir.

GİL, kapsüler kese içine yerleştirilmedir. Presbiyopi düzeltici bir GİL'in sulkusa konulması uygun değildir.

Bu bölümde, presbiyopi düzeltici GİL'lerin cerrahisindeki inceliklerden ve yeni yaklaşımlardan bahsedilmiştir. Akademi ve endüstrinin iş birliğine dayalı araştırmalarla geliştirilen yeni cihaz teknolojileri, yeni GİL'ler ve cerrahi teknikler; tüm mesafelerde net görüşe ulaşma inancımızı artırmaktadır.

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