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Risk factors for early Posterior Capsular Opacification and Morbidity following Nd-YAG Laser Capsulotomy

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Purpose: To determine risk factors for posterior capsular opacification: whether advances in cataract surgery has any bearing on reducing it and to assess early and mid-term morbidity following YAG laser posterior capsulotomy **Methodology:** Case notes of 175 consecutive YAG laser posterior capsulotomy procedures carried out over a twelve month period were reviewed. Patients with pre-existing ocular pathology and intraoperative complications were excluded. The eyes were divided into two groups - those requiring laser within and after twelve months of surgery. Risk factors between the two groups were studied for statistical significance with the chi-square test. **Results:** The following factors did not influence early opacification : PMMA versus silicone lenses, endocapsular versus phacoemulsification of cataract, method of anterior capsulotomy and grade of surgeon. The average energy used was 49.17 mJ. Silicone lenses needed higher energy levels. There was no correlation between energy used and post-laser IOP rise. One patient had persistent IOP rise needing medication. One patient developed retinal detachment. Three patients had a drop in visual acuity due to the development of cystoid macular oedema. **Conclusion:** Early posterior capsular opacification seems to be multi-factorial in origin and various recent advances in the technique of cataract extraction do not independently retard posterior capsular opacification. Although considered a safe procedure YAG laser posterior capsulotomy can be associated with significant morbidity. Patients must not be listed for capsulotomy in the absence of significant visual symptoms except in exceptional circumstances.