

and immediate visual rehabilitation, but the cost of equipment, consumables and maintenance make it unaffordable in many settings. The majority of ophthalmologists in developing countries are being trained in conventional ECCE surgery. The change to MSICS is easier than learning phacoemulsification, as anterior chamber dynamics in MSICS are similar to conventional ECCE. More trials are needed to compare the different techniques and their variations, to

provide better evidence of the costs and benefits.

References

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Author's Abstract

Sutureless cataract surgery with nucleus extraction: outcome of a prospective study in Nepal

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Aim: To report the short and medium term outcome of a prospective series of sutureless manual extracapsular cataract extractions (ECCE) at a high volume surgical centre in Nepal.

Methods: Cataract surgery was carried out, on eyes with no co-existing diseases, in 500 consecutive patients who were likely to return for follow up. The technique involved sclerocorneal tunnel, capsulotomy, hydrodissection, nucleus extraction with a bent needle tip hook, and posterior

chamber intraocular lens (PC-IOL) implantation according to biometry findings. Surgical complications, visual acuity at discharge, 6 weeks, and 1 year follow up, and surgically induced astigmatism are reported.

Results: The uncorrected visual acuity at discharge was 6/18 or better in 76.8% of eyes, and declined to 70.5% at 6 weeks' follow up, and 64.9% at 1 year. The best corrected visual acuity was 6/18 or better in 96.2% of eyes at 6 weeks and in 95.9% at 1 year. Poor visual outcome (<6/60) occurred in less than 2%. Intraoperative complications included 47 (9.4%) eyes with hyphaema, and one eye (0.2%) with posterior capsule rupture and vitreous in the anterior chamber. Surgery led to an increase in against the rule astigmatism, which was the major cause of uncorrected

visual acuity less than 6/18. Six weeks postoperatively, 85.5% of eyes had against the rule astigmatism, with a mean induced cylinder of 1.41 D (SD 0.8). There was a further small increase in against the rule astigmatism of 0.66 D (SD 0.41) between 6 weeks and 1 year. The mean duration of surgery was 4 minutes and the average cost of consumables, including the IOL, was less than \$10.

Conclusion: Rapid recovery of good vision can be achieved with sutureless manual ECCE at low cost in areas where there is a need for high volume cataract surgery. Further work is required to reduce significant postoperative astigmatism, which was the major cause of uncorrected acuity less than 6/18.

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UK Examination Dates

Examination	Applications and Fees Due	Essay and/or MCQ Papers	Clinicals/Orals/OSES ⁺ /OSCES ⁺
Part 1 MRCOphth	15 March 2004	26–27 April 2004	None
	31 August 2004	11–12 October 2004	None
Part 2 MRCOphth	4 May 2004	14 June 2004	14–18 June 2004
	20 September 2004	1 November 2004	1–5 November 2004
Part 3 MRCOphth*	19 January 2004	1 March 2004	1–5 March 2004
	2 August 2004	13 September 2004	13–17 September 2004
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Diploma in Ophthalmology (DRCOphth)	17 May 2004	28 June 2004	28–30 June 2004
	4 October 2004	15 November 2004	15–17 November 2004

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Part 1 MRCOphth	31 August 2004	11–12 October 2004	None
Part 2 MRCOphth	31 August 2004	13 October 2004	13–14 October 2004
Part 3 MRCOphth	31 August 2004	14 October 2004	14–15 October 2004

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