



Jaypee's Video Atlas of Ophthalmic Surgery

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JAYPEE BROTHERS



**415 Procedures
in Twelve DVDs
Duration More than 30 hrs**

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Video Highlights

SECTION I: Phaco, Microphaco, Micro Coaxial Phaco, Biaxial Phaco, Torsional Phaco and Manual Small Incision Cataract Surgery

Video I



History and Use of Ophthalmic Anesthesia

Jorge L. Alio, Martin Dittman, Juan L. Gonzalez (Spain)

This video describes the history, evolution and today's practice of ophthalmic anesthesia. It is a didactical presentation and makes a comprehensive review of this topic. This video received a video award at the ESCRS meeting in Paris in 2005.

Video II



Pearls in Converting to Topical Anesthesia in Phacoemulsification **Kumar J Doctor (India)**

This video demonstrates the pearls of converting to topical anesthesia in cataract surgery by didactic and surgical steps. The advantage of topical anesthesia is well known but the surgeon has to be trained for a easy conversion to remove the mental block. TA can also be done in difficult cases like hyper-mature cataracts/ small pupils, subluxated lenses etc. The pearls in conversion to TA are shown in this video. The technique to perform CCC, Hydro-procedures and IOL implantation is also shown.

Video III

Transition to Bimanual Microincision Phaco

I Howard Fine, Mark Packer, Richard S Hoffman (USA)



This surgical video presents the pearls of converting to bimanual microphaco step by step beautifully for the beginners.

Video IV

Power Modulation

I Howard Fine (USA)



Power modulations were developed in the late 1980s and early 1990s and resulted in a modification in the delivery of phaco power, allowing milliseconds of rest between milliseconds of ultrasound activity. This video beautifully depicts the Pearls of various power modulations.

Video V

Microphakonit : Sub 1 mm Cataract Surgery

Amar Agarwal, Ashok Garg (India)



This video presents the new technique of Microphakonit for the first time with a 0.7 mm phaco needle tip and 0.7 mm irrigating chopper to remove the cataract through the smallest possible incision in the world.

Video VI

Hypermature : Fugo Plasma Blade to the rescue

Luther L Fry (USA)



This video shows the capsulorrhexis in mature cataracts with fibrotic capsules can be made much easier with the Fugo Plasma Blade.

Video VII

Bimanual Microincision Phacoemulsification for Difficult and Challenging Cases

I Howard Fine (USA)



This video includes 19 clips demonstrating the bimanual technique specially the separation of infusion from aspiration.

tion which can be used to deal with difficult or challenging cataract cases.

Video VIII

Bimanual MICS

David F Chang (USA)



In this video author presents the surgical steps of bimanual microincision cataract surgery in a easy and simplified manner.

Video IX

Techniques for Trypan Blue Staining and Mature White Cataract

David F Chang (USA)



This video demonstrates a technique for staining the anterior capsule with trypan blue.

Video X

Phacodynamics for Vertical Chop

David F Chang (USA)



This video demonstrates the use of vertical chop to fragment a brunescient lens. Iris retractors are used to manage the small pupil in the face of a complicated case.

Video XI

Vertical Phaco chop

David F Chang (USA)



This video shows the surgical pearls of vertical phaco chop technique to divide the cataractous lens step by step.

Video XII

Tilt and Tumble Microincision Cataract Surgery

Richard L Lindstrom (USA)



The technique of tilt and tumble is a modified form of supracapsular phacoemulsification. This video shows the use of bimanual technique to tilt one pole of the nucleus above the anterior capsule. Phaco is then performed while supporting the lens in the iris plane with a nucleus rotator.

Video XIII



**Standard Cataract Akahoshi Prechop
Luther L Fry (USA)**

This video shows my approach as an inexperienced user to the Akahoshi Prechop for the beginners.

Video XIV



**Fluidics in 700 micron Cataract
Surgery**

Arturo Perez Arteaga (Mexico)

The goal of cataract surgery has been to decrease the incision size, now it is possible to perform through only two 0.7 mm incisions. This is very important, but while performing this technique we discovered that fluidics improve a lot, because we are spending only 40 to 50 cc of BSS in one case. This is because the small diameter of the irrigation cannula, and the closed environment in which we are working because of the small and tight incisions.

Video XV



**No irrigating Chopper Microphakonit
Technique**

Arturo Perez Arteaga (Mexico)

In this video author has demonstrated no irrigating chopper phakonit technique (NIC) where the use of irrigating chopper is avoided. It only uses the irrigating cannula and phacofragmentation device and there is no collapse of chamber at any time of the surgery.

Video XVI



**Converting Step by Step from Co-axial
to Biaxial Phaco**

Arturo Perez Arteaga (Mexico)

This video shows a series of didactical steps that the Co-axial cataract surgeon can easily follow, when he wants to covert to Bi-axial cataract surgery. The steps are one to one and the surgeon can spend variable time, depending upon the

individual learning curve, in each step. It is a safe way to go, avoiding a fast change that can result in a disaster for some patient.

Video XVII



Coaxial to Biaxial Phacoemulsification: Performing Your Transition **Gilles Lesieur (France)**

This video describes all steps to perform your transition in Biaxial phacoemulsification. The main instruments are the knife and the hydrochopper specially designed by the author. All the details are shown to achieve a safe and efficient surgery.

Video XVIII



Phacoemulsification in Pseudoexfoliation with Operated Trabeculotomy

Jagat Ram, Gagandeep Singh Brar (India)

Phacoemulsification procedure in patients with pseudoexfoliation syndrome and cataract is a great challenge. There are several problems associated with this entity including rigid pupil which is often resistant for dilatation and zonular weakness or dehiscence. This video demonstrates dilation of pupil with mechanical stretching and successful phacoemulsification within the bag implantation of AcrySof foldable IOL.

Video XIX



Lens epithelial cells aspiration and secondary IOL implantation in high myopia with aphakia and PCO

Gagandeep Singh Brar, Jagat Ram (India)

Posterior capsule opacification is a common cause of visual impairment after successful phacoemulsification. Nd: Yag Laser posterior capsulotomy is most commonly performed procedure for

definite advantages in complicated situations as depicted in the video.

Video XXIV

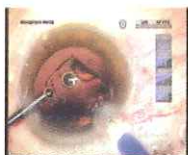


Minimally Invasive Bimanual Microphaco

Hiroshi Tsuneoka (Japan)

Author in this video demonstrates surgical procedure for minimally invasive bimanual microphaco. Insertion of acrySof foldable lens is also shown in this movie through 2.2 mm incision.

Video XXV



Microphaco 0.7 mm with the AcryLISA Multifocal IOL

Keiki R Mehta, Cyres K Mehta (India)

This video shows Microphaco being done with the new 0.7 mm tip. Technique described on how to do the procedure. Surge virtually nil. Implantation of the new multifocal AcyLISA IOL.

Video XXVI



Step by Step Low Ultrasound MICS

Jorge L Alio (Spain)

MICS means Microincisional cataract surgery, a term created and patented by Jorge L Alio in 2001 in Alicante, Spain. MICS represents the latest progress in cataract surgery and today it is possible to perform it through incision of 19 (1.2-1.4 mm) to 21 (0.7 mm) gauge. In this video we show how to perform 19 gauge MICS step by step, from the adequate selection of instruments, the adequate location of incisions, the adequate use of viscoelastics and, finally, the right use of fluidics and ultrasound. The MICS beginner surgeon can find in this video an excellent introduction to this technique.

Video XXVII



Capsular Peeling to Improve Capsular Integrity in IOL Exchange

Marie Jose Tassignon (Belgium)

This video shows capsular peeling to improve capsular integrity alongwith best options for implantation of a new IOL.

Video XXVIII



**Implantation of a Sutureless Sulcus
Fixated Posterior Chamber IOL in
Aphakic Eye**
Peter W Rieck (Germany)

This surgical video presents secondary IOL implantation in aphakic patient. Author developed a technique of sutureless iris fixated ciliary sulcus IOL implantation with new PC IOL designed specially for aphakic cases.

Video XXIX

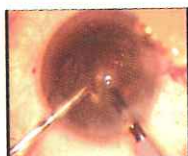


MICS

**Jorge L Alio, JL Rodriguez Prats
(Spain)**

This video shows the surgical pearls of microincision cataract surgery performed through the incision of 1.5 mm or less. MICS is the next generation technology in the evolution of cataract surgery.

Video XXX



**Microphaco with the Tripronged
Chopper and the Micriol IOL**
Keiki R Mehta, Cyres K Mehta (India)

A new instrument for Microphaco consisting of a tri prong. Two sort blunt spuds with one longer sharper chopper. Technique shows how easy one can move the nucleus around and even the epinuclear plate with the new chopper. Final insertion with the plate Micriol IOL, an implant which easily goes through an undilated 1.4 mm incision.

Video XXXI



MICS with Aqualase

**Jorge L Alio, Jose L Rodriguez Prats
(Spain)**

Microincisional cataract surgery (MICS) a concept created by Jorge Alio in 2001. In this video how to use the modern Aqualase Technology with MICS is displayed. This non-ultrasound surgical technique offers advantages of being less traumatic for the corneal endothelium as ultrasound waveshocks are not produced inside the eye. This

advantage jointly with MICS makes this MICS Aqualase a choice for delicate corneas especially those with Fuch's dystrophy.

Video XXXII



Bilensectomy Technique (Phakic IOL Explantation and Cataract Surgery)
Gonzalo Murioz, Jaime Javalay, Ayman Abdelrahman, Jorge L Alio (Spain)

Bilensectomy is the term with which we name the surgery in which the explantation of an IOL followed by cataract surgery with IOL implantation is performed due to cataract development. Bilensectomy is shown in this video in detail with the different techniques used for angle supported phakic lenses, iris supported phakic lenses and posterior capsule lens supported phakic IOLs. An adequate planning and the adequate use of microincisional cataract surgery may preserve the benefits of refractive correction in these patients with an adequate surgical plan.

Video XXXIII



Impossible MICSION
Jorge L Alio, Jose Luis R Prats, Ahmed Galal (Spain)

In this video we explain how to perform cataract surgery using the MICS technique in cases of extreme difficulty.

Video XXXIV



Master MICS Surgery with the Irrigating Stinger
JL Rodriguez Prats, JL Alio (Spain)

This video describes the use and performance of the MICS technique with the irrigating stinger.

Video XXXV



MICS in Special Cases
Jorge L Alio (Spain)

This video describes variations in the MICS technique associated with other techniques and in different pathologies.

temporal clear corneal phaco is followed by a superior trabeculectomy.

Video LXXVII



Sutureless Vitrectomy with Phaco in Phacomorphic Glaucoma

Tanuj Dada (India)

Technique of a 23 G sutureless single site limited pars plana vitrectomy to decrease positive vitreous pressure and deepen the anterior chamber combined with phacoemulsification in phacomorphic glaucoma.

Video LXXVIII



Treatment of iatrogenic Tri-phakia.

Jose M Ruiz Moreno, Alberto Artola Roig, Jorge L Alio (Spain)

This video shows the surgical technique used for the treatment of a iatrogenic tri-phakia, which is the treatment used in a patient who comes to our center with an anterior chamber lens in which on examination the crystalline nucleus is found to be luxated with a posterior chamber lens. The nucleus was eliminated using our technique of Phacoemulsification in vitreous cavity.

Video LXXIX



Phacoemulsification in Vitreous Cavity

Jose M Ruiz Moreno, Alberto Artola Roig (Spain)

This video shows the surgical technique used for the treatment of crystalline nuclei or nucleus fragments luxated in the vitreous cavity. Phacoemulsification and elimination of these fragments is carried out in the vitreous cavity by the usual phacoemulsification, after performing a complete pars plana vitrectomy and placing a bubble of perfluorocarbon to protect the posterior segment.

Video XIV



Epithelial Invasion
Frank Goes (Belgium)

Video shows how to reopen an old flap (we have reopened flaps after 10 years, using the Storz flap reopener), and how to peel off and scrape off epithelial ingrowth from both sides.

Video XV



Lasik with Amadeus Microkeratome for High Myopia and astigmatism (Astigmatic Lasik)
Noel Alpíns (Australia)

This video shows various steps of Lasik using Amadeus Microkeratome for Myopia and Astigmatism.

Video XVI



PRK with Mitomycin C for High Myopia
Noel Alpíns (Australia)

This video shows PRK and Amoils brush removal of epithelium alongwith High Myopic treatment with Mitomycin C.

Video XVII



Pentacam Technology
Arun C Gulani (USA)

I am explaining the use of Pentacam technology in full spectrum refractive surgery in order to select the refractive procedure or combination procedures to achieve unaided emmetropia.

Video XVIII



Epilasik
Jorge L Alio (Spain)

In this video we display the details of the Epilasik technique with Moria M2 epikeratome. How the epikeratome should be used only in pristine corneas is shown. Corneas with already altered Bowman's layer, including those with small leukomas, should be avoided as incomplete epithelium elevation or stromal invasion may happen.

Video XLVI



Customized Lasik

Sanjay Chaudhry (India)

The topography and aberrometry from a patient eye is taken by the OPD scan. The data is processed in the final fit software and then transferred to the excimer laser. The laser is a scanning slit laser which correct first the cylinder and then the spherical component of the refractive error. The multipoint ablation module split the laser beam into six 0.9 mm spots, which correct the aberrations. The procedure is done under 160 micron corneal flap.

Video XLVII

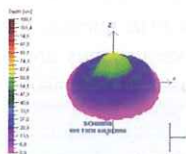


Lasik Technique: Visx S4

Guillermo Avalos Urzua (Mexico)

This video shows various steps of lasik procedure with Visa S4 Refractive excimer laser system stepwise from creation of flap to ablation and flap replacement nicely.

Video XLVIII



Schwind Eye Tech Solutions

Jorge L Alio (Spain)

Modern excimer laser technology is essential for the excellence and progress of refractive surgery. In this video, how ESIRIS Schwind Excimer laser uses a 0.8 Excimer laser beam to create aspheric ablations is displayed, customized corneal wavefront guided treatments and how the pupil size and the corneal wavefront are jointly used for a better result.

Video XLIX



Aspheric Lasik with Nidek

S Bharti (India)

This video highlights the bilateral Aspheric Lasik being performed with Nidek Advanced Vision Excimer Laser System. Maintaining the natural aspheric

safety in refractive lens exchange by doing cortical cleaning hydrodissection following by hydrodelineation. The endonucleus is then hydroexpressed into the plain of the capsulorhexis and we can carousel the endonucleus with fluidics alone, not requiring any ultrasound energy. Then, because cortical cleaving hydrodissection has cleaved the cortical capsular connections, just by tilting the phaco tip back into posterior chamber, the entire cortical envelope jumps into the phaco tip.

Video II



Accommodating IOL

Amar Agarwal, Ashok Garg (India)

Humanoptic Accommodative IOL helps to correct both distance and near vision based on Helmholtz's theory. This is a hydrophilic acrylic lens and has four square edge dynamic transition elements which enables the optical power of the lens to change during accommodation. Surgical technique to implant this lens is shown stepwise in this video with animation and surgical steps.

Video III



Phakic Lens Surgery

Jorge L Alio, Emilia Mulet, Charles Kelman (Spain)

This video displays the different techniques that are to be used when explanting a phakic IOL either the iris clip, angle supported or posterior chamber models, and then to follow with phacoemulsification surgery and pseudophakic IOL implantation. Surgical details, pearls and tricks are shown in this video illustrating the different steps of this surgery in these three models of phakic IOLs.

cataract and congenital primary vitreous beautifully by the author for the first time.

Video III



Endoscopic Surgery and MICS for Congenital Cataracts Associated to an Iris Cyst

**Jorge L Alio,
Aymen M Abdelrahman (Spain)**

This video describes how to manage a difficult case of congenital cataract associated to a giant iris cyst. Micro-incision cataract surgery (MICS) was the way to manage this case successfully, avoiding large incision that should have a better role than conventional phacoemulsification incision in this case. This video demonstrates the advantages of MICS in handling complicated pediatric cataracts.

Video IV



Implantation of Hydrophilic IOL in 3½ years Old Child. Congenital Cataract After Intrauterine Infection
Marek Prost (Poland)

This video presents up-to-date surgery of congenital cataract with manual capsulorhexis, posterior capsulectomy, anterior vitrectomy and implantation of hydrophilic IOL into the bag performed in 3.5-year-old girl with congenital cataract after intrauterine infection.

Video V



Pars Plana Lensectomy in Congenital Cataract Surgery
Marek Prost (Poland)

Typical pars plana lensectomy with central anterior and posterior capsulectomy performed in 7 weeks old boy with congenital cataract. This type of surgery allows simple secondary implantation of IOL in the older age into the ciliary sulcus or in-the-bag.

Video IX



Lateral Rectus Recession: Fornix Incision Approach
Rohit Saxena (India)

This surgical video shows the pearls of lateral rectus recession using Fornix incision approach step by step.

Video X



Inferior Oblique Recession
Santhan Gopal (India)

This surgical video shows the inferior oblique recession with attachment to the sclera next to inferior rectus insertion. This is known as Zero Station Recession.

Video XI



Surgical Rehabilitation in Special Forms of Strabismus
Zia Chaudhuri (India)

This is an audio-dubbed video presentation showing the surgical procedures of muscle resection, muscle recession (both conventional and hang-back), and superior oblique recession, which are included within the structure of the video presentation.

SECTION IX: Retinal Surgery

Video I



Intraocular Telescopic Lens in Age Related Macular Degeneration
Jorge L Alio, Emilia M Mulet Homs (Spain)

This video shows the surgical technique for implantation of the intraocular telescopic lens in patients with age-related macular degeneration.

Video II



Diabetic Maculopathy with Thick Posterior Hyaloid Membrane
Hsi Kung Kuo (Taiwan)

Vitrectomy is necessary to relieve diabetic macular edema secondary to maculopathy with taut, thickened