



The cataract surgeon should be informed that the patient has pseudo-exfoliation syndrome

The Science behind the Tip

Although the diagnosis of pseudo-exfoliation syndrome (PEX) with a fully dilated pupil in an elderly patient should pose no difficulty, it is still too often missed. One of the more important advantages of knowing that the patient has PEX is that in case of cataract, the surgeon can be informed about it. He/she will thus be better prepared for a challenging surgical procedure. He may want to allot more time for the operation, for example by scheduling the patient as the last on his operation list, for dealing with the possible difficulties encountered during the surgery and associated with PEX.

Inadequate dilation may require advanced small-pupil techniques. Further, fragility of the lens capsule and zonules predisposes for capsular rupture and vitreous loss. If the surgeon is given the opportunity to examine the patient before surgery, critical modifications in the surgery technique (such as use of a capsular tension ring¹) can be planned to avoid complications. Iridodonesis and visibility of the lens equator during eccentric gaze are subtle signs of zonular damage. In a later stage, shallow anterior chamber points to lens dislocation. Absence of these signs however by no means guarantees an uneventful operation and much may depend on the situation encountered intraoperatively.

There is an increased incidence of cataract in eyes with PEX². Further, chances are higher that in these elderly patients with possible age-related co-morbidity and with an aggressive form of glaucoma, the eye needing cataract surgery is the only functional one.

References

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2. Roth M, Epstein DL. Exfoliation syndrome. *Am J Ophthalmol.* 1980;89:477-81.