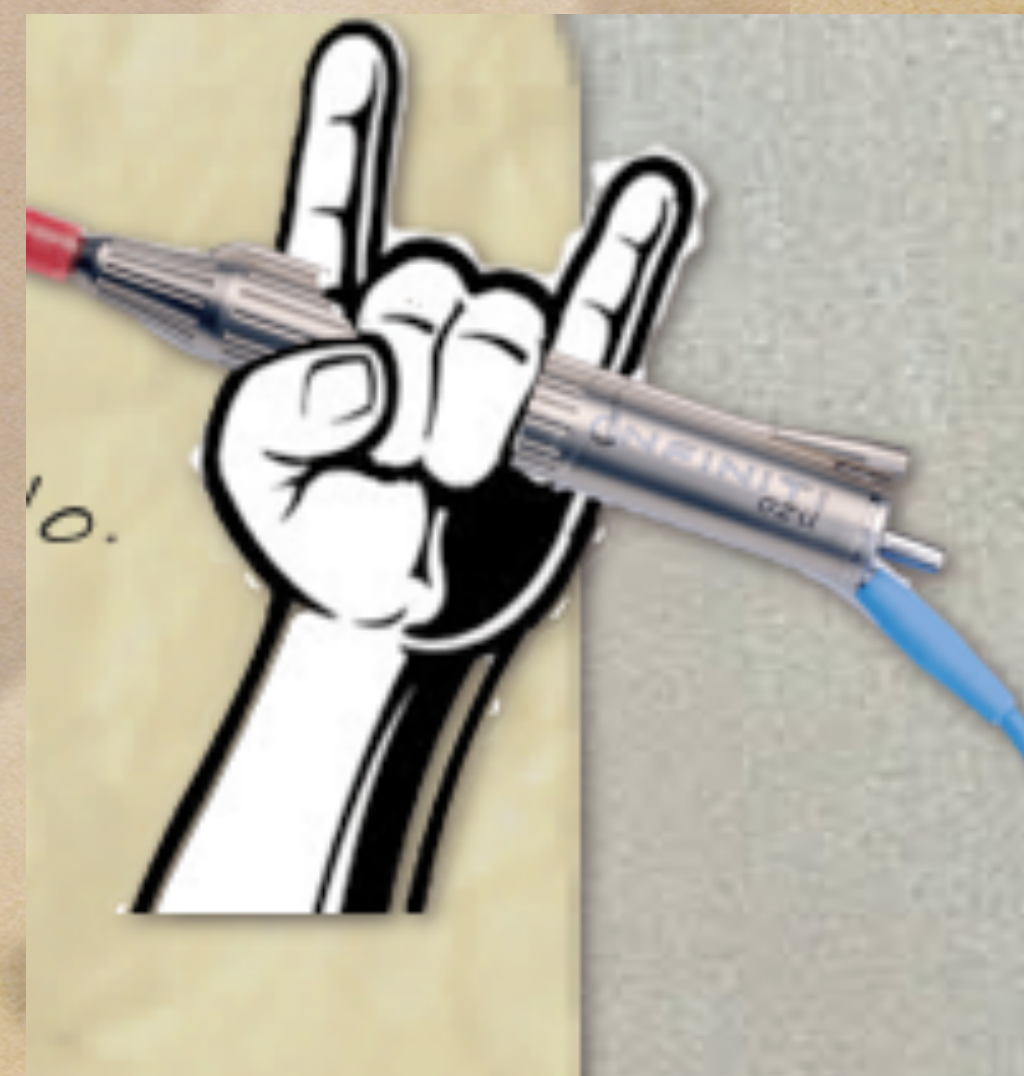


HARD ROCK CATARACT STAGE

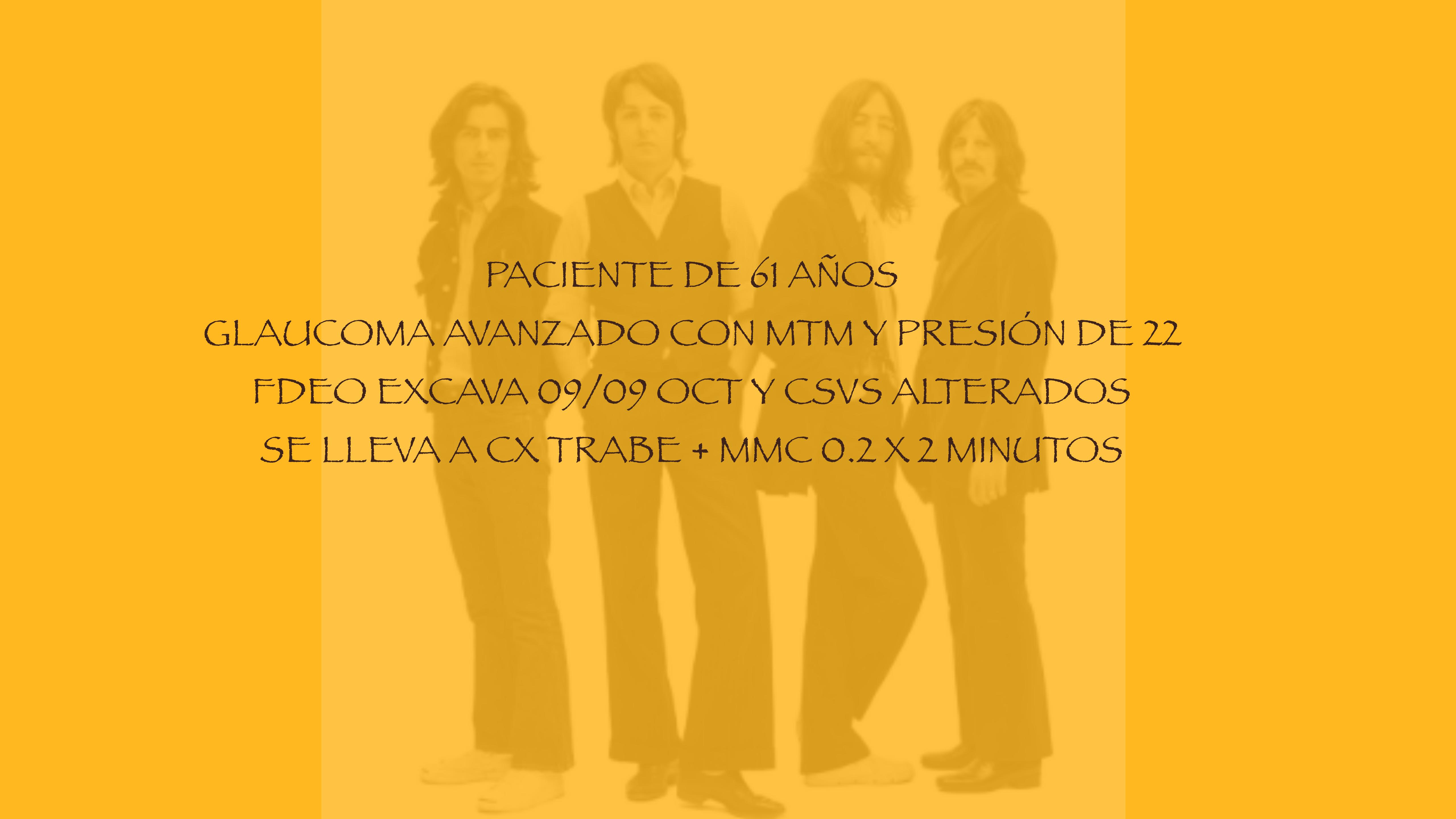
JOHN JAIRO ARISTIZÁBAL G.
MEDELLIN, JUNIO 13 DE 2015



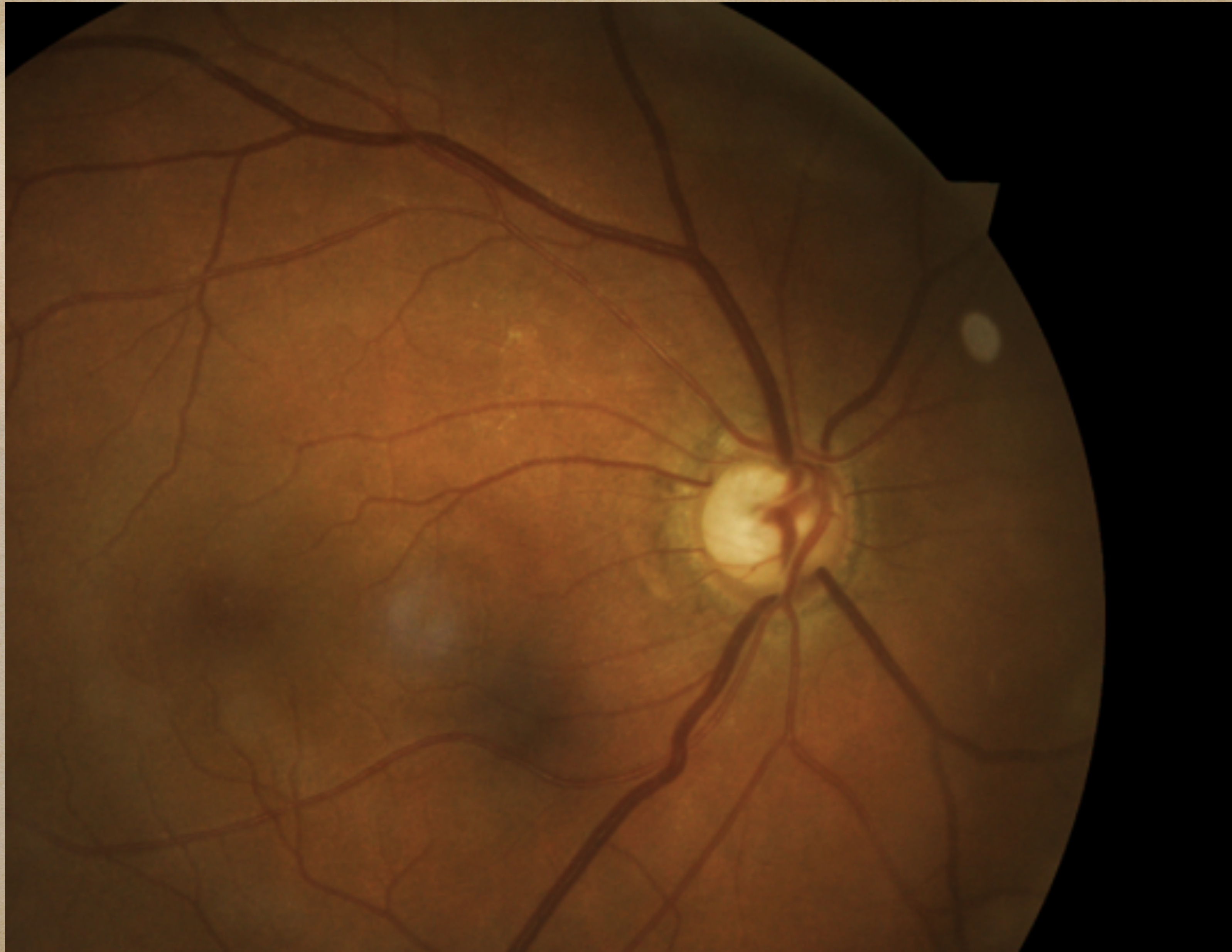




PACIENTE CON CATARATA CON CAPSULA FIBROSA
POST-FILTRANTE

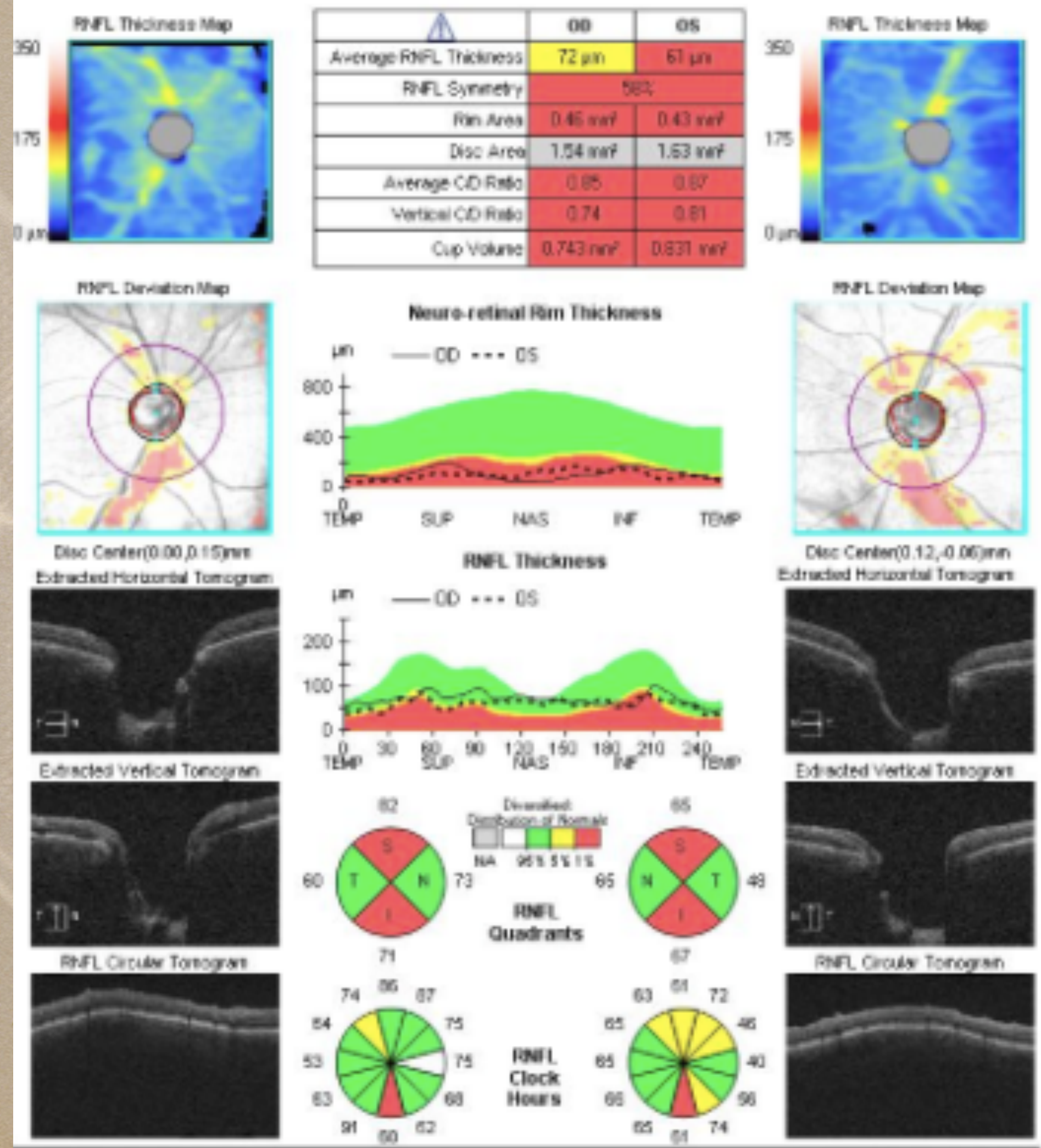


PACIENTE DE 61 AÑOS
GLAUCOMA AVANZADO CON MTM Y PRESIÓN DE 22
FDEO EXCAVA 09/09 OCT Y CSVS ALTERADOS
SE LLEVA A CX TRABE + MMC 0.2 X 2 MINUTOS



Name: **londene gonzalez, ana rita** **00** **05** **ZEISS**
 ID: 32402768 Exam Date: 4/13/2015 4/13/2015 C2M
 DOB: 4/17/1948 Exam Time: 3:30 PM 3:31 PM
 Gender: Female Serial Number: 4000-5235 4000-5235
 Doctor: Signal Strength: 6/10 7/10

ONH and RNFL OU Analysis: Optic Disc Cube 200x200 **OD** ● ● **OS**



Comments

Doctor's Signature

SW Ver 6.0.2.81
 Copyright 2012
 Carl Zeiss Meditec, Inc
 All Rights Reserved

Central 24-2 Prueba de umbral

Monitor de fijación: Mirada/Punto ciego

Estímulo: III, Blanco

Diámetro de pupila: 4.6 mm

Fecha: 10-08-2014

Objetivo de fijación: Central

Fondo: 31.5 ASB

Agudeza visual:

Hora: 3:03 PM

Pérdidas de fijación: 0/17

Estrategia: SITA-Standard

RX: +3.50 DS DC X

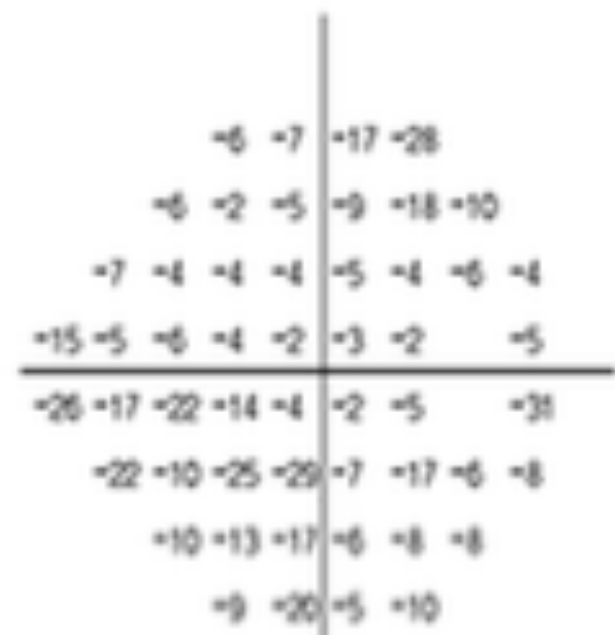
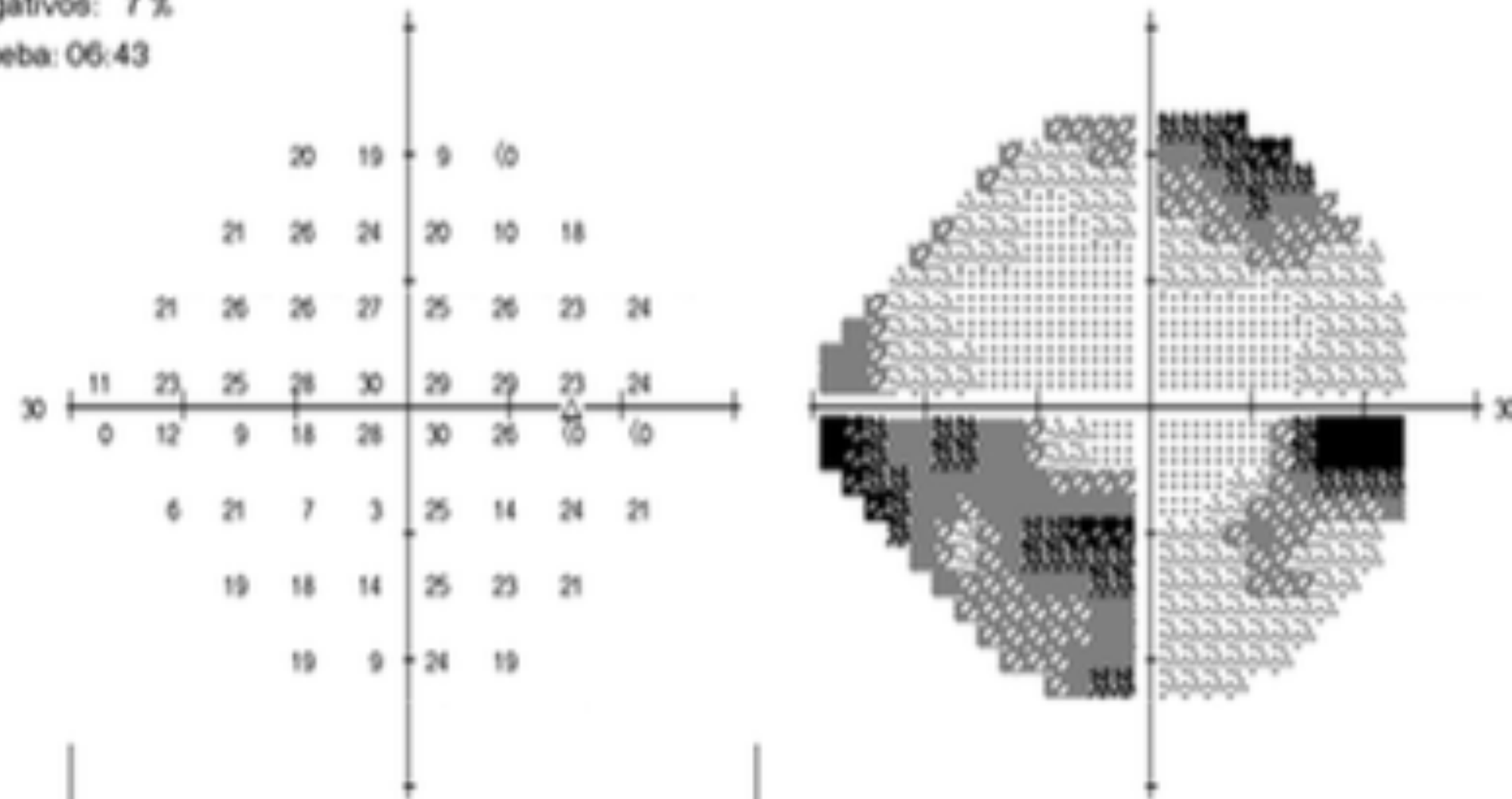
Edad: 68

Errores falsos positivos: 1 %

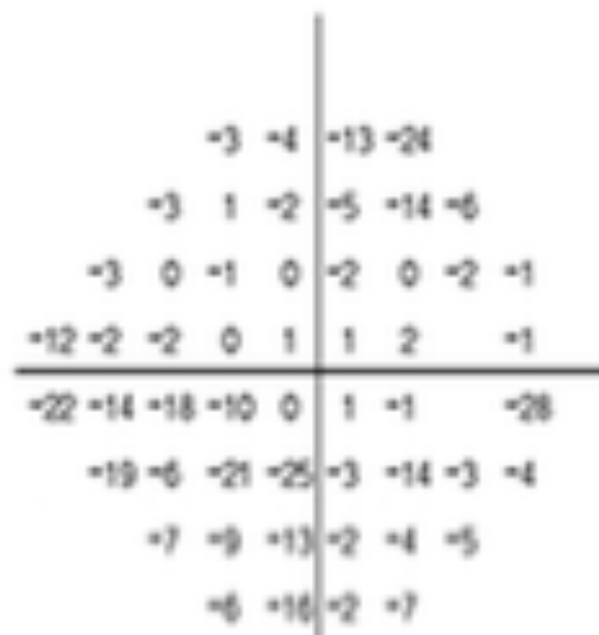
Errores falsos negativos: 7 %

Duración de la prueba: 06:43

Foveal: 34 dB



Desviación total



Desviación del modelo

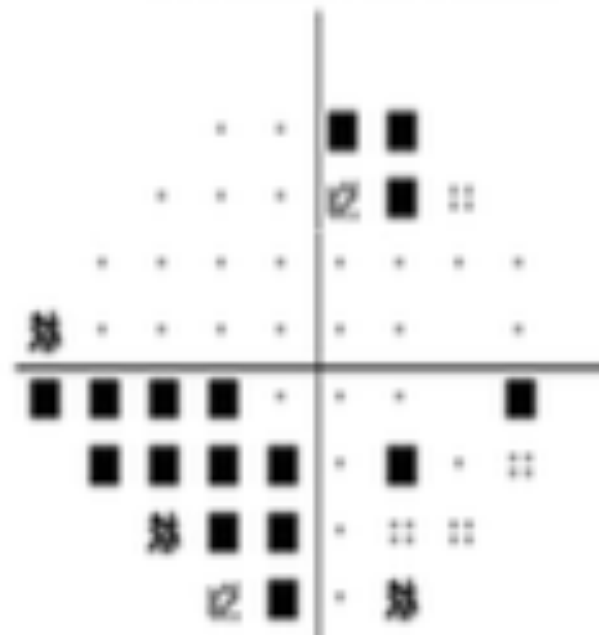
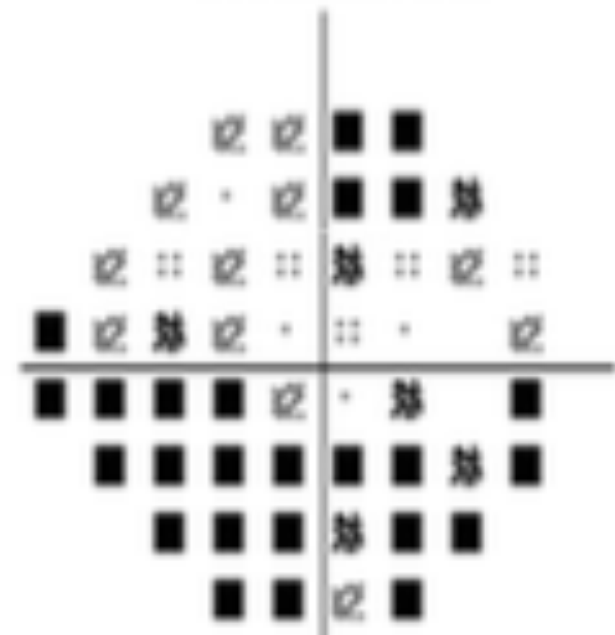
PHG

Fuera de límites normales

VFI 80%

DM -10.01 dB P < 0.5%

DSM 8.36 dB P < 0.5%



:: < 5%

CLINICA OFTALMOLOGICA DE MEDELLIN

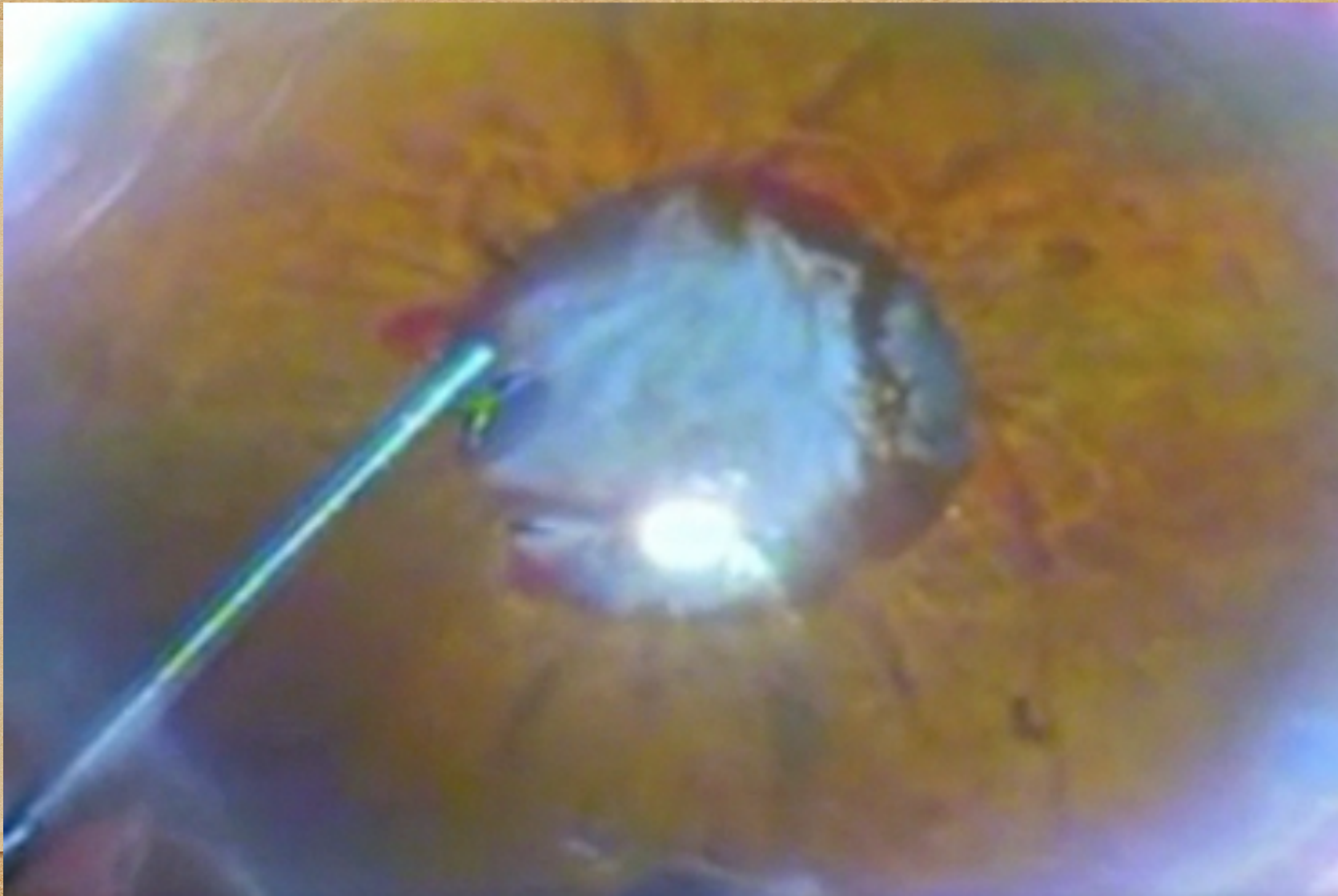
SEIDEL POSITIVO, ATALAMIA

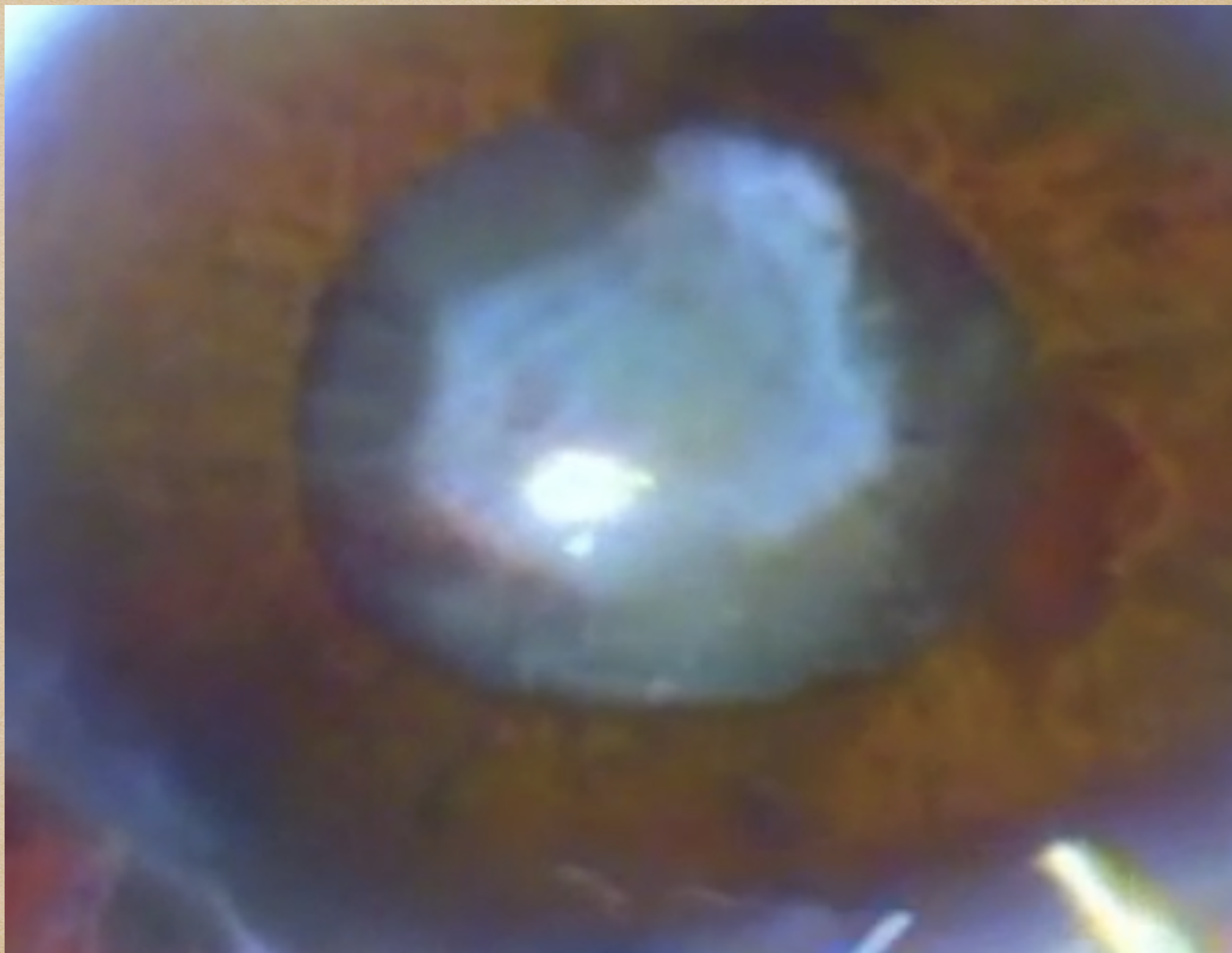
TTO. MÉDICO SIN MEJORIA

SE LLEVA A CIRUGÍA, DESCENSO CONJUNTIVAL Y REFORMA C.A

A LOS 3 MESES CATARATA CON CAPSULA FIBROSA

CON SINEQUIAS POSTERIORES





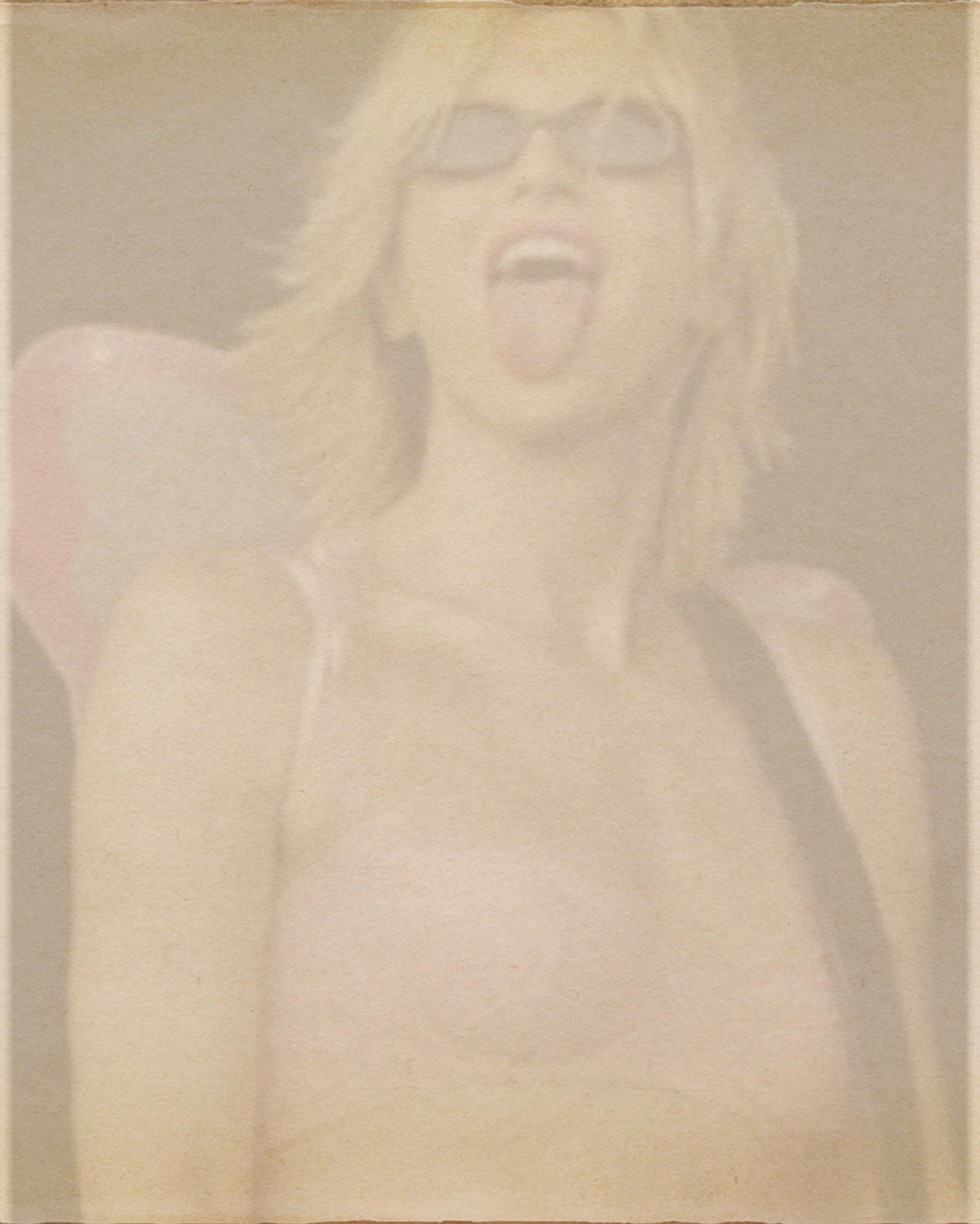


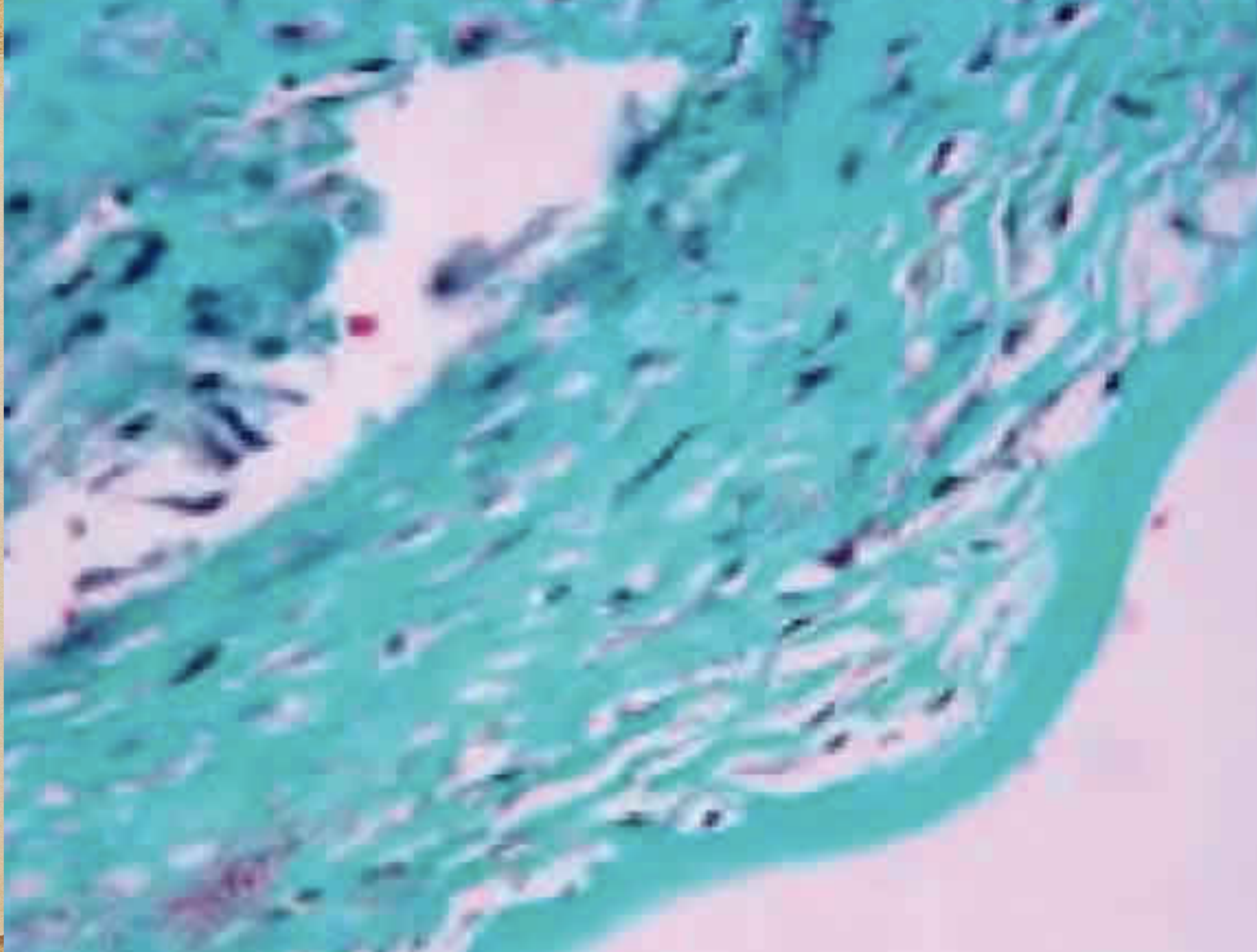
THE

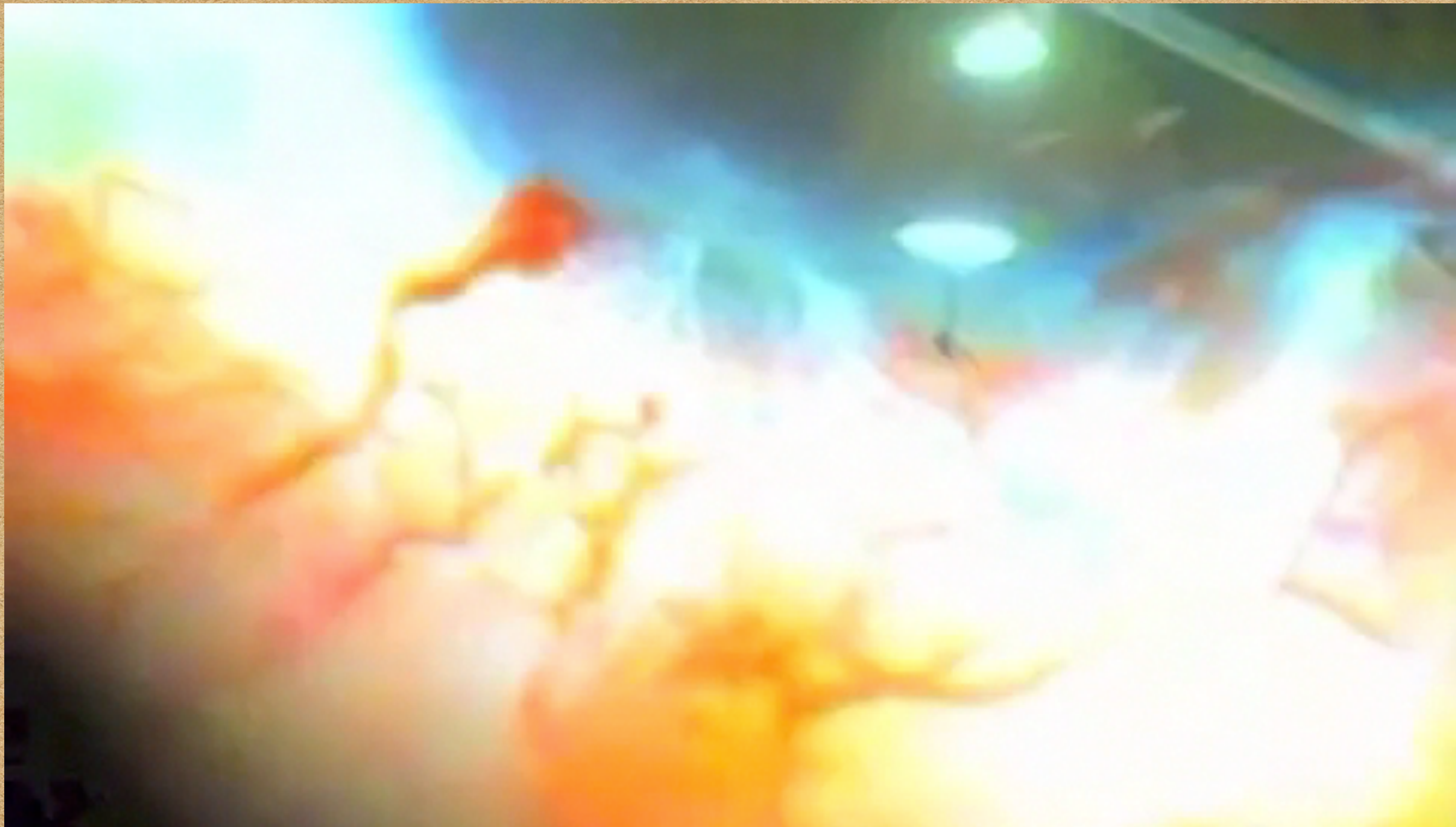
BOOKS

CAPSULA FIBROSA

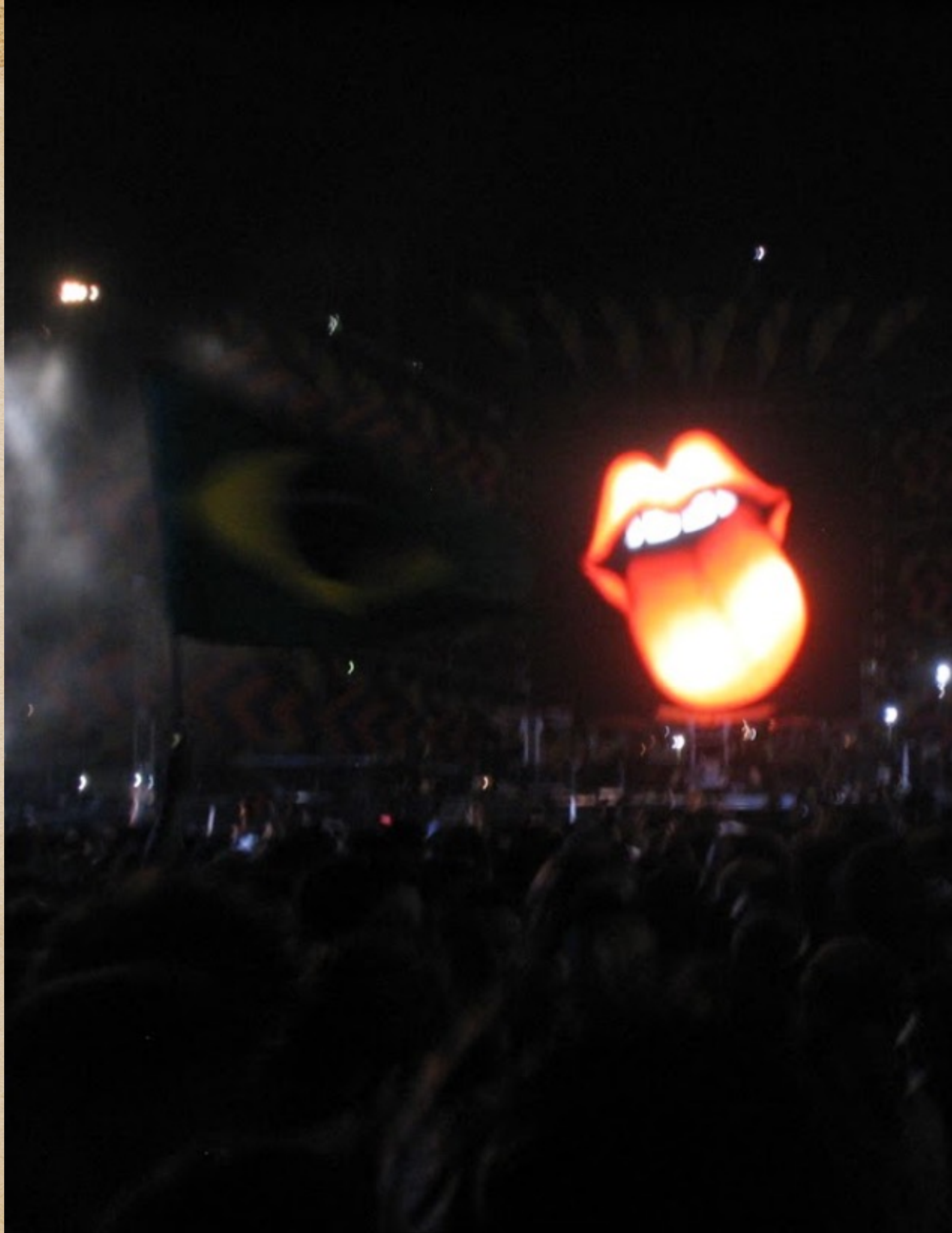
ALTERACIÓN DEL METABOLISMO DEL CRISTALINO
PROCESO DE DIFERENCIACION DE CELS EPITELIALES DEL
CRISTALINO CON FORMACIÓN DE MATRIZ COLÁGENA
PUEDE OCURRIR DESPUES DE TRAUMA

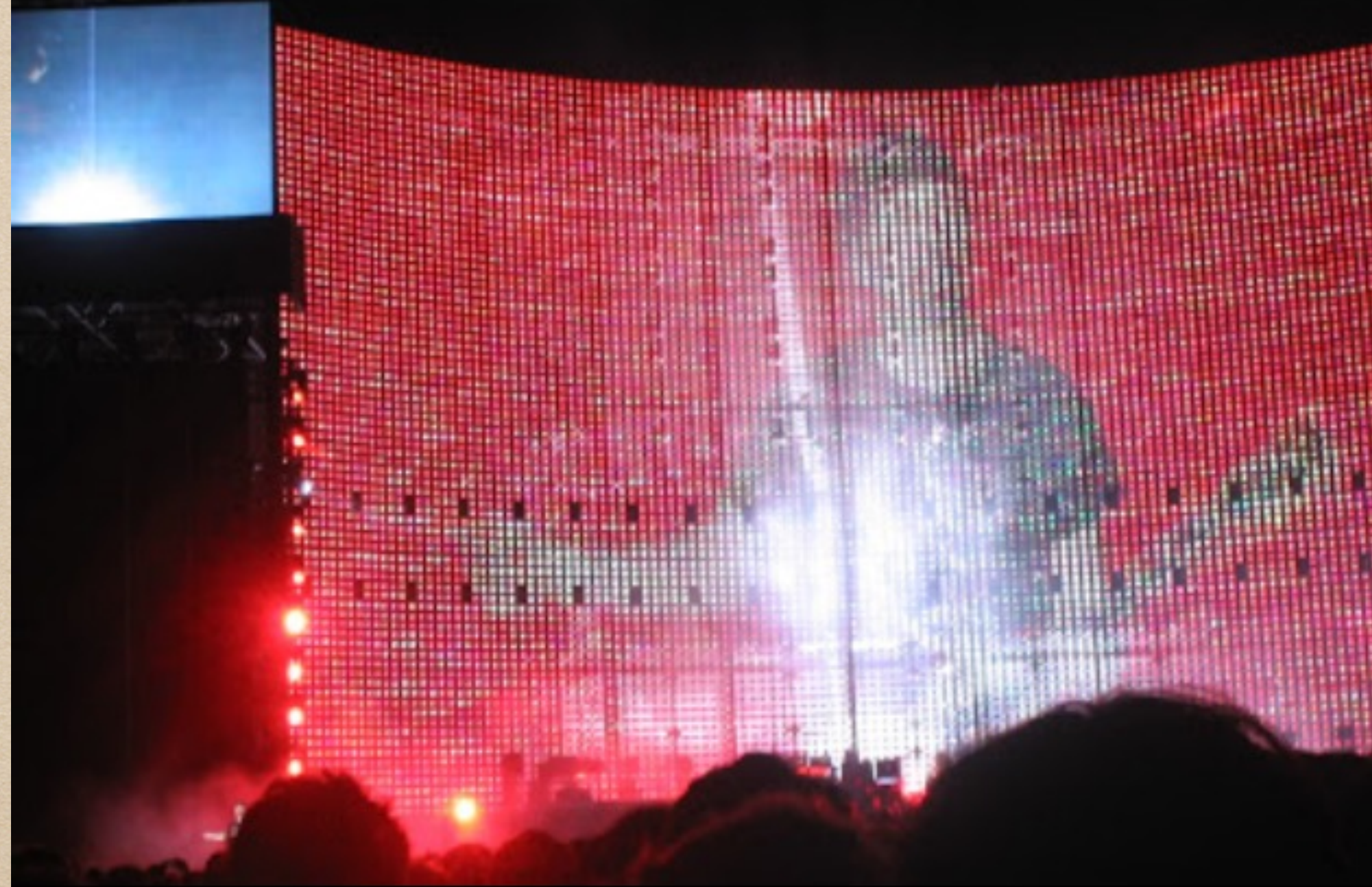








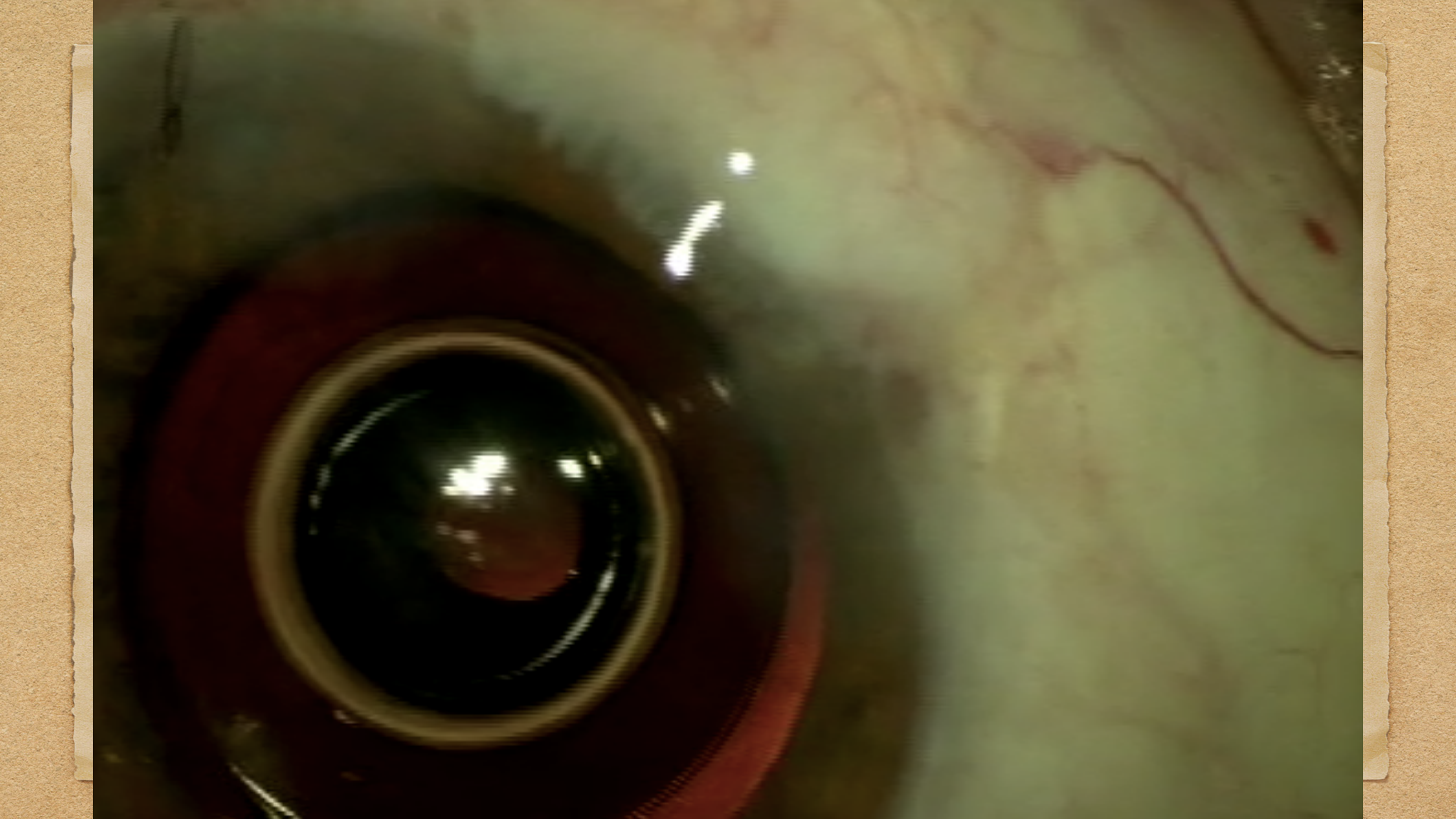




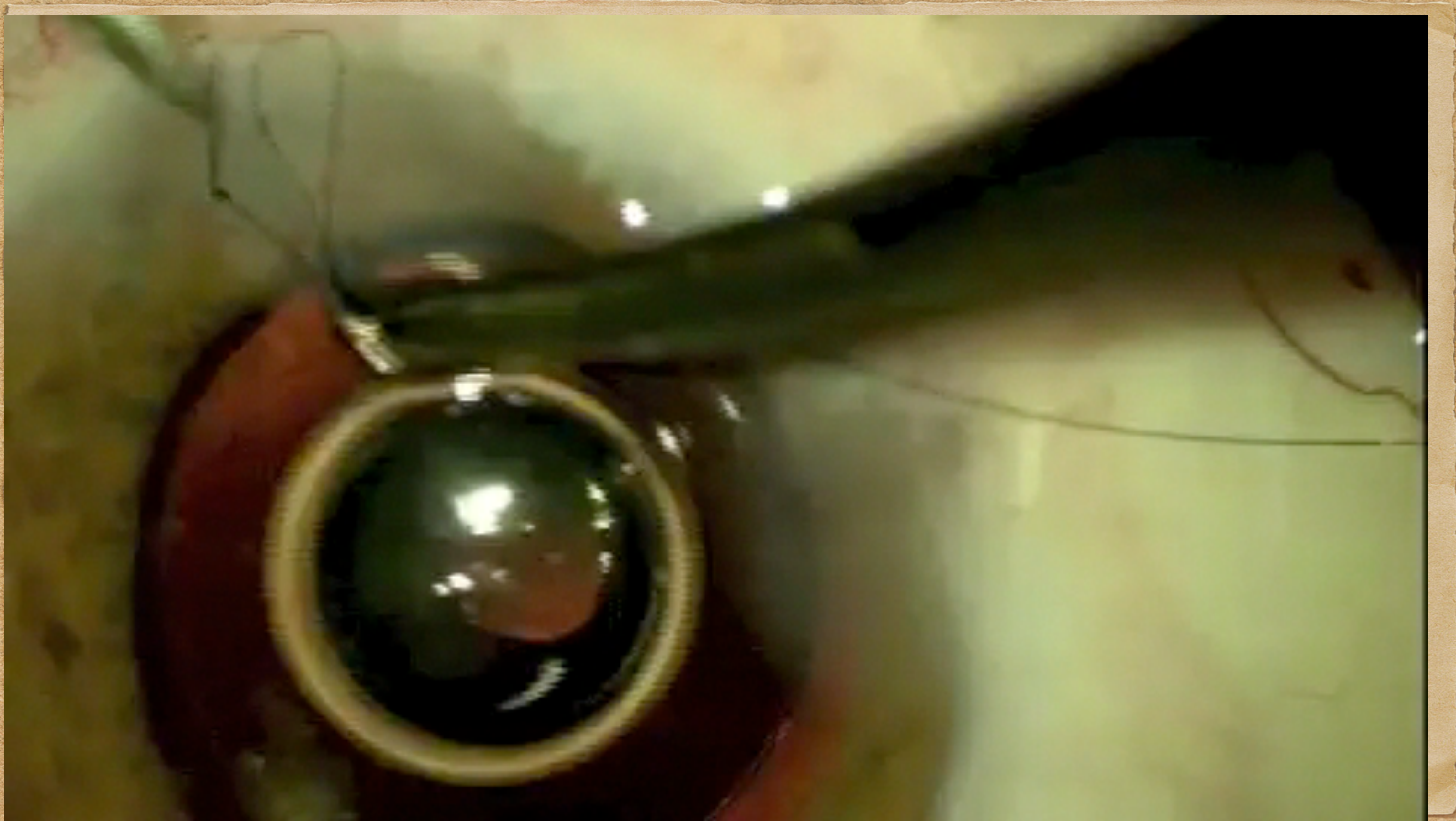




PACIENTE DE 65 AÑOS
OPERADA DE TRABE+ MMC EN EL 2010
AHORA CATARATA SCP Y CN
SE LLEVA CIRUGIA







PACIENTE DE 57 AÑOS

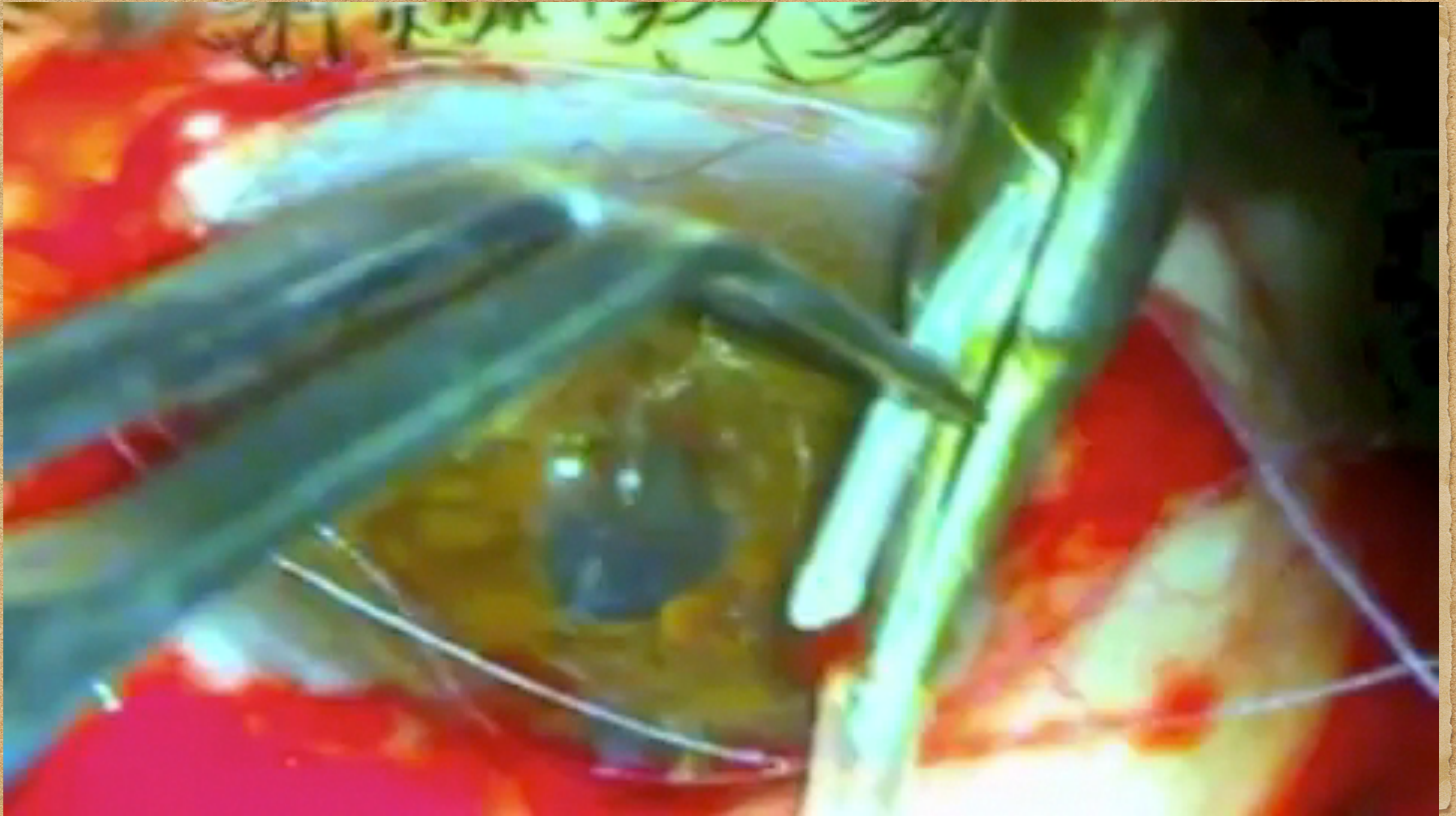
2 VALVULAS

SE HACE CX DE CATARATA Y REVISIÓN DE VÁLVULA, SE CORTA

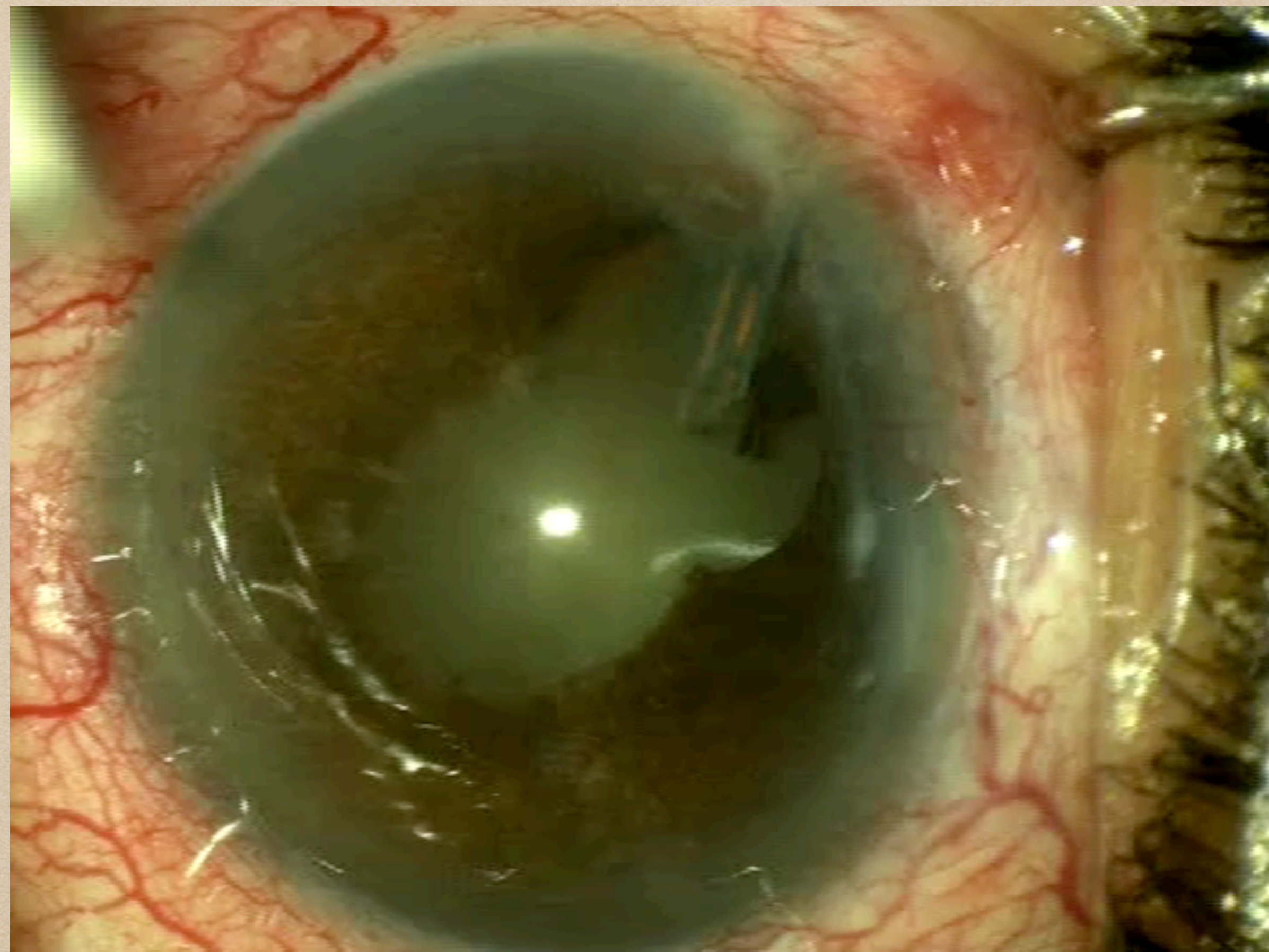
ACCIDENTALMENTE EL TUBO

NO HAY TUBE EXTENDER A LA MANO

QUE HACER ?







IRIDOTOMIA PERIFERICA

NO TAN INOCUA

IRITIS

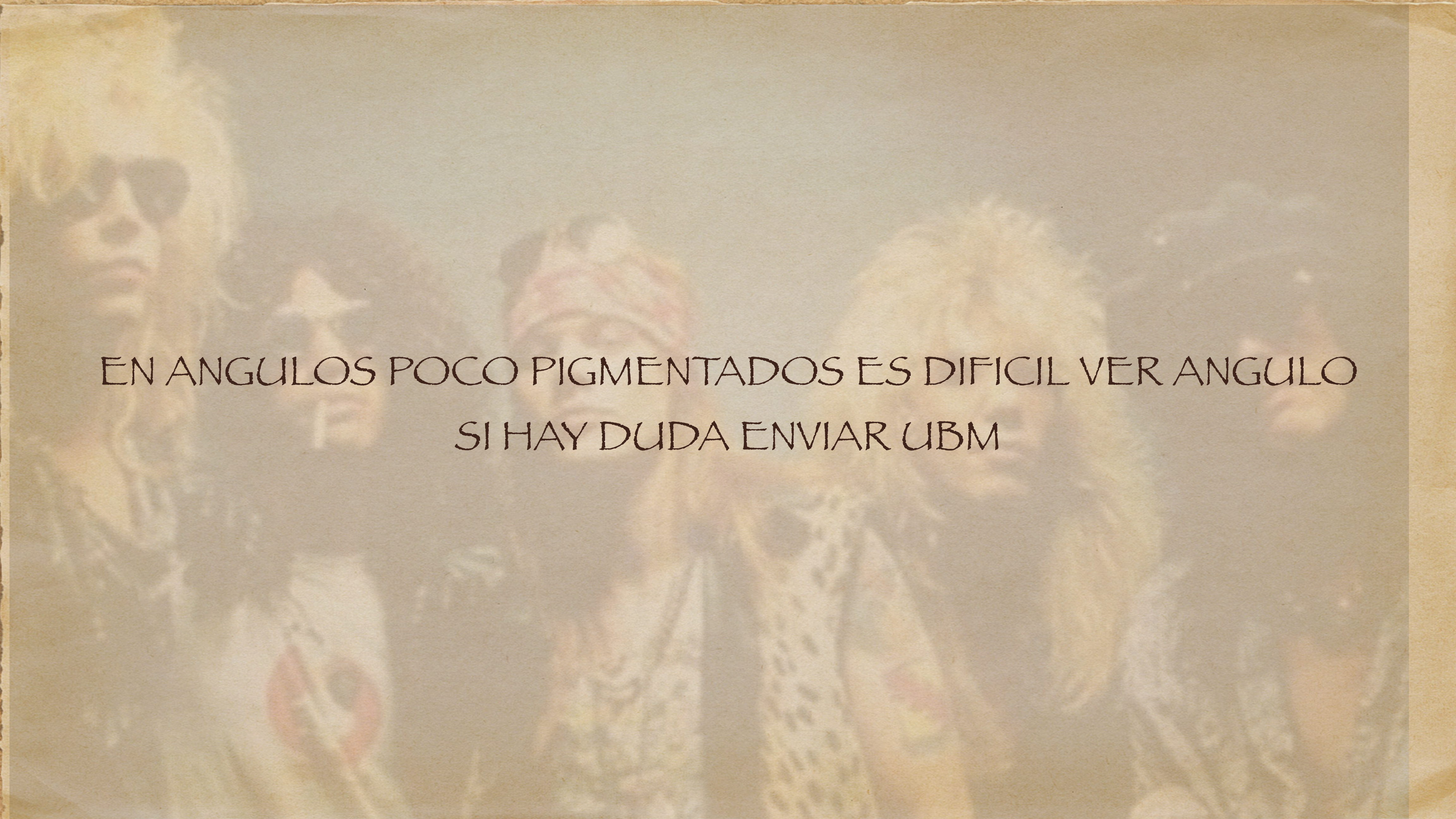
CATARATA

DESCOMPENSACIÓN CORNEAL

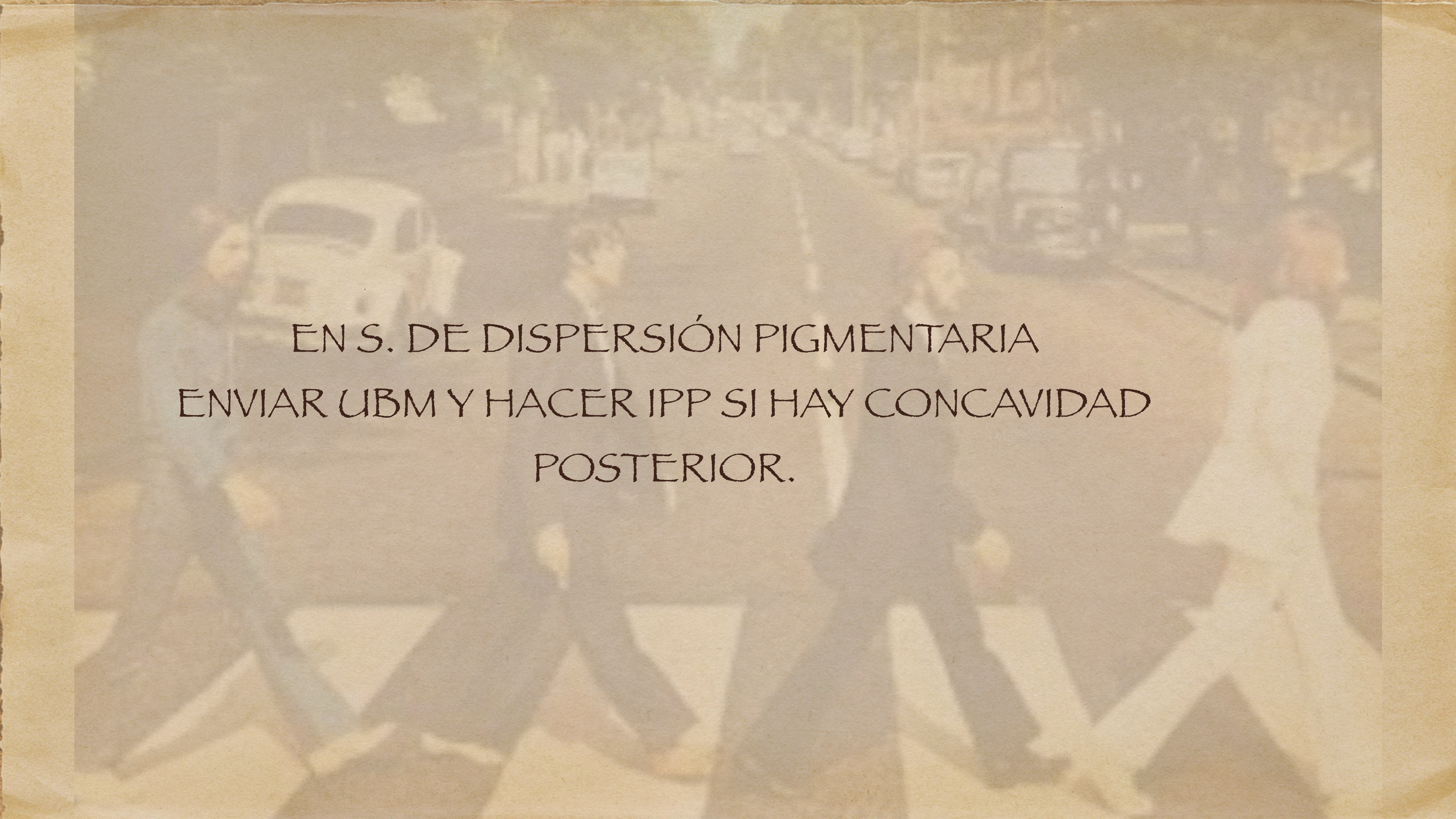
GLAUCOMA POR BLOQUEO CILIAR

HIFEMA

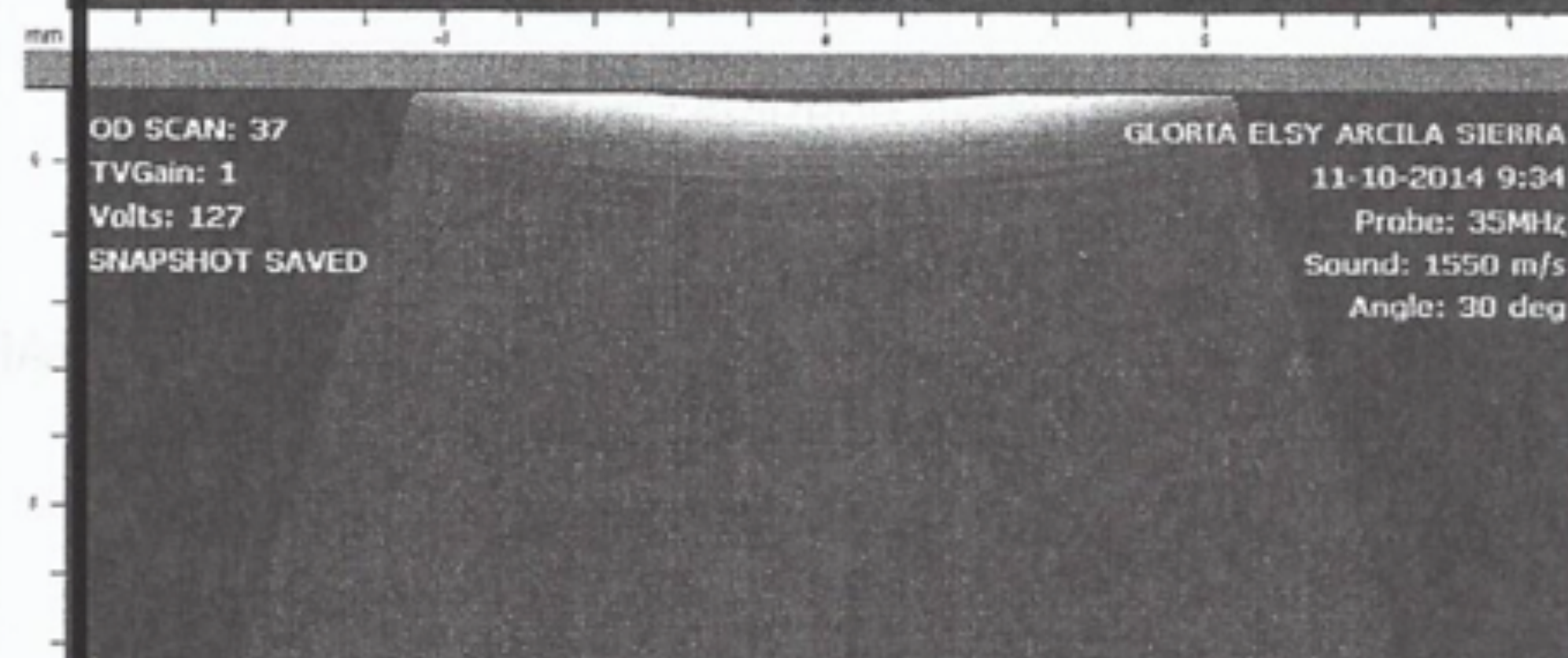
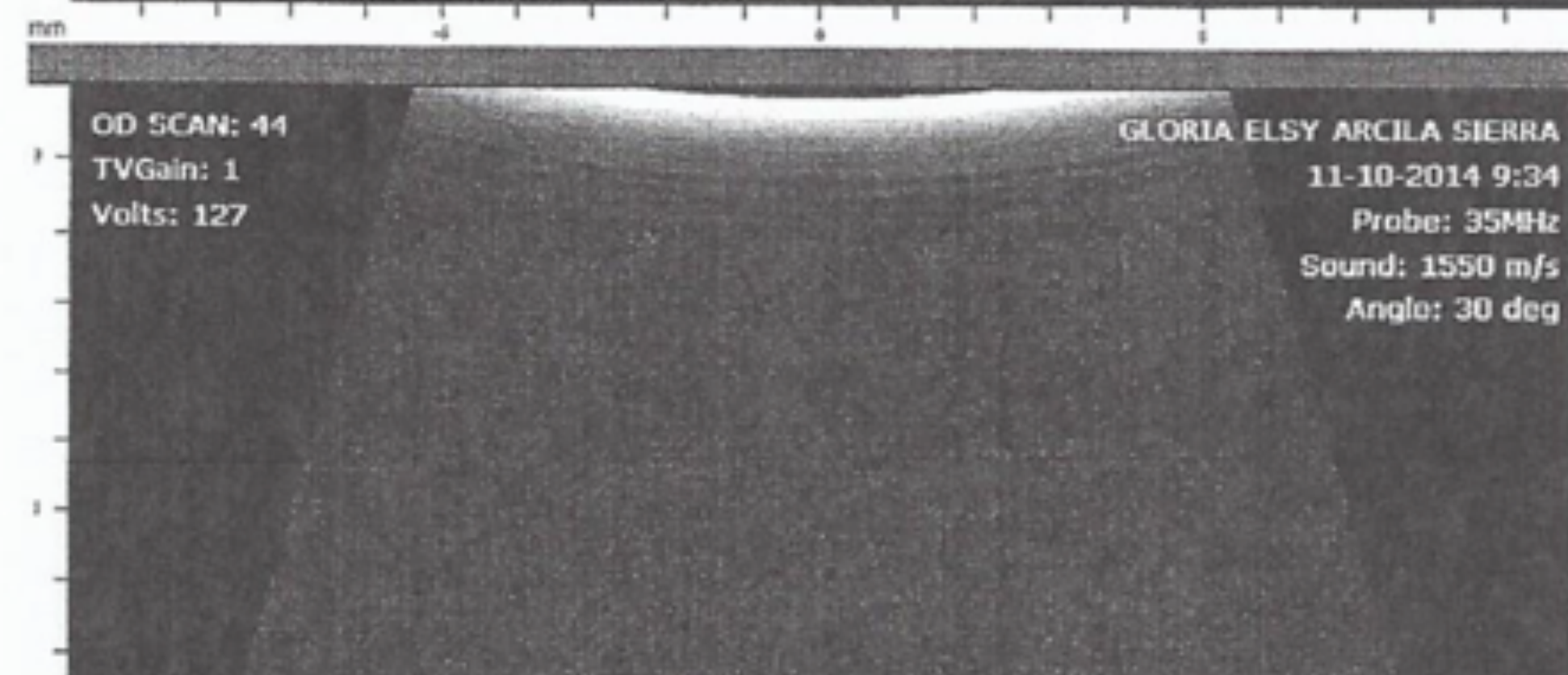
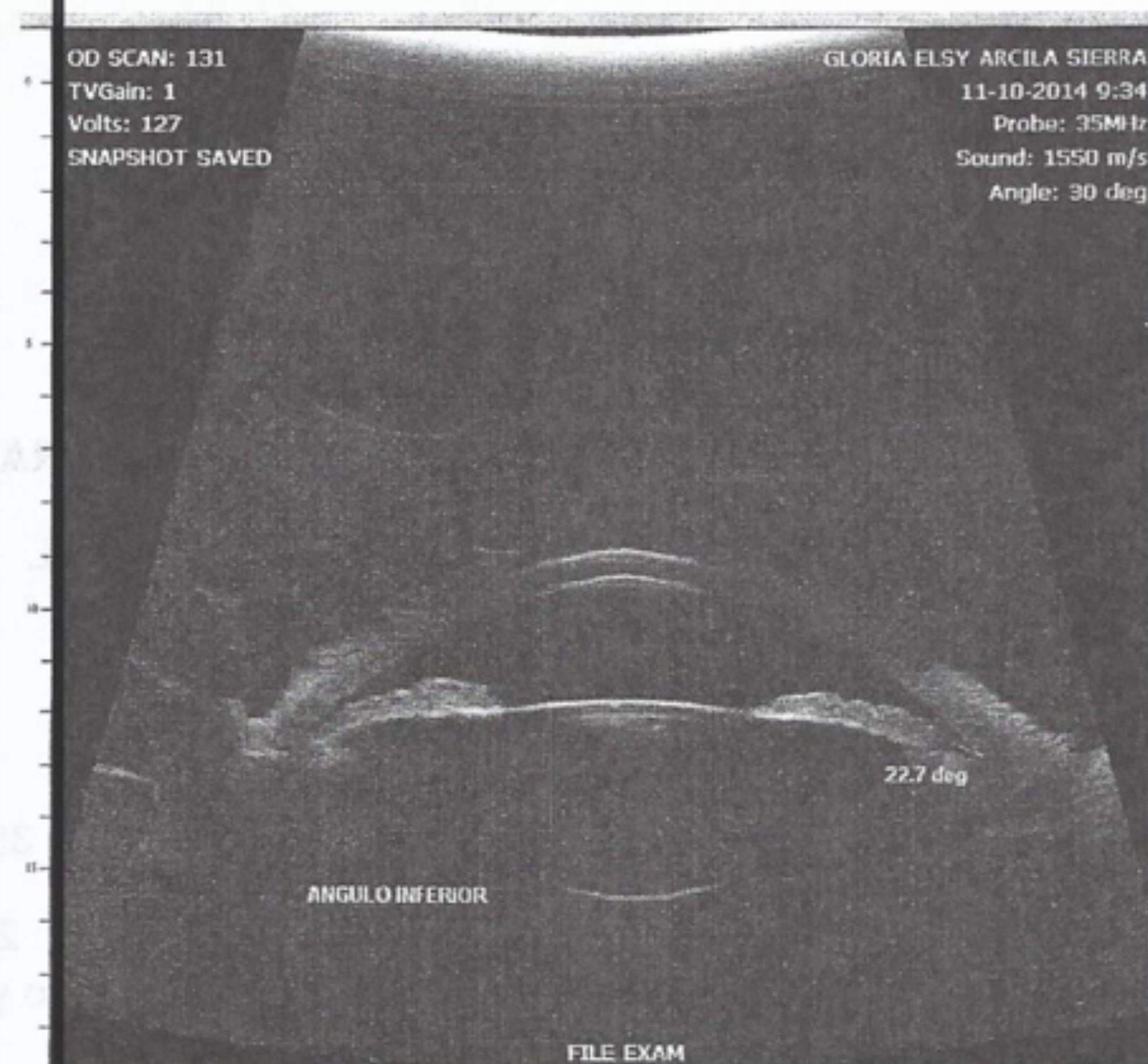
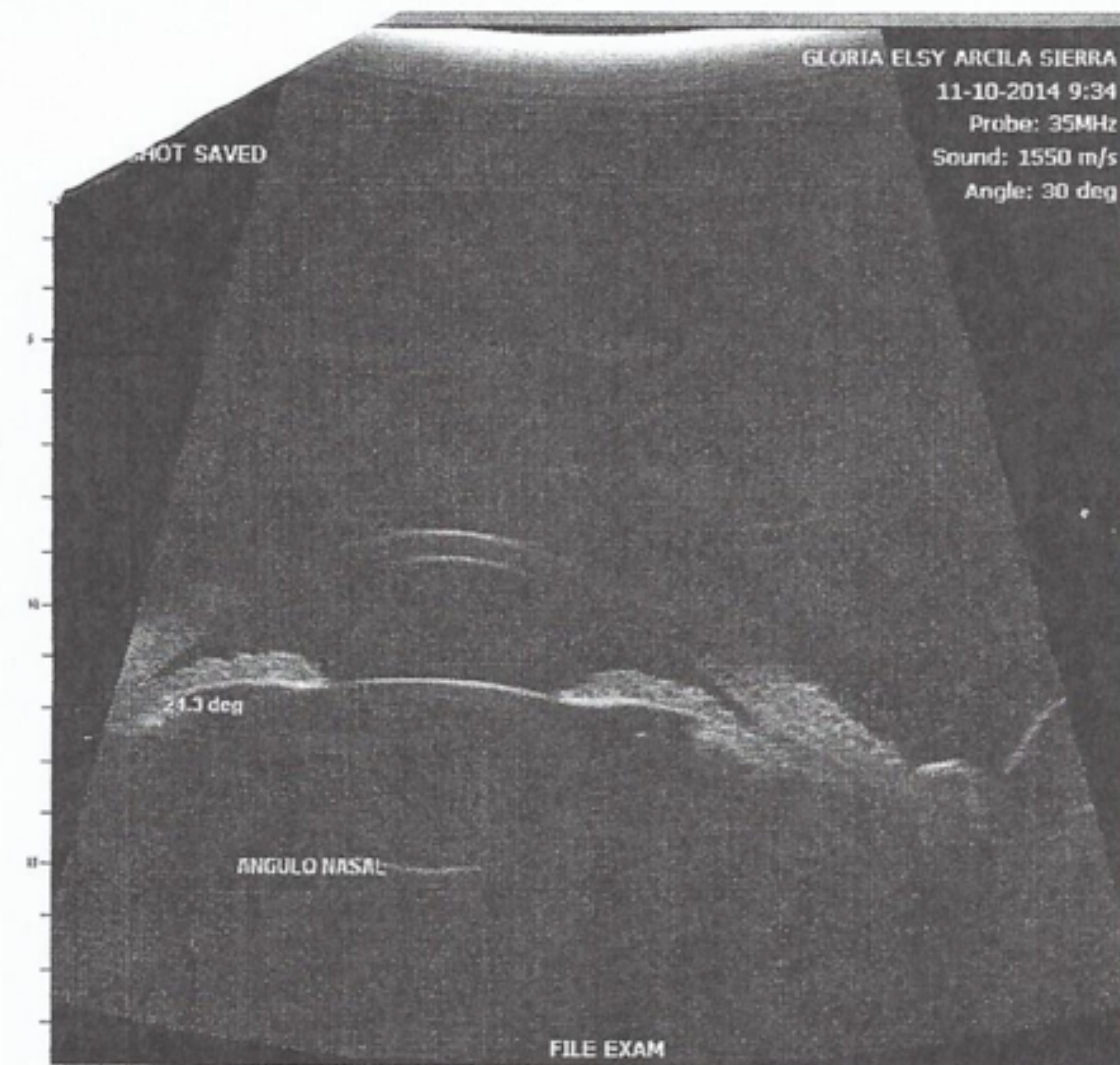


A faded, sepia-toned photograph of a group of people, possibly a family, with text overlaid in the center. The image is very light and lacks detail, showing only the general shapes of people. The text is centered and reads: EN ANGULOS POCO PIGMENTADOS ES DIFICIL VER ANGULO
SI HAY DUDA ENVIAR UBM

EN ANGULOS POCO PIGMENTADOS ES DIFICIL VER ANGULO
SI HAY DUDA ENVIAR UBM

A faded, sepia-toned photograph of a busy city street. In the foreground, several pedestrians are walking across a crosswalk. A car is visible on the left side of the street. The background shows more people and buildings, creating a sense of a crowded urban environment. The overall tone is historical and slightly grainy.

EN S. DE DISPERSIÓN PIGMENTARIA
ENVIAR UBM Y HACER IPP SI HAY CONCAVIDAD
POSTERIOR.



TAMAÑO: 200 MICRAS

PODER DE 5 A 15 MJ

DISPAROS DE 1 A 5

UBICACION SUPERIOR O A 180 GRADOS

EN PERFORACION PARCIAL BAJAR EL PODER

SI CON 15 DISPAROS O 100 MJ NO PERFORA
PREFERIBLE ESPERAR Y HACERLO OTRO DIA

QUE ES 1 JOULE

ES EL TRABAJO REALIZADO
POR LA FUERZA DE 1 NEWTON
EN DESPLAZAMIENTO DE 1 METRO

SI USAMOS 30 MJ, EQUIVALE
A LA ENERGIA PARA DESPLAZAR
UNA MANZANA DE 100GRS 3 CMS.

Dysphotopsia After Temporal Versus Superior Laser Peripheral Iridotomy: A Prospective Randomized Paired Eye Trial

[Wen Wei Woo](#), [Nicholas Kloster Wride](#), [Scott George Fraser](#)

Sunderland Eye Infirmary, United Kingdom

ensure that the iridotomies are entirely covered by the upper lids. Following this randomized controlled trial, we are now considering a change in clinical practice to have all laser peripheral iridotomies placed as temporally as possible.

Descompensacion corneal despues de
Laser (Br J Ophthalmol 2009; 93 :
125-126 doi: 10.1136 / bjo.2007.137083)

- tiempo entre laser y descompensacion 7 años y fué la causa de 3.6% de transplantes corneales.
- Causa : aumento de temperatura ?

catarata y laser

Ophthalmology

Volume 113, Issue 8, Pages 1467-1468, August 2006

- ◆ Incremento en 2 LOCS III unidades en región subcapsular en 16.7% de los pacientes 1 año después de iridotomía laser

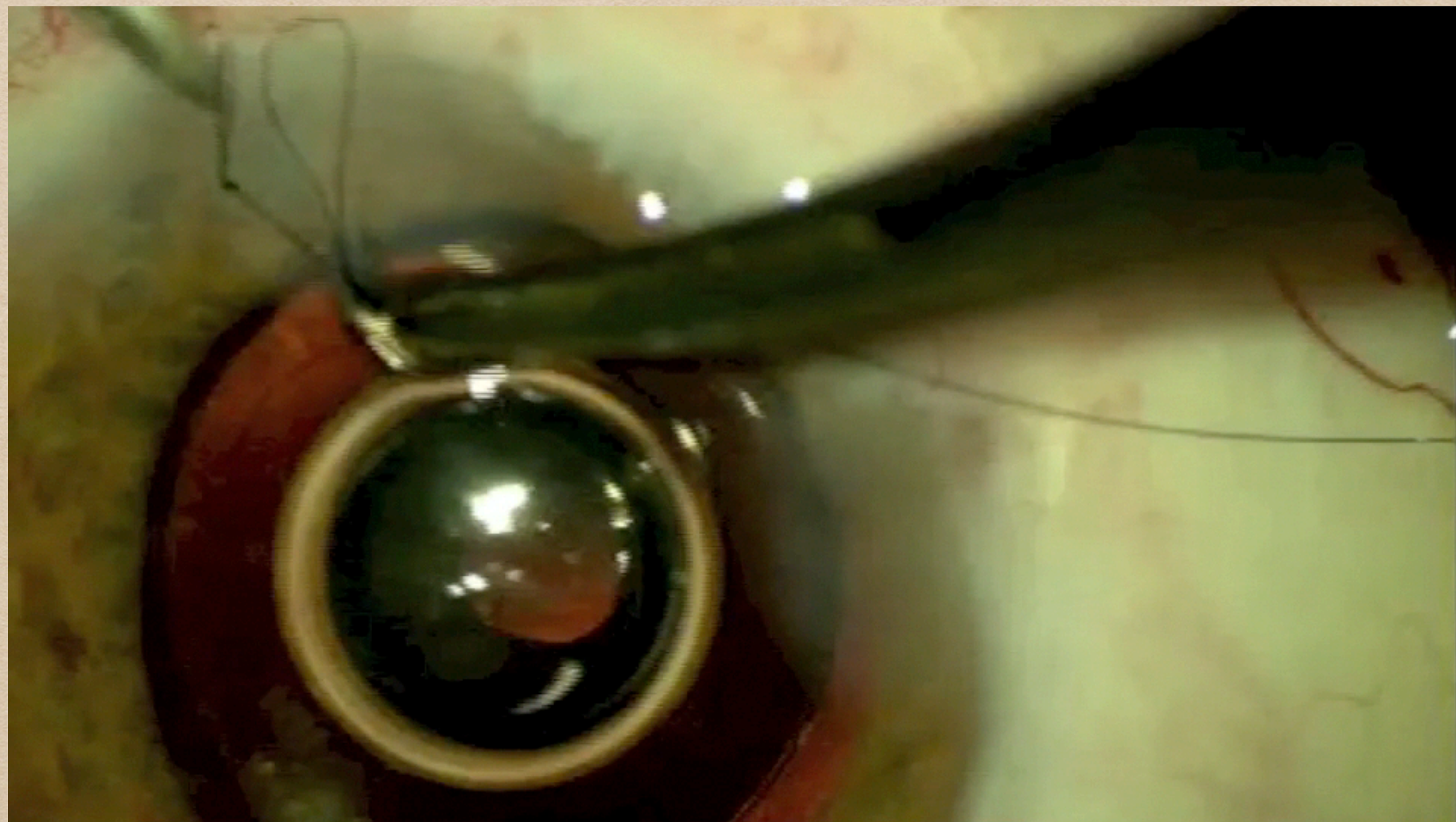
GRACIAS

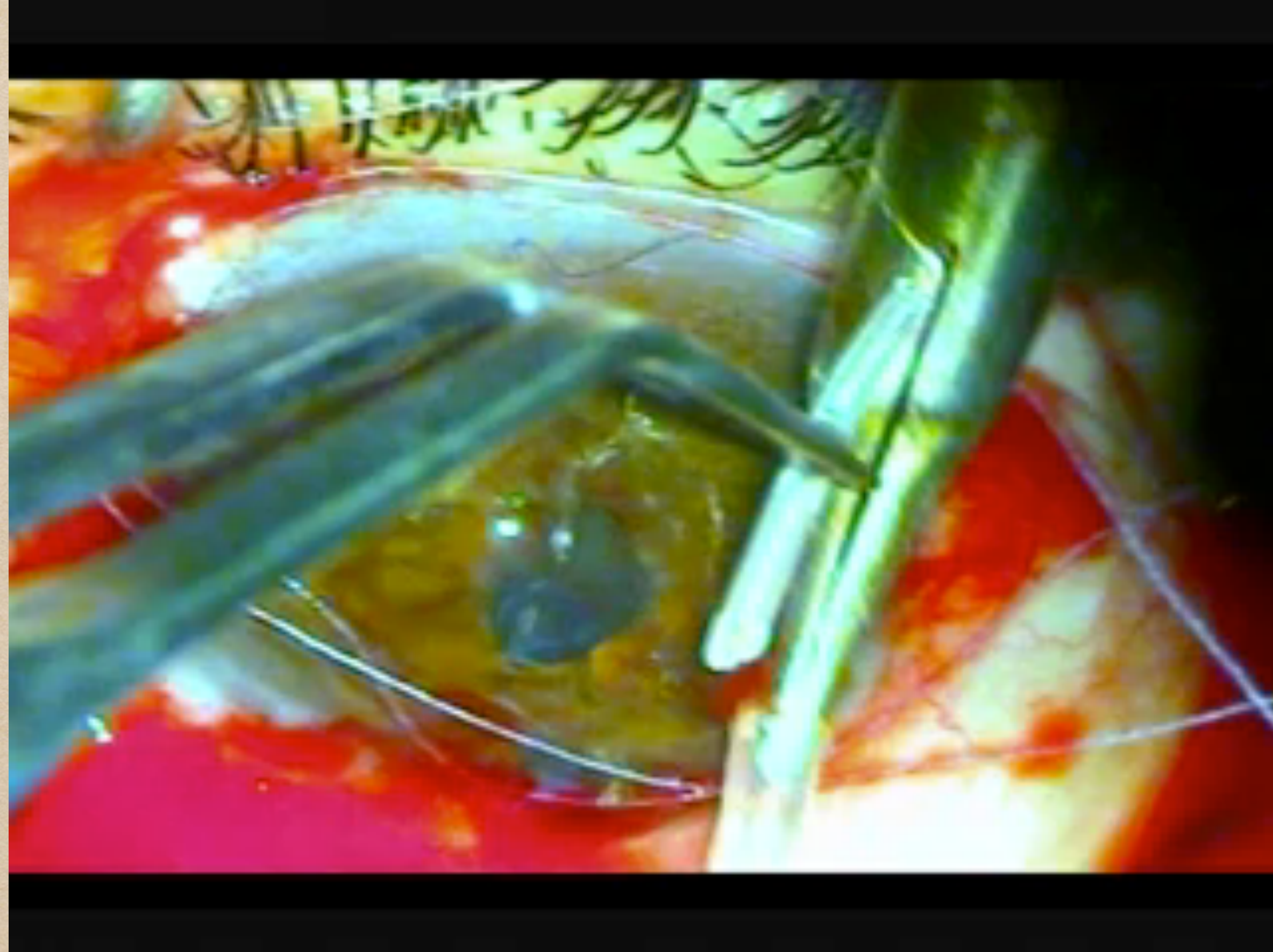

HALL
ROCK
cataract
stage

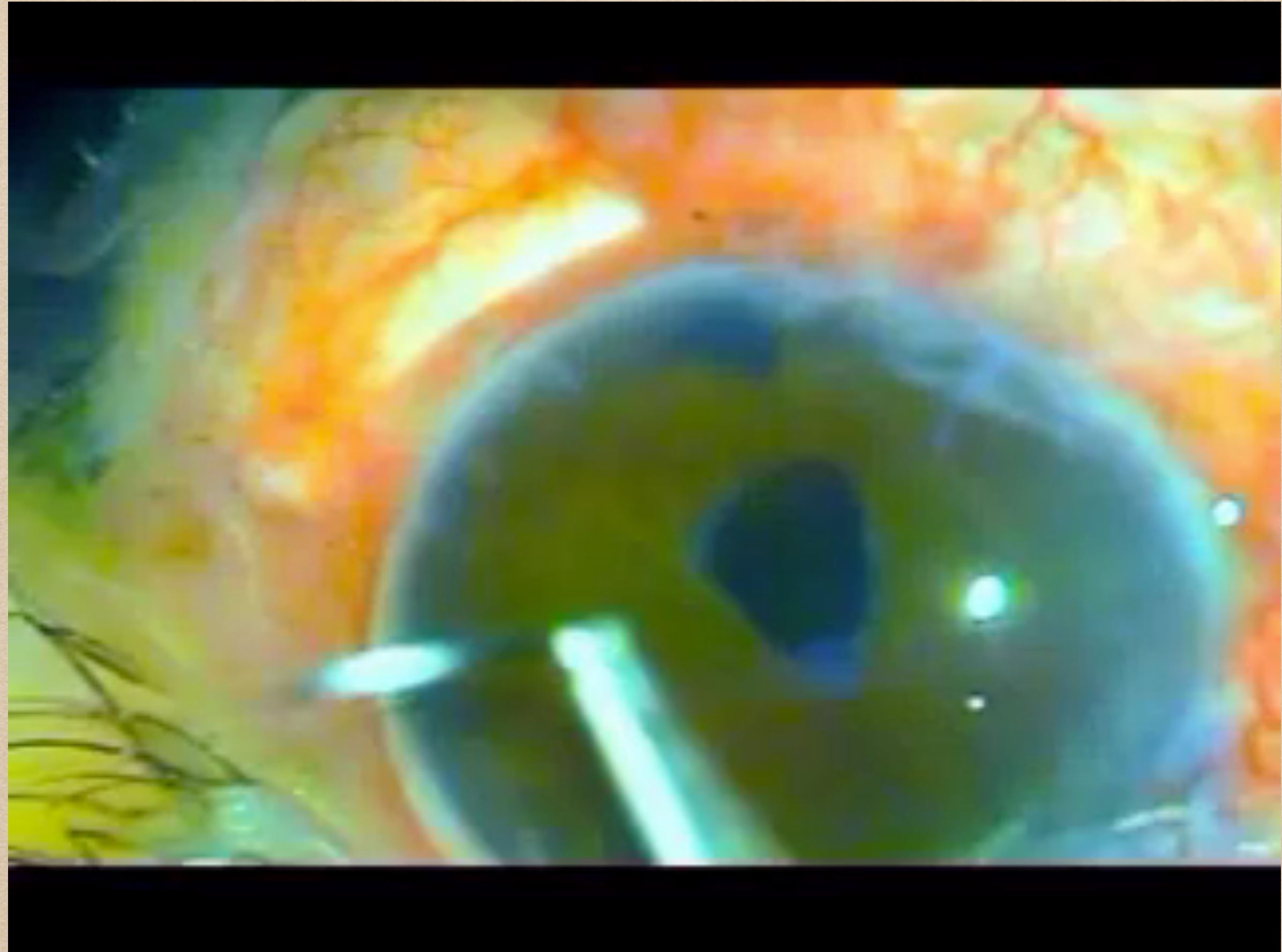
MEDELLIN-COL

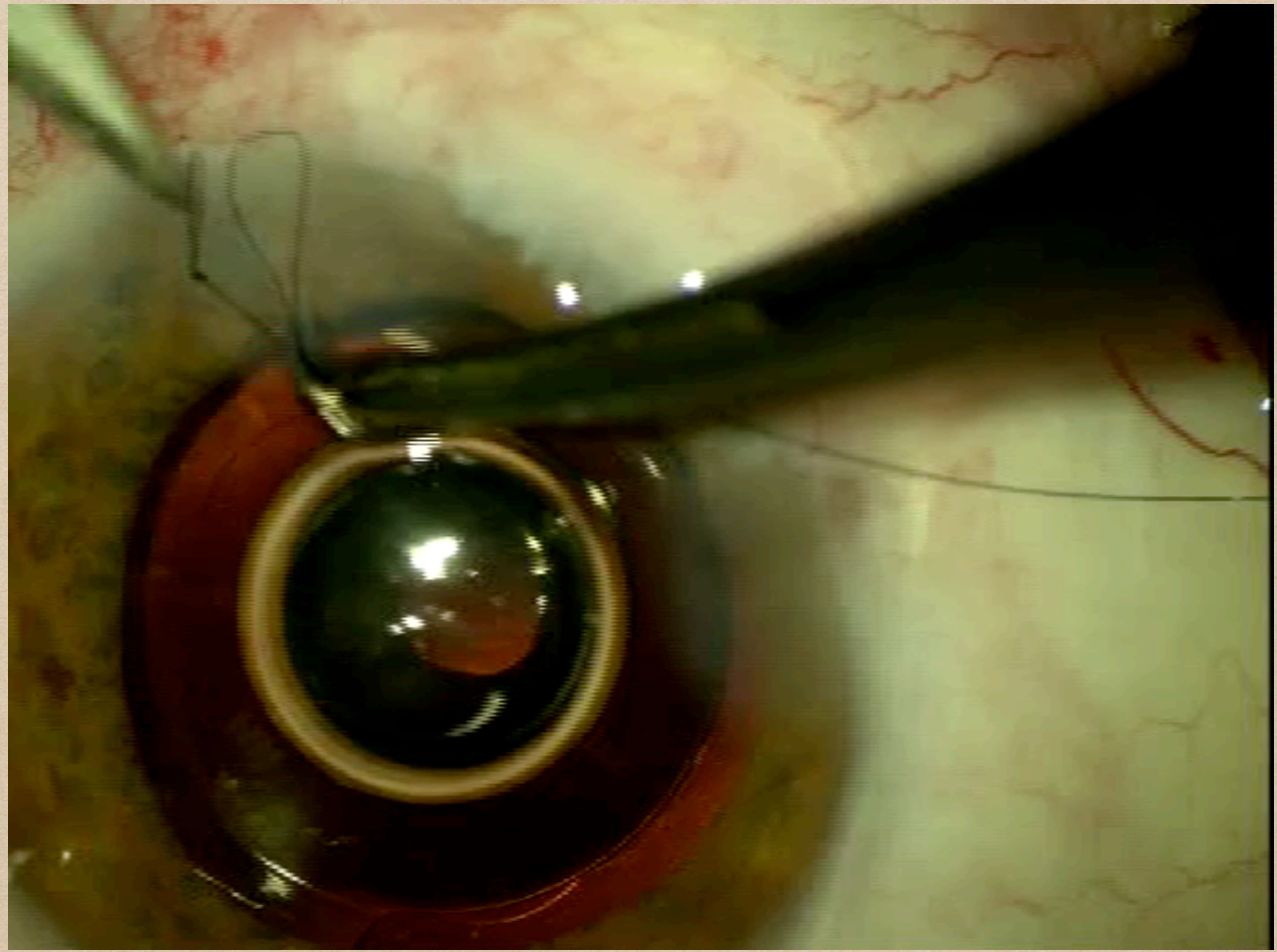












V

