Clear corneal phacoemulsification is usually done under topical anesthesia. It can also be done under peribulbar or retrobulbar anesthesia. No anesthesia cataract surgery is also possible, as described by Amar Agarwal.\(^1\) Whichever the technique, incision, rhexis, and hydrodissection are key initial steps crucial to the successful completion of uneventful phacoemulsification. A well-constructed incision is of importance not just in decreasing postoperative astigmatism, but also to result in a decreased rate of complications such as wound leak, postoperative shallow anterior chamber, endophthalmitis, etc.\(^2,3\)

The continuous curvilinear capsulorrhexis (CCC) is an essential step, the importance of which cannot be over-stressed for carrying out safe phacoemulsification.\(^4,5\) While a circular shape is desirable, it is not essential. It is more important to have a continuous tear that is not broken at any point, as well as to have it curvilinear. In experienced hands, phaco can be done extremely carefully even with a broken rhexis; however, all subsequent steps do carry a higher risk that could ultimately culminate in a posterior capsular rent, vitreous loss, and/or nucleus drop. Hydrodissection refers to cortical cleaving hydrodissection, which increases the ease of cortex removal; whereas hydrodelineation refers to separation of the endonucleus from the epinucleus, which subsequently helps in easier and safer phacoemulsification of the nucleus.\(^6\)

References