The Dropped Nucleus

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From Robert H. Osher, MD

In my situation, I have a fully staffed retinal team available and there is almost always at least one who is operating in a nearby room. Over 40 years, I have dropped 7 nuclei, and these occurred most often when there was either a brunescent, mature cataract or a posterior polar cataract. Unless the nucleus is dangling within my reach and amenable to a PAL (posterior-assisted levitation) maneuver, I proceed to clean up the cortex and any vitreous in the anterior segment, while resisting the temptation to go after this seductive nucleus. I will either put a lens in the torn capsular bag or use one of the optic captures. Fortunately, this is a very rare event, but I have never had a patient angry because I sent them from Room 5 to Room 1 (where one of the retina surgeons is working) for an "adjustment" following an honest and reassuring explanation.

> I wish I could tell you that everything went perfect in the operating room today, but it didn't. We typically break the cataract up into tiny fragments and remove it through a small incision in the front of the eye. Your cataract went just the opposite way and dropped backwards into the back of the eye. Although this is a well-known complication, no surgeon likes to see this happen for a number of reasons. First, we want every operation to be perfect, and if doesn't go perfect, we have to manage the complication the best we can. Second, we have to ask our retinal colleagues who specialize in back-of-the-eye problems to help us remove the cataract because cataract surgeons typically work in the front of the eye, which is a whole different neighborhood. This extra effort is necessary, if we expect to achieve an excellent outcome... which we do. I apologize for the detour we are going to have to take, and I'll do everything I can to introduce you to an excellent retinal specialist who will help us reach our goal of improving your vision by removing the remaining piece.