



## Modified Samuel Masket's Technique

### Dudani IA\*

Department of Ophthalmology, Mumbai Retina Centre, India

\*Corresponding author: Dr. Ajay Indur Dudani, Mumbai Retina Centre, 101 Kirtimanor, S V Road, Santacruz West, Mumbai - 400 054, Maharashtra, India, Email: drajay\_dudani@yahoo.co.in

### Clinical Note

Volume 8 Issue 1

Received Date: November 25, 2022

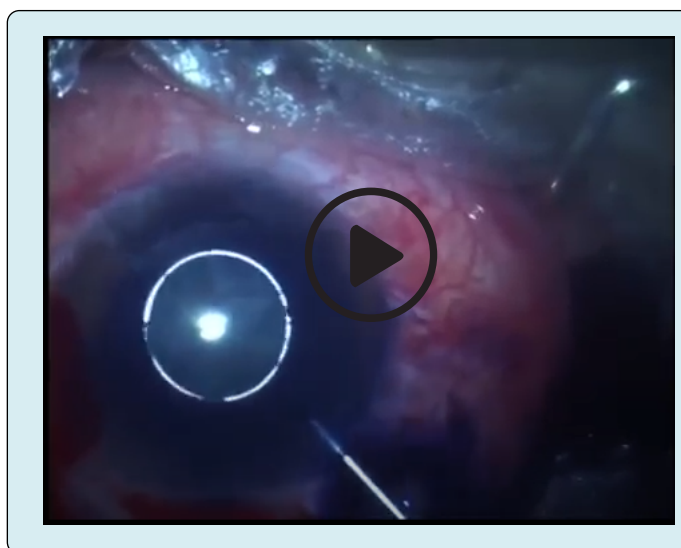
Published Date: January 05, 2023

DOI: 10.23880/oajo-16000258

### Introduction

Despite recent advances in techniques and technology, phacoemulsification in a rock hard nucleus is challenging, even for an experienced surgeon. Incidence of capsular-zonular complications, corneal edema wound burn and post-operative inflammation is high. However, the operating

surgeon can achieve gratifying results if a proper and effective surgical strategy is adopted. Samuel Masket's technique is one such technique which makes a surgeon's life easier with managing hard cataract. In this video, we present our modification of Samuel Masket's technique [1].



### Material and Methods

After a careful capsulorrhexis, gentle hydro dissection is done to detach the hard nucleus from its surrounding attachment and avoiding pressure on already weak zonules while doing so. A small, eccentric, vertical trench is made by placing the probe in the center and beginning the trench from the center like drawing a radius in a circle. This radius

is eccentric as we want to divide the nucleus into one smaller half and one bigger half. Now without cracking this nucleus is then rotated 180 deg and in the "chop" mode, using the starting point of the trench as "chop-wall", an attempt to chop the smaller half is made. Because of the trench behind this smaller half ea silly cracks and is then emulsified without putting too much pressure on the zonules. Once the smaller half is emulsified, there is lot more space in the bag for the bigger half to move without breaking the zonules or the

posterior capsules. The bigger half can then be emulsified using a “direct-chop” or a “stop and chop” technique.

### Discussion

Managing a hard cataract really “cracks” the brain of any phaco surgeon. Any inadvertent complication can lead to worse consequences in an otherwise good outcome surgery. Advantages of using an eccentric trench in Samuel Masket’s technique ensure a positive outcome even in beginner hands which are not well-versed with “direct-chop” technique. Because the smaller half is emulsified first, the rest of the nucleus can be emulsified fast too using less energy and without creating too much pressure on the posterior capsule.

### Conclusion

Avoidable complications, when avoided can lead to a better patient outcome in and otherwise challenging cases. Our modification of Samuel Masket’s technique of creating an eccentric trench unlike the original ensures fewer incidences of corneal and capsular zonular complications.

### References

1. Dudani AI, Dudani AA, Dudani K, Dudani AA (2022) Half stop and chop, petal by petal deflowering of hard cataracts. Indian J Ophthalmol 70(8): 3157.

