



for use of IOL CUTTER and FORCEPS

1. Try with a cheap foldable IOL **in vitro first**, before using it **in vivo** to get comfortable
2. **Power is linear continuous** like in phaco 1 and not pulse or tortional
3. The **right hand** (for right-handed people) holds the **probe** and the tip cuts the IOL from the periphery towards the centre ; while simultaneously giving counter pressure with the left hand.

For in vivo keep the cutting tip at the centre of the AC (where the AC space is maximum) and away from the endothelium and instead move the left hand with the forceps backwards towards the main incision, sort of feeding the IOL into the open jaws of the cutting tip

4. Simultaneous movement of **right hand forward** and **left hand backward** from the start gives best results

5. Can start with 50% and go down ↓ up to 20%, in steps of 10 to give maximum endothelial protection. Go with the **least phaco power** your machine cuts with
6. **Aspiration and vacuum are kept at zero**, irrigation should be on but low to prevent turbulence
7. In vivo, **Chondroitin Sulphate** is a **must** to protect the endothelium, and keeping the **tip as posterior** as possible
8. Keep **sleeve pulled back** as much to prevent tearing, release any twists in the sleeve
9. The **forceps are steel** as they have to be strong - other forceps may break as a good amount of counter pressure is required. **Tip is titanium**
10. Cuts both **hydrophilic** (softer) and **hydrophobic** (harder) IOLs

